

## QUESTIONNAIRE FOR OFFICIAL COMMITTEE OF UNSECURED CREDITORS

**Re: *In re Professional Investors Security Fund, Inc.*, Case Number 20-30579**

**Please Type or Print Clearly.**

I am willing to serve on a Committee of Unsecured Creditors.

Yes ( ) No ( )

**A. Unsecured Creditor's Name and Contact Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**B. Counsel (If Any) for Creditor and Contact Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**C. If you have been contacted by a professional person(s) (e.g., attorney, accountant, or financial advisor) regarding the formation of this committee, please provide that individual's name and/or contact information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Amount of Unsecured Claim (U.S. \$) \_\_\_\_\_**

**E. If your claim is against more than one debtor, list all debtors: \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_

**F. Describe the nature of your claim(s), i.e., whether arising from goods or services provided; loans made; litigation; etc., including whether any portion is secured. If secured, please describe the collateral securing the claim. If any portion of the claim(s) arises from litigation, please state the nature of the claim, the case number and jurisdiction (if applicable) and the status.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Amount of Unsecured Claim entitled to 11 U.S.C. §503(b) treatment as an administrative expense:**

\_\_\_\_\_

**H. Would your schedule permit you to actively participate on the committee by attending weekly meetings (either by telephone or in person)? Yes ( ) No ( )**

\_\_\_\_\_  
\_\_\_\_\_

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*Note: This is not a proof of claim form. Proof of claim forms are filed with the Clerk of the Bankruptcy Court, not*

with the United States Trustee

**Representations:**

1. Are you or the company you represent in any way “affiliated” with any of the debtors within the meaning of Section 101(2) of the Bankruptcy Code, or a shareholder of, or related to, the debtor(s)? Yes ( ) No ( )  
If a shareholder, state the number of shares: \_\_\_\_\_
2. Do you, or the company you represent, engage in a business which directly or indirectly competes with any of the businesses of the debtor(s)? Yes ( ) No ( )
3. Have you ever been or are you an officer, director, agent, representative or employee of the debtor(s)?  
Yes ( ) No ( ) Does your claim arise from this relationship? Yes ( ) No ( )
4. State when you acquired the claim, the amount paid, and the face amount of the claim:  
\_\_\_\_\_  
\_\_\_\_\_
5. Have you or your attorney entered into a settlement agreement with the debtor regarding resolution of your claim? Yes ( ) No ( )
6. Do you have a claim against any entity affiliated with the debtor? Yes ( ) No ( )  
State the name of the entity and the nature and amount of the claims:  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you or any affiliated entities have any other claims against, or debt or equity securities of, the debtor(s)?  
Yes ( ) No ( )
8. Do you or any affiliated entities have any financial arrangement that may affect the value of your claim(s) against or interest(s) in the debtor(s) (e.g., personal guarantees, credit insurance, etc.)? Yes ( ) No ( )
9. If you have given a proxy to a third party either to represent you at the creditors’ committee formation meeting, or in connection with your claim, please attach a copy of the written proxy. If a professional person has arranged for someone to hold a proxy on your behalf, please identify that individual:  
\_\_\_\_\_  
\_\_\_\_\_

**You may attach a written statement to explain or supplement any responses.**

**Creditors wishing to serve as fiduciaries on an official committee are advised that they may not purchase, sell or otherwise trade in or transfer claims against the debtor while they are committee members absent an order of the court on application of the creditor.**

Please be advised that once a committee is formed, the United States Trustee will file a notice of appointment in the court record that contains contact information for any creditor appointed, including the creditor’s name, address, and telephone number.

**Privacy Act Statement.** 11 U.S.C. § 1102 authorizes the collection of this information. The information will be used by the United States Trustee to determine your qualifications for appointment to the Committee. Disclosure of this information may be to a bankruptcy trustee or examiner when the information is needed to perform the trustee’s or examiner’s duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee’s systems of records notice, UST-001, “Bankruptcy Case Files and Associated

Records.” See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: [http://www.justice.gov/ust/eo/rules\\_regulations/index.htm](http://www.justice.gov/ust/eo/rules_regulations/index.htm) . Your disclosure of information is voluntary; however, failure to provide the requested information may result in the rejection of your application to be appointed to the Committee.

I hereby certify that, to the best of my knowledge and belief, the answers to this Questionnaire are true and correct. By executing this Questionnaire, I also agree to the restrictions and conditions set forth in the preceding paragraphs and in the Committee Information Sheet, and I agree to provide the periodic certifications upon the request of the United States Trustee.

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

**IF YOU WISH TO SERVE ON THE COMMITTEE, PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO THE OFFICE OF THE U.S. TRUSTEE BY EMAIL AT:**

**OFFICE OF THE U.S. TRUSTEE  
Patti.Vargas@usdoj.gov**