

NOTICE OF CLAIMS PROCESS AND INSTRUCTIONS FOR CLAIM FORM

UNITED STATES DISTRICT COURT Southern District of California

SECURITIES AND EXCHANGE COMMISSION

vs.

TOTAL WEALTH MANAGEMENT, INC., et al.

Case No. 15-cv-226 BAS (DHB)

GENERAL INFORMATION

PLEASE TAKE NOTICE THAT the claims process in the above-captioned case has begun. Claimants are invited to submit claims as provided for below, and via the associated Claim Form.

Thomas A. Seaman (the "Receiver") is the Court-appointed receiver in the above-captioned case. He is responsible for reviewing Claim Forms, and when appropriate, objecting to claims. The purpose of the Claim Form is to help the Receiver learn who you are, how much you are owed, the reason(s) you have a claim, and how the Receiver can contact you. **Unless otherwise ordered by the Court, if you fail to submit a Claim Form by May 8, 2017, you will lose your right to receive any distributions from the Receiver or the receivership estate and your claim will be forever barred.**

1. **WHO MUST FILE A CLAIM FORM?** You must file a Claim Form if you believe you have any claim against:

Defendant Total Wealth Management, Inc., as well as its subsidiaries and affiliates, including Altus Capital Management, LLC; Altus Focused Growth Portfolio Series, LP; Altus Income Portfolio Series, LP; Altus Conservative Portfolio Series, LP; Altus Moderate Growth Portfolio Series, LP; Altus Moderate Portfolio Series, LP; Altus Growth Portfolio Series, LP; and Altus Capital Opportunity Fund, LP (collectively, the "Companies".)

This includes any claim that you are owed money by any of the Companies; assert any interest in any of the Companies or in any of its assets or in any claim against any of the Companies or any entity under its control; or assert any claim of any sort against any of the Companies whether such claim is based upon contract, tort, contribution, indemnity, reimbursement, subrogation theories or other legal or equitable theory. Claim Forms must be submitted by claimants who were creditors or investors of any type, including employees of the Companies. If you are an investor in or a creditor of more than one of the Companies or affiliates or subsidiaries, please file a separate Claim Form for each and every claim or interest you allege to have against them or any of them.

Failure to submit a signed Claim Form and supporting documentation will result in the denial of your claim.

2. **CONSENT TO JURISDICTION OF THE COURT AND THE CONSEQUENCES THEREOF.** If you submit a Claim Form in this case, you consent to the jurisdiction of United States District Court for the Southern District of California ("District Court") for all purposes, agree to be bound by its decisions, including a determination, among other things, as to the validity and amount of your claim against the Companies, their affiliates, subsidiaries or other persons or entities as identified in paragraph 1. By submitting a Claim Form, you agree to be bound by the actions of the District Court even if that means that a claim is limited or denied, and further agree that your participation in any distribution of the receivership estate may exclude or prevent you from pursuing other remedies.
3. **HOW ARE CLAIMS SUBMITTED?** Claimants can submit a completed Claim Form, along with all supporting documentation, by mail to **Thomas Seaman Company, ATTN: TOTAL WEALTH CLAIMS 3 Park Plaza, Suite 550 Irvine, California 92614** or by email to **claims@totalwealthreceiver.com**. Please submit only one Claim Form per claim. Please do **not** send or file Claim Forms with the Court.
4. **WHAT IS THE DEADLINE TO SUBMIT THIS CLAIM FORM?** The Claim Form must be **received** by the Receiver, by May 8, 2017. Please note that, unless the Court orders otherwise, any late-filed claim will be denied.
5. **SUPPORTING DOCUMENTS.** You must attach to the Claim Form copies of all documents that show that the Companies owe the debts or amounts claimed, or if the documents are too lengthy, a summary of those documents. If supporting documents are not available, you must attach an explanation of why they are not available. Failure to provide such documents may result in the denial of your claim.
6. **ADDITIONAL INFORMATION.** Additional information regarding filing the Claim Form, along with additional blank forms, can be obtained at <https://www.totalwealthreceiver.com/> or you may write to the Receiver at the following address: **Thomas Seaman Company, ATTN: TOTAL WEALTH CLAIMS 3 Park Plaza, Suite 550 Irvine, California 92614**.
7. **TAX AND LEGAL ADVICE.** The Receiver cannot provide tax or legal advice. You are encouraged to seek independent advice regarding tax and legal issues in regard to filing your claim.

