Evolution Market Group Remission Fund Remission Administrator c/o Analytics P.O. Box 2011 Chanhassen, MN 55317-2011

PETITION FORM

Our records show that you may have invested funds into a fraud scheme operated by Evolution Market Group (EMG) doing business as Finanzas Forex (FFX). To be eligible to obtain a refund of all or part of the money you invested, please fill out the Petition Form below.

If the amount you invested in EMG or FFX that is pre-printed on the petition form below in Question 2 is incorrect, please include copies of documentation to support your revised investment amount in Question 3. Acceptable supporting documents include cancelled checks, wire transfer records, EMG or FFX account records, bank statements indicating a payment into an EMG or FFX account. All amounts should be stated in US dollars. If you invested in a different currency, please convert to US dollars using the conversion rate current at the time that you made the investment.

PLEASE USE ONLY BLACK OR BLUE INK.

	CLAIM INFORMATION					
1.	Our records show your EMG Investor ID is Is this correct?					
	Yes No					
	If it is not correct, please provide your EMG Investor ID here:					
2.	Our records show that you invested US \$ in Evolution Market Group or Finanzas Forex. Is this correct?					
	Yes No					
	If you checked "Yes" because you agree with the amount invested in EMG or FFX that is preprinted on this form, please go to Question 4.					
3.	If you checked "No" because the amount you invested was different than the amount in our records, please indicate the total amount you invested:					
	US\$					
	I confirm that I have attached supporting documentation for this amount such as cancelled checks, wire transfer records, EMG or FFX account records, or bank statements indicating a payment into an EMG or FFX account.					
4.	Did you receive earnings, dividends, payments, commissions or other monies as a result of your investments with EMG or FFX? Please check box below .					
	Yes No					

1

	CLAIM INFORMATION, CONTINUED				
5.	If you checked "Yes," please tell us how much you earned. Include copies of earnings statements or other records of earnings or returns.				
	US\$				
6.	What is the NET amount of your loss from EMG or FFX? This is the amount you invested MINUS the amount of any earnings or returns.				
	US\$				
	I understand that the total amount of my loss excludes any interest or other increase my investment was supposed to earn or was supposed to have earned, and any expenses I have incurred to try to recover loss or to seek other recompense.				
7.	. Was your investment in EMG or FFX made in your own name? Please check box below.				
	Yes No				
	If you answered " No ", because your investment was made by, through, or in the name of an Entity or Third Person on your behalf, provide the name and address of the Entity or Third Person below:				
	Name of Entity or Third Person:				
	Address of Entity or Third Person:				
	City State Zip/Postal Code Country				
8.	B. If you are a US citizen or company, please provide your Social Security Number or Tax Identification Number in the space below.				
	SSN: or TIN:				
DECLARATION I understand that the information that I am providing in support of my petition will be relied upon for purposes of determining my right to receive a petition award. I hereby declare under penalty of perjury under the laws of the United States of America that I believe that the information I am providing in support of my petition is true and correct. I further certify that any documents I have submitted in support of my petition consist of unaltered copies of documents that are in my possession. Your Signature Date Signed (<i>MM-DD-YYYY</i>)					
	Print Name of Petitioner First Name Middle Last Name				

IMPORTANT - If you have a name or address change, please fill out the form below.

- NAME AND/OR ADDRESS CORRECTIONS -

First Name	Last Nan	Last Name				
Street Address						
City State Zip Code						
Foreign Postal Code (<i>if applicable</i>) Foreign Country (<i>if applicable</i>)						
Email Address						
Daytime Telephone Number						

You must return this document by July 14, 2016 to:

Evolution Market Group Remission Fund Remission Administrator c/o Analytics P.O. Box 2011 Chanhassen, MN 55317-2011

Accurate claims processing takes a significant amount of time. Thank you for your patience.

If you have any questions about the claim form, please call us toll-free at 1 (855) 763-9455 or send an email to info@EMG-FFXremission.com.

PRIVACY ACT NOTICE

The information requested on the Petition Form is being collected in order to make a distribution of funds paid to the Department of Justice pursuant to a forfeiture money judgment. In addition, the information may be disclosed for other purposes authorized by the Privacy Act, 5 U.S.C. § 552a and 57 Fed. Reg. 45,678, including disclosure to other government agencies. Submission of the requested information is voluntary, but failure to provide the requested information may be a basis for rejection of your petition.