Arbitration Claim

Under the NFA Code of Arbitration

A Claimant is the person who believes he is owed money. For a joint account, everyone who is listed on the account should be named as a Claimant. For a partnership, corporation or other entity, the entity should be listed as the Claimant. This form should be completed by the Claimant(s) or the Claimant's attorney or other representative.

Before you complete this Claim form, you should carefully read NFA's Code of Arbitration ("the Code"). If the space provided on this form is not sufficient, attach additional sheets containing the required information. This form must be typed or printed legibly. The completed Claim form, the required number of copies and the appropriate fee should be submitted to NFA.

Failure to provide the requested information will delay the processing of the claim.

Part I - Claimant Information

Date: _____

Name of Claimant(s): _____

Home Address: _____

_____

_____

Home Phone: _____

Business Address: _____

_____

_____

Business Phone: _____

Will the Claimant(s) be represented by an attorney or other representative? Yes _____ No _____

If yes, please complete the following:

Name of Attorney or Representative: _____

Firm: _____

Address: _____

_____

_____

Telephone Number: _____

Which of the following describes the attorney or representative? (Check only one.)

_____ Attorney
State(s) admitted to practice _____
_____
Bar No. _____

_____ Non-Attorney
Relationship:
_____ Officer, Partner or Employee;
_____ Family Member, or
_____ Other (specify) _____

Part II - Claim Information

1. Please list and number each firm and/or individual ("the Respondent[s]") you believe are responsible for the loss and want to recover money from. You should also provide an address and telephone number for each Respondent listed, if available. Do not list more than one firm or individual on each line. Attach additional sheets if necessary. ANYONE YOU DO NOT NAME HERE IS NOT A RESPONDENT, WHICH MEANS YOU CANNOT RECOVER MONEY FROM THAT PERSON.

Name of Respondent(s)	Address(es)	Telephone Number(s)
_____	_____	_____
	_____	
_____	_____	_____
	_____	
_____	_____	_____

2. Give the dates of the acts or transactions that are the subject of the dispute. _____

3. Give the date the Claimant(s) first knew that a dispute existed. Please indicate the specific *month*, *day* and *year*. (It is not enough to provide a time period or refer to the attachments. Failure to properly answer this question will delay the claim.) Month _____ Day _____ Year _____

4a. What is the claim amount? You must included all amounts you want to recover, including punitive and treble damages. **If requesting treble damages, you must provide a copy of the statute you are relying on to make this request.** You should not include interest, costs, and attorney's fees in the claim amount. You should request them under Question 6.

Claim amount: _____

4b. Explain how you calculated the amount you have claimed in Question 4a above.

_____

_____

5a. Review the table below to determine the amount of filing fees owed and enter that amount on the line at the right.

If the claim amount is:	The filing fee is:
$ 0.00 - $ 2,500.00	$ 50.00
$ 2,500.01 - $ 5,000.00	$ 100.00
$ 5,000.01 - $ 10,000.00	$ 150.00
$ 10,000.01 - $ 15,000.00	$ 175.00
$ 15,000.01 - $ 25,000.00	$ 200.00
$ 25,000.01 - $ 50,000.00	$ 300.00
$ 50,000.01 - $100,000.00	$ 550.00 plus 1% of the excess over $50,000.00
$ 100,000.01 - $150,000.00	$1,050.00 plus 1% of the excess over $100,000.00
More than $150,000.00	$1,550.00

Filing Fees: _____

5b. Review the table below to determine the amount of hearing fees owed and enter that amount on the line at the right. (These fees apply to both oral hearings and summary proceedings.)

If the claim amount is:	The hearing fee is:
$ 0.00 - $ 50,000.00	$ 125.00
$ 50,000.01 - $100,000.00	$ 275.00
$100,000.01 - $150,000.00	$ 1,275.00
$150,000.01 - $500,000.00	$ 2,550.00
More than $500,000.00	$ 5,100.00

Hearing Fees: _____

5c. To determine the total fees, add lines 5a and 5b. Enter the amount below and send a check or money order for that amount to NFA.

Total fees: _____

6a. Are you requesting attorney's fees? Yes _____ No _____

Pursuant to Section 12 of NFA's Code of Arbitration, a panel may award attorney's fees provided a statutory or contractual basis exists for awarding such fees. You must provide a copy of the contract or statute you are relying on to make this request.

Section 12 also allows a panel to award attorney's fees and certain other costs upon finding that a party's claim or defense was frivolous or made in bad faith, or upon finding that a party engaged in willful acts of bad faith during the arbitration proceeding. If you wish to request attorney's fees or other costs pursuant to this portion of Section 12, you may do so later in the proceeding.

