

Beattie B. Ashmore, Receiver
Kohn – Future Income Payments, LLC
PO Box 9019
Greenville, SC 29604
investor@receiverfip.com
864-271-8200

July 12, 2024

RE: Civil Action No.: 9:19-cv-01112-BHH

Dear Investor:

On August 18, 2022, Scott A. Kohn (“Kohn”), owner of Future Income Payments, LLC (“FIP”), plead guilty to charges related to his orchestration of a criminal Ponzi scheme. On April 15, 2019, I was appointed by the Honorable Bruce H. Hendricks, United States District Court, District of South Carolina, to serve as the Receiver over Kohn, FIP and other related and defined individuals and entities. My staff and I have been committed to locating, clawing back and managing assets with the sole purpose of maximizing the return to victims of this fraudulent scheme. It is now necessary to collect and verify information to be used in calculating the loss and partial recovery due to some of the victims in this criminal enterprise.

If you are receiving this letter it means you have been identified as a person who gave money to FIP for the purposes of an investment, hereafter referred to as “investor”. As a result, you MAY have a claim in this matter.

Enclosed you will find a Court-approved Proof of Claim form. This form must be completed by all potential Claimants who seek a recovery in this matter and must be returned to the Receiver’s office on or before a postmarked date of **SEPTEMBER 30, 2024**. **NO EXTENSIONS OF THIS DEADLINE WILL BE GRANTED AND YOU MUST HAVE YOUR PROOF OF CLAIM FORM SUBMITTED TO THE RECEIVER’S OFFICE BY THIS DATE TO BE CONSIDERED FOR ANY DISTRIBUTION. FAILURE TO FILE A PROOF OF CLAIM FORM BY THIS DATE WILL FOREVER BAR YOU FROM FILING A PROOF OF CLAIM FORM AND YOU WILL NEVER HAVE THE OPPORTUNITY TO RECOVER ANY LOSS AMOUNT.** Any exceptions to this deadline will only be considered for “good cause” and will require approval from this United States District Court. A potential Claimant is defined as someone who suffered a NET LOSS. NET LOSS means that the GROSS amount you invested with FIP is greater than that amount you received as a return on your investment. Return includes ALL payments you received from FIP or Kohn whether directly as return on investment or indirectly for other purposes (including, but not limited to commission fees). If you received a greater amount as a return than you originally invested with FIP you did not suffer a NET LOSS and you will not be considered a victim in this matter. Please note, having suffered a NET LOSS is not the only criteria considered for purposes of recovering funds.

Once all Proof of Claim forms have been processed, the Receiver will make a recommendation to the Court. This recommendation will be based on information submitted in the Proof of Claim form, information known by the Receiver, and other information known by or provided to the Court. Furthermore, the amount ultimately paid to each approved Claimant will depend upon the funds available for distribution.

Due to the number of potential claims in this matter and the need to verify each claim individually, the process of collecting and verifying information to be presented to the Court will take some time. In addition, the time it takes to distribute funds will be affected by a number of factors not in my control. I assure you, however, my staff and I will work expeditiously and diligently to ensure this process moves as quickly as possible. Please read the instructions that are attached to the enclosed Proof of Claim form carefully and make every effort to write clearly. Following the instructions and providing all necessary documentation will help my staff tremendously.

My staff and I will be glad to assist you in any way possible with the questions or concerns you may have regarding the Proof of Claim form process or other matters related to this case. However, due to the large number of expected claims, please review the information available on our website (www.receiverkohnfip.com) before calling the Receiver’s office. We update the website regularly with useful and important information specific to this case and you may find a more timely answer to your question this way. If you still wish to contact us by email or phone, please remember to be patient, as we will make every effort to respond to your inquiry as quickly as possible.

Sincerely,
Beattie B. Ashmore
Receiver, Kohn-FIP

Instructions for Filling out the Proof of Claim Form

If you, as an individual or jointly with another, made an investment with Future Income Payments, LLC. ("FIP") and Scott A. Kohn ("Kohn") and you suffered a NET LOSS, you may be a potential Claimant. A potential Claimant is defined as someone who suffered a NET LOSS. NET LOSS means that the GROSS amount you invested with FIP is greater than the amount you received as a return on your investment. Return includes ALL payments you received from FIP whether directly as a return on investment or indirectly for other purposes (including, but not limited to commission fees). If you received an amount of return greater than you originally invested with FIP or Kohn, you did not suffer a NET LOSS and you will not be considered a victim in this matter.

If you suffered a NET LOSS, please use the following instructions to fill out and submit the attached Proof of Claim form.

