

Must be received  
on or before  
April 14, 2006

The Garden City Group, Inc.  
As Administrator for MBC Receiver  
P.O. Box 9000 #6231  
Merrick, NY 11566-9000



**PREFERENCE FORM**

Claim Number:

Control Number:

WRITE ANY NAME AND ADDRESS CORRECTIONS  
BELOW OR IF THERE IS NO PREPRINTED DATA TO  
THE LEFT, YOU MUST PROVIDE YOUR FULL NAME  
AND ADDRESS HERE:

Name:

Address:

Email Address:

Telephone Number: ( ) -

I consent to receive further notices by email at this email address.

PLEASE MARK THE ONE OPTION YOU ELECT. CHOOSE EITHER OPTION A OR OPTION B OR OPTION C.

Option A: I Vote to Sell My Interest in the Policy.  (Check here if you choose Option A)

I want the Receiver to sell my interest in the policy identified on the attached Policy Detail (the "Policy"). By signing this form and selecting this Option, I hereby assign to the Receiver, Roberto Martínez (the "Receiver"), my interest in the Policy so he can sell my interest. If I am a named beneficiary on the Policy I authorize and direct the insurance company issuing the Policy to assign my beneficiary status in the Policy to Roberto Martínez as Receiver. If the highest offer the Receiver receives for the Policy is less than the cash surrender value of the Policy, the Receiver may surrender the Policy rather than sell it. I have reviewed and understand the risks of Option A outlined in the attached Notice to Investors.

Option B: I Vote to Keep My Interest in the Policy.  (Check here if you choose Option B)

I want to keep my interest in the Policy. By signing this form and selecting this Option, I hereby grant the Receiver this irrevocable power of attorney, which power of attorney I acknowledge is coupled with an interest, to sign, on my behalf, any documents necessary to change beneficiaries on the Policy as necessary from time to time. However, such power is limited so that the Receiver cannot change MY beneficial interest except (a) if I give the Receiver a separate written direction from me authorizing the change in MY beneficial interest, or (b) I forfeit my interest by failing to pay my share of premium payments and other administrative costs for the policy after receiving a demand for payment. The Receiver may assign this power of attorney to any court appointed successor, including a trustee under a court approved trust agreement. I have reviewed and understand the risks of Option B outlined in the attached Notice to Investors.

Option C: I direct the Receiver to surrender my interest in the Policy.  (Check here if you choose Option C)

I hereby direct the Receiver to surrender my interest in the Policy and by signing below I give him the authority to do so on my behalf. I have reviewed and understand the risks of Option C outlined in the attached Notice to Investors.

Please check here if you are interested in purchasing other investors' interests in this Policy that they elect to sell.

SIGN YOUR NAME HERE: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2006, by \_\_\_\_\_ [as \_\_\_\_\_ of \_\_\_\_\_] (in the case of a corporation, partnership or other entity), who is personally known to me/who has produced \_\_\_\_\_ as identification, and who did/did not take an oath.

Notary Public, State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Most banks located in the United States have a notary. If you are in a foreign country and you cannot get to a U.S. Embassy, you can attach a clear photocopy of your picture identification with your signature, such as a passport or driver's license, instead of having your signature notarized.

This form must be mailed to the Garden City Group so as to be received on or before April 14, 2006. IF YOU FAIL TO COMPLETE AND RETURN THIS FORM BY THE DUE DATE THE COURT SHALL MAKE A DECISION ABOUT YOUR POLICY WITHOUT YOUR VOTE.

➔  
(See Reverse Side)

**POLICY DETAIL**

**Investor Information**

Investor Name:

MBC AP or CF #:

Original Policy Face Value:

Percentage Of Interest:

No. of Investors on this Policy:

**Policy Information**

Policy Number:

Insurance Company:

Plan Of Insurance (Term, Whole Life, Universal, Group):

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