

# Proof of Claim

Arizona Corporation Commission V. One Vision Children's Foundation, Inc.; Wealth Management Resources, Inc., et al  
CV 2002-020878

File by Mail: One Vision Foundation Receivership c/o Lawrence J. Warfield, Receiver P.O. Box 14050 Scottsdale, AZ 85267	For Receiver's Use Only <b>DO NOT WRITE IN SPACE</b>
----------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------

**A. Claimant's Current Contact Information**

Claimant's Name (1): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Claimant's Name (2) (from same household): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Claimant's Mailing Address: (1) \_\_\_\_\_ (2) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Investment Information**

1) Were the assets used to purchase annuities your own?

Yes The assets that I used to purchase the annuities were exclusively my own. I was not using assets belonging to other people or entities or otherwise acting as a representative for another person to purchase annuities either directly or indirectly through One Vision Children's Foundation, Inc. or Wealth Management Resources, Inc.

No The total amount of assets that I placed either directly or indirectly in One Vision Children's Foundation, Inc. or Wealth Management Resources, Inc. consisted at least partially of assets that belonged to another. **Please attach a separate report detailing the names, amounts of each contribution, and full contact information of the sources of all funds placed. Do this in addition to the information that is requested below in question B5.**

2) Did the assets invested consist of qualified funds?

Yes At least a portion of the assets that I used (or that which I collected from others) came from an IRA, 401K, or other source that is classified as a pension account by ERISA regulations. **Please attach copies of all account information.**

No No portion of the assets that I invested (or that which I collected from others) came from a qualified fund account.

3) Did you place your assets directly with One Vision Children's Foundation, Inc. or Wealth Management Resources, Inc.?

Yes Complete Section B4, but skip Section B5.

No Complete Section B4, then give a detailed description of events in Section B5.

4) Complete the following for the types of assets used to purchase the annuities (attach additional pages if needed):

Type	Description of asset in detail (full address for real property)	Estimated Market Value at time of Transfer	Date of Transfer
<input type="checkbox"/> Cash	(additional lines available in Section B6).	_____	_____
<input type="checkbox"/> Stock	_____ # of Shares of _____ (company)	_____	_____
<input type="checkbox"/> Real Property	_____	_____	_____
<input type="checkbox"/> Other assets	_____	_____	_____

**Proof of Claim Must Be Received by the Receiver on or Before June, 30, 2005**

Claimant's Name	
Last	_____
First	_____





# Proof of Claim

Arizona Corporation Commission V. One Vision Children's Foundation, Inc.; Wealth Management Resources, Inc., et al  
CV 2002-020878

## Non-Investment Claim

C. If you claim an amount in addition to the investment amount, if any, set forth in B(6) above, describe below and include the amounts claimed and the factual basis for each amount claimed. In addition describe any payments or other recoveries regarding these non-investment amounts that you received from One Vision, Wealth Management Resources, or third parties. By asking for this information you should not assume that the Receiver will recommend or that the Court will approve a non-investment claim:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Calculation of Total Claim

Set forth below the total claim amount and the amounts used to calculate the total claim amount:

D.

	_____	Investment Claim Amount from B(6)
less	_____	Amount recovered from One Vision or Wealth Management from B(6)
less	_____	Amount recovered from Third Parties from B(8)
plus	_____	Non-Investment Claim Amount from C
less	_____	Recoveries from C on the non-investment claim amount
less	_____	Hardship distribution
equals	_____	<b>Total Claim (per Receiver's office)</b>
		Note: All claims are subject to and no payment or distribution will be made on such claims until final court approval
	_____	Adjusted Total (if different from total claim above)

E. I have personal knowledge of the facts set forth above and I declare, under penalty of perjury, that the above information is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Proof of Claim Must Be  
Received by the Receiver on or  
Before June, 30, 2005**

Claimant's Name	
Last	_____
First	_____