

Must be  
Postmarked  
No Later Than  
September 16, 2013

SEC v. A.C.L.N., Ltd.  
c/o The Garden City Group, Inc.  
PO Box 9882  
Dublin OH 43017-5782  
Toll-Free: 1 (800) 909-7125

ACN



Claim Number:

Control Number:

## **PROOF OF CLAIM**

**YOU MUST COMPLETE AND MAIL THIS CLAIM FORM SO THAT IT IS POSTMARKED BY SEPTEMBER 16, 2013 TO BE ELIGIBLE TO SHARE IN THE ACLN DISTRIBUTION FUND, UNLESS YOU ARE AN AUTOMATICALLY ELIGIBLE CLAIMANT.**

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**IF YOU WISH TO FILE YOUR CLAIM ON THE INTERNET,  
PLEASE VISIT [WWW.ACLNSECDISTRIBUTIONFUND.COM](http://WWW.ACLNSECDISTRIBUTIONFUND.COM)**

**Important** - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0



# **PART A - CLAIMANT INFORMATION**

**LAST NAME (CLAIMANT)**
**FIRST NAME (CLAIMANT)**
**Last Name (Beneficial Owner if Different From Claimant)**
**First Name (Beneficial Owner)**
**Claimant Social Security Number/Taxpayer ID Number**
**Last Name (Co-Beneficial Owner)**
**First Name (Co-Beneficial Owner)**
**Company/Other Entity (If Claimant Is Not an Individual)**
**Contact Person (If Claimant is Not an Individual)**
**Trustee/Nominee/Other**
**Account Number (If Claimant Is Not an Individual)**
**Trust/Other Date (If Applicable)**
**Address Line 1**
**Address Line 2 (If Applicable)**
**City**
**State**
**Zip Code**
**Foreign Province**
**Foreign Country**
**Foreign Zip Code**
**Telephone Number (Day)**
**Telephone Number (Night)**
**Email Address** (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

**IDENTITY OF CLAIMANT (check only one box):**

- ☐ Individual
 ☐ Joint Owners
 ☐ Estate
 ☐ Corporation
 ☐ Trust
 ☐ Partnership
- ☐ Private Pension Fund
 ☐ Legal Representative
- ☐ IRA, Keogh, or other type of individual retirement plan (indicate type of plan, mailing address, and name of current custodian)
- ☐ Other (specify, describe on separate sheet)

**To view GCG's Privacy Notice, please visit <http://www.gcginc.com/pages/privacy-policy.php>**

**NOTE TO INSTITUTIONAL FILERS.** Claims with 100 or more transactions or on behalf of 20 or more different accounts must be submitted electronically and in the required format. To obtain the mandatory electronic filing requirements and file layout, you may visit the ACLN Distribution Fund's website at [www.ACLNSECDistributionFund.com](http://www.ACLNSECDistributionFund.com) or you may e-mail the Distribution Agent at [eClaim@gcginc.com](mailto:eClaim@gcginc.com). Any submission not in accordance with the required electronic filing format may be rejected. Proof of authority to submit a Proof of Claim Form on behalf of any managed accounts must be submitted with any Proof of Claim Forms for such accounts. If you intend to file electronically, you can submit and track the history of your claims by using our secure website, GCG ICE™ ([www.gcgice.com](http://www.gcgice.com)), which is available 24/7. GCG ICE™ allows institutional investors to upload electronic claims and documents, track the history and status of submissions, view claim rejections and instructions as to how to fix them, update contact information, and receive important status alerts via e-mail.



## PART B - INSTRUCTIONS FOR FILING PROOF OF CLAIM FORM

If you submitted a Proof of Claim Form in the class action settlement of *Teachers' Retirement System of Louisiana v. A.C.L.N., Ltd., et al.*, Master File No. 01-CV-11814-LAP ("ACLN Class Action") and your claim was approved, you do not need to submit a Proof of Claim Form to be an eligible claimant for your previously approved transactions during the period June 29, 2000 to March 18, 2002. With respect to the ACLN Distribution Fund established by the Securities & Exchange Commission ("SEC") in *Securities and Exchange Commission v. A.C.L.N., Ltd., et al.*, Case No. 1:02-CV-7988 (LAP) (SDNY), you are automatically deemed to be an eligible claimant with respect to those transactions in the common stock of A.C.L.N., Ltd ("ACLN") for which a claim was previously approved in the ACLN Class Action. You do not need to do anything further at this time to participate in the ACLN Distribution Fund. (If you would like to verify the details of the claim approved in the ACLN Class Action, please visit the ACLN Distribution Fund's website at [www.ACLNSECDistributionFund.com](http://www.ACLNSECDistributionFund.com). To access this site, you will need to enter your claim and control number from the first page of this claim form).

