

Conseco Fair Fund Appeal Form

This form is for use by an individual who disagrees with the amount of his or her Conseco Fair Fund Distribution Payment. Please complete the form as follows:

- (1) Complete Sections A 6 E;
- (2) Sign your request in Section F; and
- (3) Mail the signed form to the Fund Administrator:

Conseco Fair Fund Administrator
P.O. Box 2555
Faribault, MN 55021-9555

The form must be postmarked on or before the end of the appeal filing period.

(Once the end of the appeal filing period has been determined, the date will be posted at www.consecofairfund.com.)

A. CLAIMANT INFORMATION

A 1. Accountholder Information:

Name (First, M.I., Last)	Date of Birth (MM/DD/YYYY)	SSN or EIN		
Street Address	Apt.	City	State	ZIP
Insurance Company <i>(where variable annuity fund account is/was held)</i>	Check No. Received	Reference No. <i>(reported on check)</i>	State of Residence	

A 2. Representative or Agent Information: Complete this Section only if you are the legal representative of the claimant (for example, a guardian, the parent of a minor child, or the administrator of the estate of a deceased claimant). Otherwise, leave this Section blank.

Representative Name (First, M.I., Last)				
Representative Title				
Street Address	Apt.	City	State	ZIP

A 3. Contact Information: The person completing this Appeal should provide the information requested below. Include the area code, or country code if applicable, in all telephone number listings.

Preferred Phone Number	Alternate Phone Number
Fax Number	
Email Address	

B. REASON FOR APPEAL

Please mark applicable box:

CHECK HERE IF YOU RECEIVED A CHECK FROM THE FUND ADMINISTRATOR OF THE CONSECO FAIR FUND BUT DISAGREE WITH THE AMOUNT.

CHECK HERE IF YOU HAVE NOT RECEIVED A CHECK FROM THE FUND ADMINISTRATOR OF THE CONSECO FAIR FUND AND HAVE RECORDS INDICATING THAT YOU OWNED SHARES OF ANY ELIGIBLE FUND AS RECORD OWNER DURING THE DAMAGE PERIOD AND BELIEVE YOU ARE ENTITLED TO A DISTRIBUTION FROM THE CONSECO FAIR FUND.

C. BASIS FOR APPEAL

In the space below, clearly state the reason why you believe that you are entitled to a Distribution Payment or that the amount of the Distribution Payment calculated by the IDC is incorrect. Your statement, together with the rest of the information provided, must be sufficient for the IDC to verify your claim and recalculate the amount that may be due to you. General statements that you believe that you should receive more without supporting information and documentation will result in your Appeal being rejected. If you need additional space, attach additional sheets of paper and write your name and social security number/taxpayer identification number on each extra page.

D. HOLDINGS AND TRANSACTIONS IN ELIGIBLE FUNDS

INSTEAD OF COMPLETING THE TABLES IN THIS SECTION, YOU MAY ATTACH COPIES OF YOUR ACCOUNT STATEMENTS FOR EACH CALENDAR QUARTER DURING THE PERIOD OF OCTOBER 1, 1999 THROUGH DECEMBER 31, 2002.

TABLE A: SHARES OWNED AS OF 12/1/1999

Beginning Holdings: In the table below, list the number of shares that you held in each Eligible Fund on December 1, 1999. If you did not own any shares in an Eligible Fund on that date or if you are not disputing the amount received for an account in an Eligible Fund enter 0.0

Name of Eligible Fund	Account Number	Broker Name or Other Sponsor*	Number of Shares Held on 12/1/1999
Alger American Small Capitalization Portfolio			
American Century VP International Fund			
Dreyfus International Value Portfolio			
Federated International Equity Fund II			
Janus Aspen Series Worldwide Growth Portfolio			
Pioneer Europe			
Van Eck Worldwide Bond Fund			
Van Eck Worldwide Emerging Markets Fund			
Van Eck Worldwide Hard Assets Fund			
Van Eck Worldwide Real Estate Fund			

*For example, an insurance company or other financial institution that sponsored variable annuity investment products that provided access for investing in an Eligible Fund.

TABLE B: SHARES PURCHASED OR SOLD FROM 12/2/1999 TO 10/22/2002

Subsequent Transactions: In the table below, separately list the date and number of each of your purchases and sales of shares in the Eligible Funds listed in Table A between December 2, 1999 and October 22, 2002. If you need additional space, make copies of this blank page and write your name and social security number/taxpayer identification number on each extra page.

Name of Eligible Fund	Account Number	Broker Name or Other Sponsor*	Date of Purchase of Shares	Number of Shares Purchased	Date of Sale of Shares	Number of Shares Sold

*For example, an insurance company or other financial institution that sponsored variable annuity investment products that provided access for investing in an Eligible Fund.

