

Rege Fair Fund
c/o Analytics Consulting LLC
Distribution Agent
P.O. Box 2002
Chanhassen, MN 55317-2002

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

SECURITIES AND EXCHANGE COMMISSION

Plaintiff,

v.

SWAPNIL J. REGE, SWAPSTAR CAPITAL, LLC,
AND REEMA REGE,

Defendants.

Case No. 3:21-cv-19313-ZNQ-TJB

REGE FAIR FUND CLAIM FORM

1. GENERAL INSTRUCTIONS

- A. To be considered for eligibility to recover from the Rege Fair Fund (the "Rege Fair Fund"), you or your authorized representative must fully complete, and timely submit, this Claim Form. This Claim Form must be signed by the individual that transferred funds to the Defendant for investment purposes or by that person's authorized representative, under the penalty of perjury. If you fail to complete and timely submit this Claim Form in accordance with the directions herein, your Claim Form may be rejected and you may be precluded from any recovery from the Rege Fair Fund.
- B. Submission of this Claim Form does not mean that you will be determined eligible for a payment from the Rege Fair Fund.
- C. You can submit your Claim Form online by visiting the Rege Fair Fund's website at www.RegeFairFund.com. If you choose to submit your Claim Form online, you must submit it on or before 11:59 p.m. Eastern Standard Time on **APRIL 25, 2025**.
- D. To submit the Claim Form by mail, you must complete and sign this Claim Form and submit it to the Distribution Agent at the following address by first class mail, postmarked (or if not sent by U.S. Mail, received) no later than **APRIL 25, 2025**:

Rege Fair Fund
c/o Analytics Consulting LLC
Distribution Agent
P.O. Box 2002
Chanhassen, MN 55317-2002

2. CLAIM FORM

- A. Use Part II of this Claim Form titled “Transactions with Swapnil J. Rege and/or Swapstar Capital, LLC” to supply all details of your transfers to or from Swapnil J. Rege and/or Swapstar Capital LLC. Failure to provide all transactional information may result in the rejection of your Claim Form.
- B. You must provide contemporaneous documentation of all transfers to or from Swapnil J. Rege and/or Swapstar Capital LLC. Failure to provide transactions and supporting documentation may result in the denial of your claim.
- C. This Claim Form must be submitted online by 11:59 p.m. Eastern Standard Time on **APRIL 25, 2025** or mailed to the Distribution Agent postmarked (or if not sent by U.S. Mail, received) on or before **APRIL 25, 2025**.
- D. This Claim Form requests information necessary to process your Claim Form. The Distribution Agent may request additional information as required to efficiently and reliably process your Claim Form.

CLAIM FORM COMPLETION CHECKLIST

1. **Submission/Postmark Date** – This form, with your supporting documentation, must be submitted online at www.RegeFairFund.com by 11:59 p.m. Eastern Standard Time on **APRIL 25, 2025** or mailed to the Distribution Agent such that it is postmarked (or if not sent by U.S. Mail, received) on or before **APRIL 25, 2025**. The burden to prove timely receipt of a claim by the Distribution Agent will be upon the claimant.

2. **Mailing Address** – Mail to:

Rege Fair Fund
c/o Analytics Consulting LLC
Distribution Agent
P.O. Box 2002
Chanhassen, MN 55317-2002

3. **Supporting Documentation** – Remember to attach the required supporting documentation. Do NOT provide originals of bank statements or any other documentation. If the name appears different on the supporting documentation, you must provide proof of name/bank account change.

Required supporting documentation may include: (a) trade confirmation slips; (b) applicable statement(s); (c) a signed letter from your broker on firm letterhead verifying the information you are providing; or (d) other equivalent proof of your transactions. All documentation must be legible and include all of the information necessary to support the information on the Claim Form. Please send copies of documents, not originals.

4. **Retain Copies of Submitted Documents** – Keep a copy of your Claim Form and all documents submitted for your records.
5. **Notice of Address Change** – If you move after submitting this Claim Form or any of your contact information changes, please promptly notify the Distribution Agent in writing, directed to the email or mailing address below, of the change in your address or contact information.

