

## AFFIDAVIT

I, \_\_\_\_\_, hereby declare the following under the pains  
penalty of perjury.

1. I currently reside at \_\_\_\_\_.
2. I was employed by \_\_\_\_\_ (the "Company") from  
\_\_\_\_\_.
3. In connection with the Company, my employer sponsored a retirement plan for the benefit of the employees known  
as the \_\_\_\_\_ (the "Plan").
4. I am or was a participant in the Plan named above.
5. To the best of my knowledge and belief, after making appropriate and diligent inquiries, my former employer who  
maintained the Plan is no longer actively in business and cannot be located, nor can I locate the owners or officers of  
the Company in regards to my Plan account.
6. To the best of my knowledge and belief, I am or was fully vested in my Plan account.
7. I have terminated employment with the Company maintaining the Plan.
8. With respect to the **Prime Group Fair Fund**, I have received a distribution check and I desire to have the  
distribution check made payable to myself.
9. I agree that I am solely responsible for paying any taxes with respect to any distribution check I received from the  
**Prime Group Fair Fund**.
10. I certify to the best of my knowledge and belief that all my declarations in this Affidavit are true, correct and  
complete. Further, I have made my declarations after careful reflection with the knowledge that the SEC **Prime Group  
Fair Fund**, including its agents and sub-contractors, may rely upon my declarations herein to determine whether I am  
eligible to receive the distribution check.

BY: \_\_\_\_\_

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

This Affidavit was signed in my presence by \_\_\_\_\_, the author  
of this document, who appeared before me and acknowledged the foregoing to be of his free act and deed  
before me.

STATE OF \_\_\_\_\_

ss.:

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_, 20\_\_\_\_.