INSTRUCTIONS

1. **Information about Claimant.** Complete this section giving the name, address, telephone number and email address of the Claimant who is asserting a claim against the Companies, and any account or reference number associated with such debt. If the Claimant is an entity, please provide contact information for an authorized representative. If the claim is being submitted for an IRA account, please indicate as such and provide the IRA custodian name and mailing address.
 2. **Claim information.**
 - 2a. **Basis of Claim.** Please indicate the basis of your claim in this section. If the basis of the claim is an investment, you must complete section 3.
 - 2b. **Which Companies did you contract with or owes you money.** Please identify the Companies which you contracted with or which you believe owes you the money on your claim.
 - 2c. **Amount of Claim:** Identify the amount of your claim.
 - 2d. **Other liable parties.** Please identify any other party you believe may be liable to you on the claim.
 - 2e. **Pending Legal Action.** If you have commenced a legal action against any of the above-captioned defendants or any Receivership Entity or Company, please provide the details of said legal action here. Please attach any additional pages of description and supporting documentation. Also, please provide any information regarding court judgments obtained against any of the above-captioned defendants.
 - 2f. **Security interest.** Please mark the applicable box if you contend your claim is subject to a security interest, and attach copies of all security agreements and other documents that evidence the claim of secured status and any evidence of perfection.
 - 2g. **Claim above principal amount.** Check the box if your claim amount includes interest or other charges, such as attorneys' fees, loss profits, or late fees in addition to the principal amount of your claim, and attach an itemized statement of all such additional charges.

Please feel free to provide additional pages of explanation or narrative discussing your claim.
 3. **Investor claimant information.**
 - 3a. Please provide the requested information related to your investment, including all monies paid by you to the defendants. Please include a copy of your most recent account statement, if available.
 - 3b. Provide the totals for each of the categories listed of all amounts paid to you for your investment. Please also attach a list of any such payments and provide detail information regarding the amounts paid to you in your supporting documents.
 4. **Supporting Documentation.** In addition to filing out the Claim Form, you must provide supporting documentation evidencing your claim. Investors should submit their Subscription Agreement, last account statement, and evidence of payment. Other claimants should submit supporting documentation such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, or evidence of perfection of liens. The Receiver may choose to redact personally identifying information in accordance with federal court rules should filing of any documents with the Court become necessary.
 5. **Third Party Actions.** If you have asserted any claims for damages related to your claim against third parties, please check the box and attach a brief description and state the amount of money recovered, if any.
 6. **Signature(s).** Sign the Claim Form and indicate your title, if applicable.
 7. **Date.** Indicate the date on which you completed and signed the Claim Form.
 8. **Submit Claim Form.** Submit completed Claim Forms, along with all supporting documentation, by mail to: **Thomas Seaman Company, ATTN: TOTAL WEALTH CLAIMS 3 Park Plaza, Suite 550 Irvine, California 92614** or by email to: **claims@totalwealthreceiver.com**.
- Please submit only one claim form per claim. Please **do not** send or file claim forms with the Court.
9. **Acknowledgment of Receipt of Claim.** To receive an acknowledgement of receipt of your Claim Form if you submit by mail, enclose a stamped, self-addressed envelope and an additional copy of the Claim Form. Claim Forms submitted by email will receive an acknowledgment of receipt by return email.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
CASE NO. 15-cv-226 BAS (DHB)

CLAIM FORM

SECURITIES AND EXCHANGE COMMISSION

vs.