6. **If You Have Additional Questions**, please contact the Distribution Agent:

Call: 1-888-391-3385
Website: www.RegeFund.com
Email: info@RegeFairFund.com

Write to the Distribution Agent at:

Rege Fair Fund
c/o Analytics Consulting LLC
Distribution Agent
P.O. Box 2002
Chanhassen, MN 55317-2002

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**
Securities and Exchange Commission v Swapnil J. Rege,
SwapStar Capital, LLC, and Reema Rege
Case No. 3:21-cv-19313-ZNQ-TJB

REGE FAIR FUND CLAIM FORM

**IF YOU DO NOT COMPLETE THE CLAIM FORM
AND RETURN IT TO THE FUND ADMINISTRATOR ON OR BEFORE APRIL 25, 2025,
YOU WILL NOT RECEIVE A DISTRIBUTION PAYMENT**

PART I. CLAIMANT IDENTIFICATION

Please Type or Print

Name of Investor

First Name

M.I.

Last Name

Name of Joint Investor (if applicable)

First Name

M.I.

Last Name

Street Address

City

State/Province ZIP Code

Foreign Postal Code (if applicable)

Country (if other than United States)

Daytime Phone Number

Evening Phone Number

Email Address

In order to receive payment on behalf of an Eligible Investor, a successor, heir, administrator, or other person authorized to act on an Eligible Investor's behalf must provide proper supporting documentation validating their identity as the lawful recipient.¹

Proceed to Part II of this Claim Form.

¹ At a minimum, a copy of a death certificate must be submitted to demonstrate that an Eligible Investor is deceased. Additionally, the representative must provide documentation including, but not limited to, a Last Will and Testament, estate records, applicable trust documents, power of attorney, Letters Testamentary, letters of administration, evidence of probate and/or any other testamentary provisions of the harmed investor to demonstrate their status as payee. Please provide plain copies of these documents as they will not be returned. Certified copies are not required.

PART II. TRANSACTIONS WITH SWAPNIL J. REGE AND/OR SWAPSTAR CAPITAL, LLC

PAYMENTS MADE

1. List all payments **made to** Swapnil J. Rege and/or Swapstar Capital LLC from January 1, 2019 through and including October 31, 2021:

Name of Individual(s) or Entity Making the Transaction	Date(s) of Transaction			Transaction Type (Check, Wire, etc.)	Transaction Amount (Including any Commissions or Fees)	Check Here If Documentation is Enclosed	
	M M	D D	Y Y				
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		

PAYMENTS RECEIVED

2. List all payments **received from** Swapnil J. Rege and/or Swapstar Capital LLC from January 1, 2019 through and including October 31, 2021:

Purpose of Transaction	Date(s) of Transaction			Transaction Type (Check, Wire, etc.)	Transaction Amount	Check Here If Documentation is Enclosed
	M M	D D	Y Y			
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	

BE SURE TO ATTACH DOCUMENTATION SUPPORTING EACH TRANSACTION.

PART III. SIGNATURE AND CERTIFICATIONS

I (We) declare UNDER PENALTY OF PERJURY under the laws of the United States of America that:

1. I (We) have read my (our) foregoing Claim Form, including any attachments and enclosures, and this Claim Form including any attachments and enclosures is true and correct in every aspect;
2. I (We) hereby warrant and represent that I (we) am (are) not an Excluded Party as defined in the Plan;
3. I (We) understand the deadline for filing and returning this Claim Form is **APRIL 25, 2025**, and that the completed documents and all required supporting documentation must be (1) postmarked (or if not sent by U.S. Mail, received) on or before that date and received at Rege Fair Fund, c/o Analytics Consulting LLC, Distribution Agent, P.O. Box 2002, Chanhassen, MN 55317-2002; or (2) submitted online at www.RegeFairFund.com by 11:59 p.m. Eastern Standard Time on **APRIL 25, 2025**. I (We) understand that if I (we) fail to comply with the deadline, it may result in the denial of my (our) Claim Form;
4. I (We) have not authorized nor am (are) aware of anyone else who has filed a Claim Form on my (our) behalf for the transaction(s) covered in this Claim Form;
5. All notices regarding remission shall be sent to me (us) at the mailing address set forth above, unless I (we) timely provide to you in writing any change of address; and

I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

_____/_____/_____
Date Executed (Month/Day/Year)

_____/_____/_____
Date Executed (Month/Day/Year)

Signature of Investor

Signature of Joint Investor, if any

Full Printed Name

Full Printed Name

Signature of person signing on behalf of Investor

Type or print name of person signing on behalf of Investor

Capacity of person signing on behalf of Investor, if other than an individual
(e.g., Administrator, Trustee, President, Power of Attorney, etc.)

PLEASE RETURN THE CLAIM FORM TO:

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Secure Upload: www.RegeFairFund.com
Email: info@RegeFairFund.com

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AND RETURN IT TO THE FUND ADMINISTRATOR ON OR BEFORE APRIL 25, 2025,
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