

PROOF OF CLAIM FORM

(DO NOT FILE WITH THE COURT)

WHITE ROCKS (BVI) HOLDINGS INC.,
et al.,

Plaintiffs,

vs.

DAVID REICHMAN, KATHY M.
GRIFFIN, FRANK BENINTENDO,
DONALD GILBERT, DOES I THROUGH X,
INCLUSIVE, and ROE CORPORATIONS I
THROUGH X, inclusive,

Defendants,

GLOBAL TECH INDUSTRIES GROUP,
INC.,

Nominal Defendant.

CASE NO.: A-24-896359-B

DEPT NO.: XVI

District Court - Clark County, Nevada

Name and address of Claimant
(Please print or type):

ATTENTION:

The Honorable Timothy C. Williams of the Eighth Judicial District Court in and for Clark County Nevada, entered Order Appointing Receiver (the “Receivership Order”) appointing Paul Strickland as equity Receiver of Global Tech Industries Group, Inc. (“GTII”) and to marshal the assets of GTII for the GTII receivership estate (“Receivership Estate”) for the benefit of creditors, shareholders and other parties in interest. The Receivership Order may be reviewed on the internet at www.gtii-us.com. On June 17, 2025, the Court entered an Order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. In order to be eligible to be considered for a distribution from the Receivership Assets (as defined in the Receivership Order) for a claim, you must complete and return this Proof of Claim Form and provide the requested documentation, so that it is received on or before September 15, 2025, to Paul Strickland, Receiver, 120 State Avenue NE, Suite 1014, Olympia, WA 98501. The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.

The information provided in this Proof of Claim Form will be used to calculate your distribution, if any, from the Receivership Estate. The Receiver has the right to dispute and/or verify any information you have provided in order to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may provide to you.

IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE EIGHTH JUDICIAL DISTRICT COURT IN AND FOR CLARK COUNTY NEVADA FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH, OR BASED UPON ACTS OR OMISSIONS OF GTII OR THE ABOVE-CAPTIONED DEFENDANTS, OR ANY OF THEM, WITH RESPECT TO GTII AND (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP ASSETS (AS DEFINED IN THE RECEIVERSHIP ORDER). FURTHER, CLAIMANTS WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS. IF THIS COMPLETED, SIGNED UNDER PENALTY OF PERJURY IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY SEPTEMBER 15, 2025, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

GENERAL INSTRUCTIONS:

You must answer every question. Please answer each question as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." Do not write "NA," "N/A" or the like. If the answer to the question is "no" or "none," please answer as such.

1. Full name of person completing this form. _____
2. If this form is being completed on behalf of a person or entity other than the person listed in question 1, please provide the name of the person or entity with a claim against (or other interest in) the Receivership Assets.

3. If this form is being completed on behalf of an entity, please provide the full name of the entity and all of its trustees, officers, directors, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity.

4. Current address and telephone number of person completing this form.

5. Current address and telephone number of person or entity with a claim against (or other interest in) the Receivership Assets (if different from answer to question 4).

6. Provide **one** mailing address where you (or the person/entity on whose behalf you are acting) authorize the receipt of all future communications relating to this claim, including any possible distribution payment you may receive. It is your responsibility to advise the Receiver of any change to this address after the submission of this form.

7. How much is the claim? \$ _____. Include an itemization of the claim(s).
Does this amount include interest or other charges?

Yes _____ No _____

8. What is the basis of the claim? _____

Attach copies of documents and records upon which you rely to support your claim.

9. Is all or part of the claim(s) secured by a lien on Receivership Assets?

Yes _____ No _____

If you answered yes, include the security agreement, evidence of perfection, and the identity and value of your collateral.

10. Has this claim been acquired from someone else?

Yes _____ No _____

If you answered yes, please identify with specificity from whom the claim(s) were acquired.

11. Do you know if anyone else has filed a Proof of Claim Form for this claim(s)?

Yes _____ No _____

If you answered yes, please identify with specificity who made the earlier filing.

12. Have you filed or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings; or made any demands against any person or entity, relating in any way to your claim(s), including against any employees, officers, directors, representatives, other investors, or shareholders, brokers or agents of GTIL, or any other person or entity?

Yes _____ No _____

If you answered yes, enclose copies of the complaints, demands, or other documents that support your claim(s).

Please submit this completed and signed, under penalty of perjury, Proof of Claim Form and legible copies of any documentation requested in this form to Paul Strickland, Receiver, 120 State Avenue NE, Suite 1014, Olympia, WA 98501 SO THAT IT IS RECEIVED NO LATER THAN September 15, 2025.

Sign, date, print your name and title, if any.

By signing below, I certify under penalty of perjury pursuant to § 53.045 of the Nevada Revised Statutes that the information provided in this form is true and correct.

Sign: _____

Print Name: _____

Date: _____

Title: _____