

# OBJECTION FORM

**NOTE:** If you have **no** objections, it is **not necessary** to complete and submit this form. If you do have an objection, it must be completed and returned with a postmark of no later than March 9, 2026 to:

Beattie B. Ashmore Receiver Kohn – FIP  
Post Office Box 9019  
Greenville SC 29604

\*\*\*please set forth **ALL** objections to the information contained in the Schedule of Net Loss that is related to the Claimant number for which you are submitting this Objection Form.

Claimant Number(s)\_\_\_\_\_ Claimant Name(s)\_\_\_\_\_

- (1) IF you have an objection to the “NAME ON FIP ACCOUNT AND NAME AS IT WILL APPEAR ON CHECK” as listed on the Schedule of Net Loss Amounts attached to the Plan, please state your objection and provide backup documentation, if necessary.

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- (2) IF you have an objection to the “AMOUNT INVESTED” as listed on the Schedule of Net Loss Amounts attached to the Plan, please state your objection and provide backup documentation, if necessary.

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- (3) IF you have an objection to the "AMOUNT RETURNED BY FIP" (this applies to money coming directly to you from FIP or money coming from FIP to an escrow account, i.e., Gold Star Trust, Provident Trust, etc.) as listed on the Schedule of Net Loss Amounts attached to the Plan, please state your objection and provide backup documentation, if necessary.

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- (4) IF you have an objection to the "THIRD PARTY PAYMENTS" as listed on the Schedule of Net Loss Amounts attached to the Plan, please state your objection and provide backup documentation, if necessary.

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- (5) If the Receiver has recommended that your Claim be DISALLOWED on the Schedule of Net Loss Amounts attached to the Plan, and you wish to object, please state your objection and provide backup documentation, if necessary.

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(5) If your POC has been designated as UNTIMELY on the Schedule of Net Loss Amounts and you wish for the Court to consider directing the Receiver to process your POC, you MUST explain the “good cause” for why your POC was submitted after the September 30, 2024 Court imposed deadline. Please state your “good cause” and provide backup documentation, if necessary. You may attach pages to this Objection Form, if necessary.

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I, THE BELOW SIGNED CLAIMANT(S), DO HEREBY STATE, ATTEST, AND DECLARE UNDER THE 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 THE 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.

Claimant Name (Please Print) \_\_\_\_\_

Claimant Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

Claimant 2 Name (Please Print) \_\_\_\_\_

Claimant 2 Signature (If joint program, only) \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_