

**SEC v. Benjamin Daniel Dehaan and Lighthouse Financial Partners, LLC**

**Non-Investor Claim Form**

**INSTRUCTIONS:**

If you are a non-investor creditor of Lighthouse (such as a trade creditor, supplier, or vendor), you are requested to file a claim with the Receiver in order to participate in any distribution to be made to creditors. Accordingly, please complete all sections of this form and provide copies of all supporting documents such as purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. The information provided should be complete and accurate.

**If you invested funds with Lighthouse, please use the Investor Claim Form located on the Receiver's website at <http://haysconsulting.net/lighthouse-financial-partners/>.**

Once completed, please return this form and related materials to the Receiver's office addressed as follows:

Lighthouse Claims  
Hays Financial Consulting, LLC  
3343 Peachtree Road, NE, Suite 200  
Atlanta, Georgia 30326-1420

**SHOULD YOU FAIL TO RETURN THIS FORM TO THE RECEIVER ON OR BEFORE MARCH 29, 2013, THE RECEIVER RESERVES THE RIGHT TO SEEK TO DISALLOW ALL OR PART OF ANY CLAIM YOU MIGHT HAVE IN THIS CASE.**

If your address changes after you submit this form, promptly advise the Receiver's office of your new address.

1. Claimant Information:

Name or Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Tax ID or SSN: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_

Phone Number (Work): \_\_\_\_\_

2. The undersigned Claimant holds a claim in the amount of \$\_\_\_\_\_.

3. The basis for this claim is as follows (Check all that apply and provide any explanation in the space provided below):

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Services performed     | <input type="checkbox"/> Money loaned |
| <input type="checkbox"/> Goods sold             | <input type="checkbox"/> Severance    |
| <input type="checkbox"/> Wages and compensation | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Taxes                  |                                       |

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

4. Date(s) on which claim arose:\_\_\_\_\_

5. If you reduced or set-off the amount owed to you by amounts you owe, please quantify and explain the set-off:

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

In making this claim, Claimant hereby affirms, under penalty of perjury\*:

- a. That the amounts claimed herein are true and correct;
- b. The claim amount set forth above is the net amount owed after crediting all offsets, credits and payments received by the undersigned.

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

Signature: \_\_\_\_\_

Print Name:\_\_\_\_\_

Title (if Corporation):\_\_\_\_\_

\* Penalty for presenting fraudulent claim or providing false information: Fine of up to \$ 50,000 or imprisonment for up to 5 years, or both 18 U.S.C. § 152.