- **One Proof of Claim form is required for each investment account.** (For example, if you opened one investment account in the name of Mr. John Doe, another account in the name of John and Mary Doe, and a third account in the name of John Doe Business with FIP then you must fill out a separate Proof of Claim form for each investment account for a total of three Proof of Claim forms.)
- **DO NOT** send ORIGINAL documents to the Receiver unless they are specifically requested.
- **MAKE A COPY** of any and all documents, correspondence, statements, etc. regarding your association or involvement with FIP and send them to the Receiver with this Proof of Claim form.
- **MAKE A COPY** of any and all monetary instruments, front and back, sent to FIP or agents thereof for purposes of investment. Include all checks, money orders, bank transfers, wires, rollover of IRA/other retirement accounts, or other documents in your possession that would be useful in proving the amount you have invested. This may require you to visit your bank or other financial institution. **NO CLAIM WILL BE CONSIDERED FOR DISTRIBUTION WITHOUT THIS PROOF OF PAYMENT.**
- **MAKE A COPY** of any and all records indicating payments made to you and/or payments made on your behalf by FIP. This may require you to visit your bank or other financial institution. No claim will be processed unless these records are provided. (This does not apply if you never received a payment or a payout from FIP.)
- Your signature on page 3 of the Proof of Claim form indicates you are providing to the Receiver complete and accurate information under penalty of perjury. Making false statements and/or providing false documents is a criminal offense and will be referred to the U.S. Attorney's Office for prosecution.
- **SUBMIT ALL** pages of the completed Proof of Claim form to the Receiver's website or mail to the Receiver's office at the following address:

Beattie B. Ashmore, Receiver Kohn-FIP
PO Box 9019
Greenville, SC 29604
Attn: Proof of Claim

- If you are filling out this Proof of Claim form on behalf of a deceased investor, YOU MUST provide documentation designating you as the Personal Representative for the estate. If the deposit was made in the form of a trust (revocable trust, living trust, family trust, etc.), please provide documentation from the trustee evidencing his/her authority to act. If you are otherwise acting on someone else's behalf, such as by power of attorney, please provide supporting documentation. Please note, any distributions made to a deceased victim will be made payable to "The Estate" of that victim.
- All information provided will be verified by the Receiver and his staff. You will be contacted directly if additional information is required. Please advise the Receiver's office anytime changes occur in your contact information prior to the closing of this case. It is the claimant's responsibility to ensure that all contact information is kept current.
- Feel free to contact the Receiver's office at any time with questions. Emailing to Investor@receiverfip.com will provide for the quickest response or call (864) 271-8200.

FAILURE TO PROVIDE TRUTHFUL INFORMATION, OR THE OMISSION OF INFORMATION, MAY CONSTITUTE A CRIME AND CAN SUBJECT YOU TO CRIMINAL PROSECUTION.

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
GREENVILLE DIVISION**

IN RE RECIEVER FOR SCOTT A.)	
KOHN AND FUTURE INCOME)	Civil Action No. 6:19-cv-1112-BHH
PAYMENTS, LLC, JOSEPH P. HIPPI,)	
KRAIG S. AIKEN, DAVID N.)	
KENNEALLY, AND MELANIE JO)	<u>ORDER APPROVING</u>
SCHULZE-MILLER)	<u>PROOF OF CLAIM FORM</u>

On August 18, 2022, and February 9, 2023, respectively, Scott A. Kohn and Future Income Payments, LLC, pled guilty to one count of wire fraud stemming from their involvement in a criminal Ponzi scheme involving thousands of victims and millions of dollars. *See United States v. Scott A. Kohn, et al*, Criminal No. 6:19-cr-239-BHH. Considering these convictions, and pursuant to the authority granted to the Receiver, most recently by the Order of October 9, 2020, (ECF No. 53), the Court hereby approves the Proof of Claim form attached to this Order as Exhibit A, and the Court authorizes the Receiver to publish and distribute the attached Proof of Claim form to the victims. This form must be completed by all potential Claimants who seek a recovery in this matter, and it must be returned to the Receiver's office with a postmarked date on or before September 30, 2024, to be considered for any distribution. No extensions of this deadline will be granted.

IT IS SO ORDERED.

/s/Bruce H. Hendricks
United States District Judge

June 27, 2024
Charleston, South Carolina

Beattie B. Ashmore, Receiver
 Scott A. Kohn, Future Income Payments, LLC, et al.
 Court-Approved Proof of Claim Form

THIS FORM MUST BE COMPLETED BY ALL POTENTIAL CLAIMANTS WHO SEEK A RECOVERY IN THIS MATTER, AND IT MUST BE RETURNED TO THE RECEIVER'S OFFICE WITH A POSTMARKED DATE ON OR BEFORE SEPTEMBER 30, 2024, TO BE CONSIDERED FOR ANY DISTRIBUTION. NO EXTENSIONS OF THIS DEADLINE WILL BE GRANTED. FAILURE TO SUBMIT A PROOF OF CLAIM FORM BY THIS DATE WILL FOREVER BAR YOU FROM FILING A PROOF OF CLAIM FORM, AND YOU WILL NEVER HAVE THE OPPORTUNITY TO RECOVER ANY LOSS AMOUNT.

