

Must be received
on or before
July 22, 2008

The Garden City Group, Inc.
As Administrator for MBC Receiver
P.O. Box 9000 #6231
Merrick, NY 11566-9000
E-Mail: mbclaims@gardencitygroup.com

MBC RECEIVERSHIP CLAIM FORM

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:

MBC AP #:
INVESTOR #:
\$

You are being sent this Claim Form because you are (1) an investor who invested in a viatical settlement with Mutual Benefits Corporation ("MBC"), (2) a creditor who may claim to be owed money by MBC, Viatical Benefactors, LLC ("VBLLC") or Viatical Services, Inc. ("VSI"), or (3) some other person who may claim to have been damaged by the actions of MBC, VBLLC or VSI. This Claim Form is your opportunity to tell the Court-Appointed Receiver and the Court the amount and type of damages that you claim to have suffered. The Court has not made any decisions yet as to what types of claims will be allowed or not allowed. Once the Claim Forms are returned, the Receiver (or other parties) may object to some of the claims received. You will be notified if there is an objection to your claim. The Court will hold a hearing on **October 21, 2008 at 2:00 pm** to resolve the objections and determine what types of claims will be allowed. Information on this process will be posted on the Receiver's website at www.mbcreceiver.com.

If you are an **investor**, above you will find printed the dollar amount that you initially invested in the referenced viatical settlement with MBC (the "Policy") based on the Receiver's records. If you made more than one investment with MBC, you will receive a separate Claim Form for each interest in each Policy in which you invested. You may claim the full amount of your investment as damages if you wish, and the Receiver will recommend this amount as the basis for your claim to the Court. It is important to understand that this doesn't mean that you will actually *receive* that amount, as the amounts available for distribution by the Receiver are likely to be much less than the amounts of all of the claims allowed. Check the first box below if you agree that the amount printed above is the amount that you invested in the Policy and the amount you wish to claim. If you disagree that the amount printed above is right or if you want to claim damages different from that amount, check the second box below.

If you are a **creditor**, above you will find printed the dollar amount that, according to the Receiver's records, you were owed by MBC, VBLLC or VSI as of May 4, 2004. If the Receiver does not have records showing what, if any, amount you were owed, there will be no amount printed above. Please check the first box below if you agree that the amount printed above is the amount that you are owed. If you disagree that the amount printed above is right or if you want to claim damages different from the amount, please check the second box below.

A pre-addressed envelope has been enclosed for you to return this Claim Form (if you received the form by postal mail). It does not include postage, so you must put your own postage on it. You may also return this form by e-mail by sending it to mbclaims@gardencitygroup.com.

If you have any questions about this Claim Form, you can call VSI/MBC Customer Service at (954) 582-0220 or email to: customerservice@vsi-services.com.

- I agree that the amount listed above is correct, and I would like to claim this amount as my damages.
- I disagree with the amount listed above and would like to claim a different amount as my damages. (If you check this box, please clearly describe the damages you claim in the space below or on a separate page(s) and submit any documents you have to support your claim with this Form.)
- I do not want to make a claim for damages.

Amount of Claim: \$ _____
Description of Claim (Please print clearly):

Signature:
Print Name:
Email:

Date:
Telephone:
(including country & area codes)

THIS FORM MUST BE SENT TO THE GARDEN CITY GROUP, INC. SO THAT IT IS RECEIVED BY JULY 22, 2008. IF YOU FAIL TO COMPLETE AND RETURN THIS FORM BY THAT DATE, YOU MAY LOSE YOUR RIGHT TO ASSERT A CLAIM. Please maintain a copy of this form for your personal records.