



Matt M. Rosendale

Commissioner of Securities & Insurance
Montana State Auditor
840 Helena Ave. • Helena, MT 59601
Phone: 406.444.2040 or 800.332.6148
Fax: 406.444.5558 • Web: www.csimt.gov

Application for Restitution Assistance

Victim Name: _____

Victim Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Case Name: _____ Case #: _____

Date Restitution Ordered: _____

Amount of Restitution Ordered: _____

Less Restitution Received: _____

Total Investment Loss: _____

Instructions:

- Attach a copy of the Final Order upon which this Application is based.
- Attach a copy of every restitution payment you received, if applicable. If noncash restitution was received, provide a complete description and value of the restitution.
- Provide documentation that you were a resident of the state of Montana or were domiciled in Montana at the time of the securities transaction upon which your restitution order was based.

Mont. Code Ann. § 30-10-1006 limits your claim to the lesser of \$25,000 or 25% of the amount of unpaid restitution awarded in a Final Order. When the Restitution Fund balance approaches zero (<\$ 1,000,000), a loss ratio (your total investment loss divided by your total net worth) will be used to determine how much money you may be eligible to receive.

- Complete the attached **Net Worth Disclosure Form** for the Department to calculate your loss ratio.
- Complete the attached **Form W-9** in order for the Department to issue you a check if the Application for Restitution Assistance is approved.
- For further information, contact Lynne Egan, Deputy Securities Commissioner, (406)-444-4388.
- Submit completed application materials to:
Commissioner of Securities & Insurance
840 Helena Ave.
Helena, MT, 59601.



Matt M. Rosendale
 Commissioner of Securities & Insurance
 Montana State Auditor
 840 Helena Ave. • Helena, MT 59601
 Phone: 406.444.2040 or 800.332.6148
 Fax: 406.444.5558 • Web: www.csimt.gov

Net Worth Disclosure Form

Date this form was completed:		
Name:		
Address:		
City/State/Zip Code:		
Telephone Numbers		
<i>Cell phone:</i>		
<i>Work phone:</i>		
<i>Facsimile Number:</i>		
ASSETS	DESCRIPTION (if required)	VALUE
Cash		
Checking (provide name of financial institution and account numbers)		
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
Savings (provide name of financial institution and account numbers)		
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
Investments (provide name of financial institution and account numbers)		
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
Real Estate (provide legal description of property)		
	Legal Description:	
	Legal Description:	
	Legal Description:	
Household Goods		
Vehicles		
	Description:	
	Description:	
	Description:	
Cash Value Life Insurance		
401(k) Plan		
Individual Retirement Accounts		
Other Assets		
TOTAL ASSETS		

LIABILITIES	DESCRIPTION (if required)	LIABILITY AMOUNT
Accounts/Bills Due		
Credit Cards Payable		
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
Vehicle Loans		
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
Real Estate Mortgages Payable		
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
Land Contracts Payable		
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
<i>Institution:</i>	Account #:	
Life Insurance Loans		
Student Loans		
Other Liabilities		
TOTAL LIABILITIES		
LESS TOTAL ASSETS (from previous page)	minus (-)	
NET WORTH (Total Assests - Total Liabilities)		

ATTESTATION:	
Under penalties of perjury, I declare that I have examined this personal financial disclosure statement and, to the best of my knowledge and belief, it is true, correct and complete.	
Signed:	Date:
Print Name:	

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,