6b. Are you requesting reimbursement of your hearing and filing fees? Yes _____ No _____

6c. Are you requesting interest in connection with this matter? Yes _____ No _____

If yes please describe this request (i.e. interest rate and what time period your request covers).

_____

_____

_____

7. Describe the basis for the claim as completely as possible. Explain what happened, when it happened, what you believe went wrong, who is to blame and why. YOU MUST EXPLAIN WHY YOU HAVE NAMED EACH RESPONDENT LISTED IN QUESTION 1 ON PAGE 2. Attach as many additional sheets as necessary. Please number each sentence.

_____

_____

_____

_____

Part III - Panel Composition and Proceeding Information

If the claim amount is:	Then the number of arbitrators is:	And the proceeding type is:
$ 0.00 - $25,000.00	1	Summary
$25,000.01 - $50,000.00	1	Summary (unless a party requests an oral hearing)
$50,000.01 - $100,000.00	1 (or 3 if all parties or arbitrator asks NFA to appoint 2 additional arbitrators)	Oral Hearing
More than $100,000.00	3	Oral Hearing

The claim amount determines the proceeding type (summary or oral hearing) and the number of arbitrators on the panel (one or three). If you are a customer, NFA will appoint a Member panel to decide your case unless you request a non-Member panel. By selecting a non-Member panel, the arbitrator on a one-arbitrator panel will have no connection with NFA Members or Associates. (Or if there will be three arbitrators, the chairperson and one other arbitrator will have no connection with NFA Members or Associates.) On a Member panel, all the arbitrators (one or three) will be NFA Members or individuals connected with NFA Members.

1. Do you want a non-Member panel? Yes_____ No_____

2. Site Selection: (Choose Two)
   In case an oral hearing is necessary, please list the cities of your choice for the hearing. (Please name metropolitan areas, if possible.) Even if your case will be decided by a summary proceeding, you should still indicate two states NFA should consider for arbitrator selection.

a: _____

b: _____

3. Is the claim more than $50,000? Yes _____ No_____

   If no, you may skip Question 4.

4. Witness Information:
   Will you bring any witnesses? Yes _____ No_____
   If yes, please complete the following: (Attach additional sheets, if necessary.)

Name of Witness: _____

Firm where the witness is employed (if applicable): _____

_____

Address: _____

_____

_____

Telephone Number: _____

5. Documents:
   Please list and number all documents that you intend to use to support the claim. Please attach copies of any of these documents that are in your possession.

_____

_____

_____

_____

_____

_____

_____

Part IV - Consent to Arbitration and Attestation

The Claim form must be signed by the actual Claimant(s), not by the attorney or representative.

I (We), the undersigned Claimant(s), state that I (we) have read the rules of National Futures Association relating to arbitration and hereby submit the present matter in controversy (as set forth in the attached Arbitration Claim, answers, replies and any other claims that may be asserted) to arbitration in accordance with the Bylaws and Rules of National Futures Association.

I (We) understand that by submitting to arbitration at NFA I (we) may be waiving the right to sue in a court of law, file a reparations claim at the Commodity Futures Trading Commission, or arbitrate this claim in another forum.

I (We) agree to abide by and perform any award(s) rendered pursuant to this arbitration proceeding and understand that a judgment and any interest due thereon may be entered upon such award(s) and, for these purposes, I (we) voluntarily consent to submit to the jurisdiction of any court of competent jurisdiction that may properly enter such judgment.

Further, I (we) certify that to the best of my (our knowledge), information and belief, formed after a reasonable inquiry, the statements set forth in this pleading are true and correct.

Claimants who are individuals:

Signature of First Claimant

Print Name of First Claimant

Signature of Second Claimant

Print Name of Second Claimant

Date

Claimants who are partnerships, corporations or other entities:

Name if Partnership, Corporation or Other Entity

Signature of Authorized Partner, Officer of Trustee

Print Name of Authorized Partner, Officer of Trustee

If the Claimant is an IRA, partnership, corporation or other entity, you must submit proof which demonstrates that you have the authority to pursue the claim on behalf of the IRA, partnership, corporation or other entity. If no such proof exists, you may submit an affidavit attesting to the fact that you have the authority to pursue the claim on behalf of the IRA, partnership, corporation or other entity.

If the claim amount is $100,000 or less, forward this Claim form and any supporting documents, along with four (4) photocopied sets (i.e., Claim form and supporting documents) and a check or money order for the total fee (Question 5c on page 3), to NFA at the address below.

If the claim amount is more than $100,000, forward this Claim form and any supporting documents, along with eight (8) photocopied sets (i.e., Claim form and supporting documents) and a check or money order for the total fee (Question 5c on page 3), to NFA at the address below.

National Futures Association
300 South Riverside Plaza, Suite 1800
Chicago, Illinois 60606-6615
Attn: Arbitration Department