



FLORIDA DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
www.myfloridacfo.com/division/receiver

For DFS purposes only:

Assignment of Claim Change Request (Pre-Distribution)

If a specific RCN has been reported to the court in a distribution petition, an assignment of that claim cannot be accepted. Any claim for Class 10 interest related to that specific RCN in Classes 1 to 9 will be assigned its own unique RCN. A Class 10 interest claim is assignable until a distribution regarding that Class 10 RCN is filed with the court.

Information currently on file with the Department regarding the claim to be assigned:

Table with 2 columns: Field Name, Value. Fields include: Company in Liquidation, Amount Recommended Claimant, Receiver Claim Number (RCN), Class/Priority, Current Owner/Claimant Name, Address, City, State, Zip.

By submitting this form, you or your firm are requesting that the Receiver's records for your claim be permanently changed to show that the person/entity entered below is the new owner of the title, interest and rights to your claim, including any future mailings and distributions if they occur.

Table with 2 columns: Field Name, Value. Fields include: New Owner Name, Address, City, State, Zip, Phone #, Email.

With your signature, you acknowledge that it is your intent to sell your claim and that the purchase price of the claim may differ from the amount ultimately distributed in the Receivership proceeding with respect to the claim, and that such amount may not be absolutely determined until the conclusion of the Receivership proceeding. You further acknowledge and represent that you or your firm has adequate information concerning the business and financial condition of the estate of the claim and the status of the Receivership proceeding to make an informed decision regarding the sale of the claim and that you or your firm has independently made an analysis and decision to enter into the assignment.

I swear or affirm that I am the claimant referenced in the claimant name and address section of this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge.

Claimant Signature Date Relationship to Claimant

Printed Name of Person Signing

The foregoing instrument was acknowledged before me this ___ day of ___, 20___, by means of [] physical presence or [] online notarization, by _____, and [] who is personally known to me or [] who has produced _____ as identification, and, after being sworn, subscribed to the foregoing.

[Notarial Seal/Stamp]

NOTARY PUBLIC

(Printed Name of Notary)

Instructions

1. **Assignment of Claim Change Request Form:** You may print or type the requested information on the form. No alterations can be made to the wording on this form and no part of the form can be obscured or redacted.
2. **Receiver Claim Number (RCN):** Each claim is assigned a unique RCN. It is very important that you use the RCN that is assigned to your claim. This number is reflected on all notices and correspondence sent by the Department. If you do not know what RCN is associated with your claim, please contact the Department for assistance.
3. **Amount Recommended Claimant:** This is the amount recommended by the Department regarding the value of a claim. This amount will be provided to a claimant on a Notice of Determination after the Department has completed its evaluation and made a recommendation to the receivership court. It is not a final recommended amount and an assignment will not be processed until after the associated objection filing deadline and the resolution of any filed objection.
4. **Class/Priority:** This is the statutory classification or priority recommended by the Department regarding a claim. This information will be provided to a claimant on a Notice of Determination after the Department has completed its evaluation and made a recommendation to the receivership court. It is not a final recommended classification and an assignment will not be processed until after the associated objection filing deadline and the resolution of any filed objection.
5. **Notarized Signature:** Please make sure that the form is signed and notarized before it is submitted. The submission of an unsigned and unnotarized form will not be accepted.
6. **Supporting Documentation:** In addition to a properly executed Assignment of Claim Change Request Form, supporting documentation as specified below must be submitted. The Department reserves the right to validate any change request received and request additional supporting information.
 - a. A properly executed and notarized claim assignment agreement entered into between the parties;
 - b. If the claimant on file with the Department is an individual, the change forms must be signed by the claimant or by someone with the authority to act on behalf of the claimant. Documentation confirming that the person is authorized to act on the claimant's behalf must be submitted.
 - c. If the claimant on file with the Department is not an individual, the change forms must be signed by an individual with the authority to sign on behalf of the claimant. Documentation confirming that the person is authorized to act on the claimant's behalf must be submitted.
 - d. If the claimant's current name and address differs from the claimant name and/or address on file with the Department, forms and information to document any necessary changes also must be submitted. Change of name and/or address instructions and forms are available on the Department's website at www.myfloridacfo.com/division/receiver
7. **Submission:** You may submit your information in one of two ways:
 - a. **Online Submission (preferred):** Submit your information electronically using the instructions available at: <https://www.myfloridacfo.com/division/receiver/claimantChangeAddress.htm>
 - b. **Paper Submission:** You may mail your information to the below address.

Florida Department of Financial Services, Receiver
Attention: Claims Dept – Change of Name and/or Address
325 John Knox Road, Atrium Building, Suite 101
Tallahassee, FL 32303

Additional Information

- (1) **Contact Information:** For general inquiries regarding your claim, you may contact us at (850) 413-3081 or 1-800-882-3054. You also may visit our website to submit an online inquiry at: www.myfloridacfo.com/division/receiver