EXHIBIT B

CLAIM FORM

Read the following options, and check the one that applies to your circumstances.

OPTION ONE

_____ I attach to my claim form a) a copy of a credit card receipt or canceled check evidencing my payment of my FHTMI Independent Representative enrollment fee or (b) a copy of a FHTMI receipt evidencing my payment of my FHTMI Independent Representative enrollment fee. I agree that that by submitting this form I am resigning as an Independent Representative of FHTMI and that if FHTMI determines that the documentation I have provided is insufficient, I request that FHTMI perform the research described in Option Two.

OPTION TWO

_____ I believe that I was an Independent Representative of FHTMI but do not have any documents in my possession evidencing my payment of my FHTMI Independent Representative enrollment fee. I am thus requesting that FHTMI make a good faith effort through a search of its records to identify my payment of my FHTMI Independent Representative enrollment fee. I agree that that by submitting this form I am resigning as an Independent Representative of FHTMI.

PLEASE PRINT LEGIBLY

_____
Claimant's Name:

_____
_____
Claimant's Current Address:

_____
_____
Claimant's Address at Time of payment of my FHTMI Independent Representative fee (if different from address above):

_____
Claimant's Telephone Number:

I accept all terms of the Exhibit A Notice of Settlement and Claim Procedures.

_____
Claimant's Signature:

_____
Date of payment of my FHTMI Independent Representative fee

_____
$ Amount of payment of my FHTMI Independent Representative fee

_____
Claimant's e-Mail Address:

_____
Signed this DATE:

If you need more space, please attach a separate sheet of paper.