ANSWER ALL SECTIONS COMPLETELY. *If additional space is required, please duplicate the page and staple it to this form. If a section does not apply to you please indicate on the form and return ALL pages to the Receiver's office.*

Section 1 – Purchaser and Contact Information

Check one: ☐ **Individual Account** ☐ **Joint Account**

Name on FIP account: _____

FIP Purchase Request (PR) # (if known): _____

Primary Purchaser Name: _____

Social Security Number (Federal Tax ID): _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Secondary Purchaser Name (if joint account): _____

Social Security Number (Federal Tax ID): _____ Date of Birth: _____

Address (if different): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address(es): _____

Alternate Contact: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Financial Advisor/Agent Name and Address: _____

Section 2 – Money Invested *Please list all payments to FIP or related entity. Please list all payments individually by date. Proof of each deposit must be attached hereto.

CHECK NUMBER, if applicable or description of deposit, for example: Wire, ACH, etc.	DATE	QUALIFIED, i.e., rolled over from IRA or 401k, OR UNQUALIFIED	PAYEE	AMOUNT

Section 3 – Payments – Please list any payments made to you or deposited into an account in your name from FIP or related entity. Please list all payments individually by date. Proof of each payment must be attached hereto.

CHECK NUMBER, if applicable, or description of payment, for example: wire, ACH, etc.	DATE	AMOUNT

Section 4 – Additional Information/Questions

- Did you claim a loss on your state or federal tax return with regard to your investment with FIP? ___Yes ___ No. If yes, please state the loss amount you claimed, the year claimed and whether state or federal.

- Did you close out an account with FIP or have previous account with FIP at any time? If yes, please explain and list any money received. _____
- Have you ever received any money from another source other than FIP, either during the life of the Ponzi scheme or after FIP ceased operating related to your investment with FIP, including but not limited to, your financial advisor? If yes, please explain. _____

4. Have you participated in any lawsuits or legal proceedings related to this case? If yes, please provide the name and case number of the lawsuit or legal proceeding, the name of your attorney and where the lawsuit or legal proceeding is/was pending. _____
5. Have you received any payments or do you expect to receive payment related to this case or another related lawsuit/legal proceeding? If yes, please list where the payment is from, the name of the lawsuit/legal proceeding, if applicable, the amount of the payment and the date the payment was made.

6. If you have retained legal representation in this matter, please provide the name, address, and telephone number of your attorney. _____
7. Have you ever been employed by FIP or a subcontractor with business related to FIP? ____ Yes ____ No. If yes, please explain. _____
8. Did you sell your FIP investment to a third party, including but not limited to your financial advisor?

9. Did you sell and receive commissions for selling any FIP products? ____ Yes ____ No. If yes, please provide dates of sale and amount of commission received. _____
10. Did you combine your FIP investment with any other financial products, i.e., an Indexed Universal Life Insurance (IUL) policy? If yes, please provide name of insurance company and details on policy.

11. Is there anything else related to the purchase of the FIP product that you would like the Receiver's office to know?

Section 5 - SIGNATURE

I, THE BELOW SIGNED PURCHASER(S), DO HEREBY STATE, ATTEST, AND DECLARE UNDER PENALTY OF PERJURY, THAT ALL STATEMENTS MADE AND ALL DOCUMENTS PROVIDED RELATED TO MY PROOF OF CLAIM FORM ARE ACCURATE AND TRUTHFUL AND THAT I (WE) HAVE NOT RECEIVED ANYTHING OF VALUE INCLUDING, BUT NOT LIMITED TO, REMUNERATION OR PAYMENTS REGARDING THAT AFORESAID CLAIM THAT ARE NOT HEREIN DISCLOSED. ADDITIONALLY, I (WE) ACKNOWLEDGE AND CONSENT TO THE JURISDICTION OF THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH CAROLINA.

Purchaser Name (Please print) _____

Purchaser Signature _____ Date _____

Purchaser 2 Name (Please print) _____

Purchaser 2 signature (If joint program only) _____ Date _____

18 U.S.C. § 1001 states, “(a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully—(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years. (b) Subsection (a) does not apply to a party to a judicial proceeding, or that party’s counsel, for statements, representations, writings or documents submitted by such party or counsel to a judge or magistrate in that proceeding. (c) With respect to any matter within the jurisdiction of the legislative branch, subsection (a) shall apply only to—(1) administrative matters, including a claim for payment, a matter related to the procurement of property or services, personnel or employment practices, or support services, or a document required by law, rule, or regulation to be submitted to the Congress or any office or officer within the legislative branch; or (2) any investigation or review, conducted pursuant to the authority of any committee, subcommittee, commission or office of the Congress, consistent with applicable rules of the House or Senate.” See 18 U.S.C. § 1001.