TOTAL WEALTH MANAGEMENT, INC. AND JACOB KEITH
COOPER

THIS SPACE RESERVED FOR ADMINISTRATIVE USE ONLY

PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM.
THIS FORM MUST BE RETURNED BY May 8, 2017

Check this box if this claim amends a previously filed claim, dated _____

1. NAME AND ADDRESS OF CLAIMANT

Name _____

Address _____

City / State / Zip Code/ Country _____

Is this an IRA account? YES / NO

If YES, IRA Custodian name and address: _____

If Claimant is an entity, name of contact person for Claimant: _____

Telephone No. of Claimant: _____

Email address of Claimant: _____

Last four digits of Tax I.D. No. or SSN: _____ Account or Reference No: _____

2. CLAIM

2a. Basis of Claim:

- Investment
- Goods Sold
- Services Performed
- Money Loaned
- Taxes
- Wages, salaries or compensation (fill out below and attach completed W-4)
Unpaid compensation for services performed from _____ to _____ (dates);
Job Title: _____
- Benefits (attach a detailed explanation)
- Other (attach a detailed explanation)

2b. Entity or Person to which your claim relates:

- Total Wealth Management, Inc.
- Jacob Keith Cooper
- Altus Focused Growth Portfolio, LP
- Altus Income Portfolio Series, LP
- Altus Conservative Portfolio Series, LP
- Altus Moderate Growth Portfolio Series, LP
- Altus Moderate Series, LP
- Altus Growth Portfolio Series, LP
- Altus Capital Opportunity Fund, LP
- Other: _____

2c. Total Claim as of _____, 2017: \$ _____

2d. Identify any other party who you claim may be liable to you for repayment of your claim:

2e. If Legal Action Pending against Receivership Entities, Date Commenced, Court & Case No.:

If Court Judgment, Date Obtained:

2f. Check this box if your claim includes a security interest. Attach copies of all security agreements and other documents that evidence the claim of secured status.

2g. Check this box if claim includes interest or other charges, such as attorney's fees, lost profits, or late fees in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

3a. Investment Information

Total Principal and Dates Invested: _____

Total management fees paid \$ _____

All other charges and fees paid \$ _____

Last Statement Date and Balance \$ _____

Name of your representative at company (RIA)

3b. Check this box if you have received any payments, including but not limited to dividends, interest, capital gains, returns of principal invested, and **attach** a list of any such payments.

Interest: \$ _____

Dividends: \$ _____

Capital gains: \$ _____

Return of principal: \$ _____

Other: \$ _____

4. Supporting Documents: *Investors should attached their subscription agreement or evidence of payment (i.e. wire transfer instructions showing the amount) and copy of last account statement, if available.* All other claimants should attach copies of supporting documents, such as canceled checks (front and back), account ledgers, bank statements, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of lien perfection. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, explain. If the documents are voluminous, attach a summary.

5. Check this box if you have asserted any claims for damages related to your claim against third parties. If so, please provide a brief description and state the amount of money recovered, if any (attach additional pages as necessary).

6. Signatures: Sign and print the name and title, if any, of the claimant(s) or other persons authorized to submit this claim (attach a copy of power of attorney, death certificate or other authorizing documents as needed).

By signing your name below, you are certifying that the information contained in this Claim Form and any back-up documentation provided is true and correct under penalty of perjury under the laws of the United States of America.

Signature: _____ Name: _____ Title (if any) _____

Signature: _____ Name: _____ Title (if any) _____

7. Dated: _____

YOU MUST DATE AND SIGN THIS FORM FOR THIS CLAIM TO BE VALID

8. TO SUBMIT THIS CLAIM FORM:

**Mail to the Receiver at: Thomas Seaman Company
ATTN: TOTAL WEALTH CLAIMS
3 Park Plaza, Suite 550
Irvine, California 92614**

Or Email to the Receiver at: claims@totalwealthreceiver.com

9. Acknowledgment of Receipt of Claim: To receive an acknowledgement of receipt of your Claim Form if you submit by mail, enclose a stamped, self-addressed envelope and an additional copy of this Claim Form. Claim Forms submitted by email will receive an acknowledgment of receipt by return email.

**ADDITIONAL INFORMATION
(ATTACH ADDITIONAL SHEETS IF NECESSARY)**