If you would like to make a claim for distribution from the ACLN Distribution Fund regarding additional transactions in common stock for which a claim was not previously approved in the ACLN Class Action (i.e., for transactions occurring from June 15, 1999 through June 28, 2000), you must submit this Proof of Claim Form (and all required documentation) with respect to those additional transactions. Submission of new claims can also be made on-line at [www.ACLNSECDistributionFund.com](http://www.ACLNSECDistributionFund.com).

If you purchased ACLN common stock during the period of June 29, 2000 through March 18, 2002, inclusive (the "Class Action Claims Period") and either (a) you submitted a Proof of Claim Form to participate in the ACLN Class Action settlement but your claim was denied in whole or in part; or (b) you did not submit a Proof of Claim Form in the ACLN Class Action, you must submit a completed Proof of Claim Form with the necessary documentation so that it is postmarked no later than September 16, 2013 (the "Claims Bar Date") to be eligible to participate in the ACLN Distribution Fund.

### REQUIREMENTS FOR FILING

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all portions of this Proof of Claim Form.

**NOTE:** The Proof of Claim Form contains purchase and sale schedules for ACLN common stock. You must carefully complete these schedules. Do not omit any potentially relevant information regarding your purchases and sales of ACLN common stock. This information is necessary to determine your share of any distributions. If you cannot list all transactions in the spaces provided in the Proof of Claim Form, or if you believe that you must or should supply additional information with respect to any transaction, attach additional sheets to the Proof of Claim Form supplying the required information. Your identity must be clearly stated on each additional sheet of paper. The date of purchase and sale is the "trade" or "contract" date, and not the "settlement" or "payment" date. The purchase price is the price paid excluding commissions or other expenses. The sale price is the price received less commissions or other expenses.

2. You must sign the Proof of Claim Form.

**NOTE:** If the securities were or are owned jointly, all joint owners must sign the Proof of Claim Form. Executors, administrators, guardians, conservators and trustees may complete and sign the Proof of Claim Form on behalf of persons or entities represented by them, but they must identify such persons or entities and provide proof of their authority (for example, currently effective letters testamentary or letters of administration) to complete and execute the Proof of Claim Form. Any Proof of Claim Form submitted by legal representatives of a claimant must be executed by all such representatives.

Separate Proof of Claim Forms should be submitted for each separate legal entity (for example, a claim form by joint owners should not include separate transactions of just one of the joint owners, an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Proof of Claim Form submitted on behalf of one legal entity should include all transactions made by that entity no matter how many separate accounts that entity has (for example, a corporation with multiple brokerage accounts should include all transactions made in ACLN common stock during the SEC Action Claims Period on one Proof of Claim Form, no matter how many accounts were used for the transactions).

3. You must attach to the Proof of Claim Form legible copies of broker confirmation slips, monthly brokerage statements or other satisfactory proof confirming your purchases and sales, your opening balance as of June 15, 1999 and closing balance as of March 18, 2002 of ACLN common stock. **IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.**

4. You must mail the completed and signed Proof of Claim Form and supporting documents by first-class mail, postage prepaid, postmarked no later than September 16, 2013 to:

SEC v. A.C.L.N., Ltd.  
c/o The Garden City Group, Inc.  
PO Box 9882  
Dublin OH 43017- 5782

**IF YOU FAIL TO SUBMIT A COMPLETE CLAIM POSTMARKED BY SEPTEMBER 16, 2013, YOUR CLAIM IS SUBJECT TO REJECTION OR YOUR PAYMENT MAY BE DELAYED.** So that you will have a record of the date of your mailing and its receipt by the Distribution Agent, you are advised to use certified mail, return receipt requested. Please keep a copy of all documents that you send to the Distribution Agent.



# PART C - ACLN COMMON STOCK

## **PURCHASES**

YOU MUST SUBMIT DOCUMENTATION SUPPORTING THE INFORMATION BELOW

- A. BEGINNING HOLDINGS:** List the number of shares of ACLN common stock owned at the opening of trading on **June 15, 1999**. If none, write "zero" or "0". (Must be documented.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares					

- B. PURCHASES:** List (in chronological order) all purchases of ACLN common stock made between **June 15, 1999** through **March 18, 2002**, inclusive. (Must be documented.)

Date(s) of Purchase List Chronologically (Month/Day /Year)	Number of Shares of Common Stock Purchased	Purchase Price Per Share of Common Stock	Net Amount Paid (Excluding taxes, fees, and commissions)	Check this Box if These Shares Were a Gift or Transfer
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST  
PHOTOCOPY THIS PAGE AND CHECK THIS BOX ☐

IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED



# PART C - ACLN COMMON STOCK

## **SALES**

YOU MUST SUBMIT DOCUMENTATION SUPPORTING THE INFORMATION BELOW

- C. SALES:** List (in chronological order) all sales of ACLN common stock made between **June 15, 1999** through **March 18, 2002**, inclusive. (Must be documented.)

