

**Indiana Secretary of State**  
**Restitution Fund Claim Application**

Online Version available at: <https://myweb.in.gov/SOS/RestitutionFund>

**I. Please check the appropriate boxes:**

Affirmation of Non-Participation

- I am the victim, and I affirm that I did not participate in, attempt to participate in, or profit from the activity giving rise to the securities violation.
- I am not the victim, but I affirm that the victim did not participate in, attempt to participate in, or profit from the activity giving rise to the securities violation.

Affirmation of Incomplete Restitution

- I am the victim, and I affirm that I have not received the entire amount of restitution provided in the Securities Restitution Order.
- I am not the victim, but I affirm that the victim has not received the entire amount of restitution provided in the Securities Restitution Order.

**II. Please supply the following information about the restitution:**

Amount of restitution received to date: \$ \_\_\_\_\_

Was the Securities Restitution Order a result of a FINRA Arbitration?  Yes  No

Residency of the victim at time of Securities Violation: \_\_\_\_\_

Current Residency of Victim (if deceased, enter deceased):

\_\_\_\_\_

Did the Securities Violation occur on or after July 1, 2010?  Yes  No

State in which the Securities Violation occurred: \_\_\_\_\_

Restitution Order Date: \_\_\_\_\_

Cause/Case/Docket Number:

\_\_\_\_\_

State in which the Securities Restitution Order was issued: \_\_\_\_\_

Who is filling out the application?

- Victim     Executor of Estate     Heir to Estate     Representative

**III. Victim Information**

Name: \_\_\_\_\_

Prefix      First                      Middle                      Last

SSN: \_\_\_\_\_ (optional, see box)

Leave address and contact info blank if Victim is deceased

**Current Address**

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail\* \_\_\_\_\_

*Submission of a Social Security Number is completely optional, and the Securities Division will not reject an application solely on the failure to provide a SSN. **However, an application may be denied if the Securities Division cannot verify that a claimant is the person named in the Securities Restitution Order, and a SSN can assist in that verification process.***

**Email Required:** Applicant will receive all future correspondence regarding the claim via email.

If the victim is deceased, what is the status of the estate?

- Open     Closed     No probate proceedings and/or no will

**IV. Claimant Information**

*(If you are the Victim of the Securities Violation, skip this section)*

Name: \_\_\_\_\_

Prefix      First                      Middle                      Last

SSN: \_\_\_\_\_ (optional, see box)

**Current Address**

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

*Submission of a Social Security Number is completely optional, and the Securities Division will not reject an application solely on the failure to provide a SSN. **However, an application may be denied if the Securities Division cannot verify that a claimant is the person named in the Securities Restitution Order, and a SSN can assist in that verification process.***

**Email Required:** Applicant will receive all future correspondence regarding the claim via email.

## V. Signatures

I affirm that all of the foregoing responses are true.

**Pursuant is IC 23-20-1-31 a person commits a Class C felony if the person knowingly makes or causes to be made: (1) in any document filed with the Securities Division; or (2) in any proceeding; under this chapter any statement that is false or misleading in any material respect.**

X \_\_\_\_\_ Date  
Signature of Victim (if deceased, leave blank)

X \_\_\_\_\_ Date  
Signature of Claimant (if victim, leave blank)

## VI. Instructions for Mailing

**At a minimum, the following documentation must be mailed in with this application:**

- 1) Final Order: Copy of the court or administrative order awarding restitution to the victim**
- 2) Photo ID: Copy of the claimant's Driver's License or other government issued photo ID**
- 3) Proof of Address: Copy of one or more documents connecting the victim to the reported addresses (e.g. utility bill, W-2, voided check, etc.)**

If the victim is deceased, and an executor or heir is completing the application, the following documents are required:

### Open Estate

- 1) Copy of the death certificate of the victim
- 2) Copies of the Letters Testamentary or Letters of Administration
- 3) Federal ID Number for the Estate

### Closed Estate

- 1) Copy of the death certificate of the victim
- 2) Copy of the Letters Testamentary or Letters of Administration
- 3) Notarized affidavit signed by executor or administrator to collect and distribute the funds to the entitled heirs or Copy of the Final Report of Distribution or Closing Statement

Intestate Succession/No Probate

- 1) Small Estate Affidavit
- 2) Copy of the death certificate of the victim
- 3) Copy of Deceased's obituary

In addition to the required documents above, you can optionally submit other documents that might assist us in the processing of your claim.

Please mail the completed form, along with ***copies*** of any supporting documentation, to the Indiana Securities Division at:

Indiana Securities Division  
ATTN: Securities Restitution Fund  
302 West Washington Street  
Room E-111  
Indianapolis, IN 46204