

FUNDSZ PROOF OF CLAIM AND RELEASE FORM

DEADLINE TO SUBMIT A CLAIM IS DECEMBER 22, 2025 AT 11:59PM

Re: *Commodity Futures Trading Commission v. Rachel Larralde, as Personal Representative of Estate of Rene Larralde, Juan Pablo Valcarce, Brian Early, Alisha Ann Kingrey, and Fundsz* (the “Receivership Defendants”), Civil Action No. 6:23-cv-1445-WWB-DCI, pending in the United States District Court for the Middle District of Florida (the “Court”).

In order to receive a distribution as an eligible claimant in this legal action, you must complete and submit this Proof of Claim and Release Form. The final approval or disapproval of claims, the determination of priority of claims for distribution, and any distribution amount will be determined by the Court. By submitting a Proof of Claim and Release Form, you submit to the jurisdiction of the Court and agree that it is the appropriate venue for final adjudication of your claim against the Fundsz Receivership Estate. Instructions are at the end of this form or can be found at <https://cases.stretto.com/fundszclaim>.

Please mark the statement below to attest that you are an eligible claimant:

I hereby swear under oath that:

(i) I transferred cryptocurrency and/or funds to Fundsz, or I provided goods or services or loaned money to Fundsz;

AND

(ii) the total amount that I transferred to Fundsz exceeds the total amount that was returned to me, such that I suffered a net loss, or I am owed money for goods or services, or for a loan, that I provided to Fundsz;

AND

(iii) I am not affiliated with or an insider of any Receivership Defendant or any affiliate of any Receivership Defendant, and I did not knowingly assist any Receivership Defendant or affiliate of any Receivership Defendant to effectuate, perpetuate, or promote Fundsz or have knowledge of its fraudulent nature at the time I transferred any of the cryptocurrency or funds claimed herein, or provided goods or services, to Fundsz.

If you cannot attest above that you are an eligible claimant, DO NOT submit a Proof of Claim.

Does this claim supersede a previously filed claim? If so, select yes and confirm you are withdrawing the prior claim. If available, please provide claim number of prior claim.

Yes

No

Prior Claim Number

1a. Claimant Contact Information:

Claimant Name (First and Last): _____

Business Name (if applicable): _____

Claimant Email Address: _____

Claimant Email Address Used With Fundsz (if different than above): _____

Claimant Mailing Address:

Attn: _____

Street Address: _____

City _____ State _____ Zip _____

Claimant Telephone No.: _____

2a. Total Claim Amount

Total Amount of Your Transfers, or value of goods or services provided, to Fundsz in U.S. Dollars:

\$ _____

Total Amount of Your Receipt of Funds or Cryptocurrency From Fundsz in U.S. Dollars:

\$ _____

Net Amount of Your Claimed Loss in U.S. Dollars: \$ _____

Please complete the tables below, establishing the amount of your claim against Fundsz:

DO NOT INCLUDE ANY PROFIT, BONUS, REWARD, OR COMMISSION.

If you have crypto transactions you must complete the attached Exhibit C.

2b. Total Transfers (Money In) - Date and amount of funds sent to or entrusted with or value of goods and services provided to Fundsz as of August 2, 2023

(See Continuation Sheets if you need more space)

Date of Transfer or Goods or Services to Fundsz	Amount of Transfer or value of goods or services (Original currency)	Name of Transferor	Currency of Transfer (i.e. USD, BTC)	USD Value of Transfer
1/1/2022	1.00	Investor Name	BTC	\$100,000

2d. Supporting Documentation

Please attach copies of bank supporting documents, such as cancelled checks (front and back), and wire transfer confirmations, or any other supporting documents from a financial institution. If the documents are not available, please explain through attaching a narration to this claim form.

Click this link <<**UPLOAD**>> to upload documentation supporting your claim. **Claims without supporting documentation may be automatically denied.**

3a. Payment Information

Please select your preferred payment method, if the Receiver determines that you hold an Allowed Claim:

Select only one payment method and enter the required information.

Venmo PayPal Zelle

For the payment method selected above please provide the following:

First Name and Last Name: (if different than above) _____

Mailing Address (if different than above)

Email Address: _____

Mobile Phone Number: _____

If you require another method of payment, contact the Receiver’s Claims Agent, Stretto, Inc., at (855) 314-5476 (U.S./Canada Toll-Free) and (213) 757-2091 (International Toll) or email fundsinquiries@stretto.com.

RELEASE

Except for the obligations created by this Claims Process, by submitting a Proof of Claim Form, you shall be deemed to fully and irrevocably release and forever discharge the Receiver, the Receivership Defendants, and their Receivership Estate (collectively, the “Released Parties”) from any and all claims, complaints, demands, actions, charges, allegations, causes of action, suits, liabilities, obligations, promises, contracts, agreements, damages, losses, expenses and costs (including, without limitation, actual court costs and attorneys’ fees), which you may now or

hereafter have against the Released Parties by reason of your direct or indirect transactions with Receivership Defendants.