Date(s) of Sale List Chronologically (Month/Day /Year)	Number of Shares of Common Stock Sold	Sale Price Per Share of Common Stock	Net Amount (Excluding taxes, fees, and commissions)	Check this Box if These Shares Were a Gift or Transfer
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

- D. ENDING HOLDINGS:** List the number of shares of ACLN common stock owned at the close of trading on **March 18, 2002**. If none, write "zero" or "0". (Must be documented.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares					

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST  
PHOTOCOPY THIS PAGE AND CHECK THIS BOX ☐

IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED

## PART D - CERTIFICATION AND SIGNATURE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am (We are) not:
  - (a) A director or officer, or former director or officer, of ACLN or any of its past or present Affiliates who served in such capacity during the SEC Action Claims Period (or any of his or her assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities);
  - (b) An employee of ACLN or of any of its past or present Affiliates who has been terminated for cause in connection with the violations alleged in the SEC's Complaint in this action or any related SEC action, or who was otherwise terminated or has resigned in connection with the violations alleged in the SEC's Complaint in this action or any related SEC action (or any of such employee's Affiliates, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities);
  - (c) A defendant in any action brought by the SEC or any class action lawsuit related to the conduct described in the SEC's Complaint in this action or any related SEC action (or any of such defendant's Affiliates, assigns, creditors, heirs, distributees, spouses, parents, children or controlled entities), unless and until I am (we are) found not liable in all such civil suits prior to the Claims Bar Date, September 16, 2013, and proof of the finding(s) is included in my (our) timely filed Proof of Claim Form;
  - (d) A person who, as of the Claims Bar Date of September 16, 2013, has been the subject of criminal charges related to the violations alleged in the SEC's Complaint in this action, or any related SEC action (or any of his or her Affiliates, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities);
  - (e) A person who assigned their right to obtain a recovery in the SEC's action against ACLN;
  - (f) An assignee of another person's right to obtain a recovery in the SEC's action against ACLN, provided, however, that this provision shall not be construed to exclude those persons who obtained such a right by inheritance or devise; or
  - (g) The Distribution Agent, its employee, or those persons assisting the Distribution Agent in its role as Distribution Agent, or a person engaged to perform services pursuant to the Distribution Plan.
2. If signing this Proof of Claim Form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Proof of Claim Form;
3. I (We) agree to submit to the jurisdiction of the United States District Court for the Southern District of New York for all purposes relating to this claim;
4. I (We) understand that the Distribution Agent may require additional information from me (us) in order to validate or pay my (our) claim, and I (we) agree to provide any information requested by the Distribution Agent for those purposes. If necessary, I (we) authorize the Distribution Agent to obtain and review any and all trading records relevant to my (our) transactions in ACLN common stock from any brokerage firm or other entity that has possession of such records, and further consent to the release of such records by such brokerage firm or other entity to the Distribution Agent;
5. The Social Security Number or Taxpayer Identification Number written on page two of this form is correct.
6. I (We) agree that under no circumstances shall the Distribution Agent or its agents incur any liability to me (us) or to any other person if it makes a distribution in accordance with the list of all Eligible Claimants and their Approved Claims as approved by the Court and that I am (we are) enjoined from taking any action in contravention of this provision;
7. I (We) agree that upon receipt and acceptance by me (us) of a distribution from the ACLN Distribution Fund, I (we) shall be deemed to have released all claims that I (we) may have against the Distribution Agent and its agents and shall be deemed enjoined from prosecuting or asserting any such claims; and
8. If I am a custodian, trustee, or professional investing on behalf of and representing more than one Potentially Eligible Claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim Form by the undersigned is true and correct and that the documents submitted herewith are true and genuine.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_.

(Month) (Year) (City, State, Country)

Date \_\_\_\_\_

Date \_\_\_\_\_

***If the Claimant is other than an individual, or is not the person completing this form, the following also must be provided:***

Date \_\_\_\_\_

## REMINDER CHECKLIST

1. Please sign the Certification and Signature Section of the Proof of Claim Form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents. (Supporting documents include trade confirmations, official monthly, quarterly or annual brokerage statements).
4. **DO NOT SEND ORIGINALS** OF ANY SUPPORTING DOCUMENTS.
5. If you aggregated accounts, be sure to include supporting documents for all accounts.
6. Keep a copy of your Proof of Claim Form and all documentation submitted for your records.
7. The Distribution Agent will acknowledge receipt of your Proof of Claim Form by regular or electronic mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgment postcard or e-mail. If you do not receive an acknowledgment postcard or e-mail within 60 days, please call the Distribution Agent toll free at **1 (800) 909-7125**.
8. If you move, you must send the Distribution Agent your new address. Otherwise, any funds allocated to your claim are subject to forfeiture.
9. Do not use highlighter on the Proof of Claim Form or supporting documentation.

**THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN  
SEPTEMBER 16, 2013 AND MUST BE MAILED TO:**

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c/o The Garden City Group, Inc.  
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