_____ Initial that you acknowledge the release above.

CERTIFICATION

The undersigned certifies that under the penalty of perjury that the information contained in this Proof of Claim, including any attachment(s), is correct and that the undersigned is authorized to make this claim.

Signature _____

Date _____

Printed Name _____

Title, if any, of Claimant(s) or other person authorized to file this claim (attach copy of power of attorney, if any).

Reminder Checklist:

1. Please sign above under penalty of perjury.
2. Remember to attach documentation supporting your claim.
3. Please explain if you are not able to attach supporting documentation.
4. DO NOT MAIL ORIGINAL DOCUMENTS.
5. Keep a copy of your submitted claim form and all supporting documentation for your records.
6. If your contact information changes, please send the Receiver updated information.

EXHIBIT C – Crypto Supplemental Sheet

	Transaction 1	Transaction 2	Transaction 3
Type (Investment/ Payment)			
Date/Time Stamp of Transaction			
Amount (e.g., 1.50, 0.25, 45,000, etc.)			
Currency (ETH, BTC, USDT, etc.)			
USD equivalent (if different than Amount)			
Transaction hash			
Sending Address (crypto wallet address)			
Receive Address (crypto wallet address)			
Crypto exchange used (if applicable)			

EXHIBIT C – Crypto Supplemental Sheet (cont.)

	Transaction 4	Transaction 5	Transaction 6
Type (Investment/ Payment)			
Date/Time Stamp of Transaction			
Amount (e.g., 1.50, 0.25, 45,000, etc.)			
Currency (ETH, BTC, USDT, etc.)			
USD equivalent (if different than Amount)			
Transaction hash			
Sending Address (crypto wallet address)			
Receive Address (crypto wallet address)			
Crypto exchange used (if applicable)			

**IF YOU HAVE MORE TRANSACTIONS, PLEASE UPLOAD THIS INFORMATION
WITH YOUR SUPPORTING DOCUMENTATION**

Information on completing the claim form.

Claimant Identification

1a. Individual Claimant Name, Claimant Business Name, Address Information. Complete this section by giving the Individual Claimant name, Claimant Business name (if applicable), address, telephone number, and email address of the Claimant to whom Fundsz allegedly owes money or property.

Claim Information

2a. Total Claim Amount. Your Claim Amount is the amount of your net loss from investing in or providing goods or services to Fundsz calculated as the total transfers made to or goods and services provided by Claimant(s) to Fundsz, minus the total withdrawals, interest payments, commission payments or other payments the Claimant(s) received from Fundsz. **DO NOT INCLUDE ANY PROFIT, BONUS, REWARD, OR COMMISSION.**

2b. Total Transfers (Money In). In this section, please indicate the date and amount sent or entrusted by the Claimant(s) with Fundsz as of August 2, 2023, by indicating for each such transfer, the date of transfer or date good or services were provided, amount of transfer or value of goods and services in original currency, the original currency (i.e.. USD, BTC, Euro), USD value of transfer or value of goods and services received and name of transferor.

2c. Total Withdrawals (Money Out). In this section, please indicate the date and amount of funds, interest payments, commission payments or other payments the Claimant(s) received from Fundsz as of August 2, 2023, by indicating for each such transfer, the withdrawal, payment or distribution date, amount of each said distribution, payment or withdrawal in original currency and USD, indicate original currency (i.e. USD, BTC, Euro) and name of recipient.

2d. Supporting Documentation. In addition to completing the Proof of Claim form, you must provide supporting documentation evidencing your claim. Supporting documentation must include copies of bank supporting documents, such as canceled checks (front and back), and wire transfer confirmations, or any other supporting documents from a financial institution. If the documents are not available, please explain by attaching a narration to this claim form.

3a. Payment Information. Please select your preferred payment method (Venmo PayPal, Zelle) and provide first name, last name, mailing address, email address and mobile phone numbers associated with the selected payment method. If you require another method of payment, contact the Receiver’s Claims Agent, Stretto, Inc., at (855) 314-5476 (U.S./Canada Toll-Free) and (213) 757-2091 (International Toll) or email fundszinquiries@stretto.com.

Exhibit C – Crypto Transactions – For each crypto/digital asset transaction that you included in question 2b. and 2c. please complete Exhibit C. If you need additional pages, please add to your supporting documentation. For each transaction, provide:

Type (Investment or Payout)	Transaction hash
Date/Time stamp of transaction	Sending Address (crypto wallet address)
Amount (e.g., 1.50, 0.25, 45,000, etc.)	Receive Address (crypto wallet address)
Currency (ETH, BTC, USDT, etc.)	Crypto exchange used (if applicable)
USD equivalent (if different than Amount)	

Signature

Date. Add signature date.

Release: Initial to indicate that you acknowledged release.

Signature. Sign and print the name and title, if any, of all Claimants or other persons authorized to file this claim (attach copy of power of attorney, death certificate, or other document as needed if co-owner is unable to sign).

Acknowledgment of Filing. To receive an acknowledgment of the filing of your Proof of Claim form please send email to fundsziquiries@stretto.com.