

Exhibit A

INVESTOR PROOF OF CLAIM DECLARATION

For Investors in Stewardship Fund, LP, Stewardship Group LLC, Destiny Fund LP, Stewardship Management LP, Stewardship Advisors, LLC, d/b/a Stewardship Advisors, LP, and Stewardship Asset Management Genpar I, LLC, and any entity those entities directly or indirectly control or directly or indirectly controlled by James G. Temme.

This form is to be submitted by investors who invested in limited partnership and other investment entities directly or indirectly controlled by James G. Temme and Stewardship Fund, LP (referred to as the “*Receivership Entities*”). **Important Note: Only those investors who submit this form and do so accurately can become eligible to receive distributions from the recoveries and liquidation of assets of the Receivership Entities.**

INSTRUCTIONS

Instructions for completing this form (Please read these instructions carefully and follow them closely):

1. You must complete and submit a separate Investor Proof of Claim Declaration form for each of the Receivership Entities in which you invested or to which you loaned funds. If you need additional copies of the form, please photocopy this form or print additional copies from the Receiver’s website www.stewardshipfundreceivership.com.
2. Complete all sections of this form and provide copies of all supporting documents such as check copies (front and back), wire transfer documents, bank statements, and correspondence that show the amounts you invested and any funds you received back with respect to your investment. Please note:
 - You must mail your completed Claim Declaration to us with your original signature and copies of supporting documents—please do not send it by e-mail.
 - Do not send your original records to the Receiver.
 - You do not need to submit copies of contracts, program descriptions or account statements at this time; do keep all documents relating to your investment for your records because we may need copies at a later time.
3. Initial each page of the documents you submit, including this form.
4. If a particular item does not apply to you, write “not applicable.” If you do not know the answer to a particular item, write “not known.” Please do not leave a question blank.
5. You must certify the accuracy of the Investor Proof of Claim Declaration and sign it under penalties of perjury in the space provided on the final page.
6. The Proof of Claim Declaration must be signed by the person or persons who own or have legal authority over the investment and account with the Receivership Entities.

- If you are signing on behalf of another person (e.g. pursuant to a power of attorney) or on behalf of an entity (e.g., as an officer), you must provide the Receiver with documentation (e.g., a copy of the power of attorney) to show that you have the authority to file this claim on behalf of the other person or the entity and to bind that person or entity.
7. The Investor Proof of Claim Declaration consists of six (6) pages, not counting these instructions. If you did not receive all 6 pages, please notify the Receiver at (214) 721-8000, by e-mail at keith.aurzada@bryancave.com or go to www.stewardshipfundreceivership.com to reprint these instructions and the form.
 8. Please note that claims will be measured in terms of the cash you invested and the cash you received, if any, in connection with your investment. While many of you received payments that may have been characterized as interest or earnings and while you received account statements that appeared to show interest, earnings or appreciation in your investment, the Receiver intends to honor only claims for the amount of cash you invested, net of any cash returns or withdrawals you received, however they may have been labeled. Also, you must list any referral fees, commissions or other compensation paid to you for investors you referred to the Receivership Entities or sales you made.
 9. The Receiver reserves the right to request additional information from you.
 10. The Receiver may reject any claim that has not been completed accurately, legibly or completely or that is not supported by documentation.
 11. In the event that any information provided in this Investor Proof of Claim Declaration changes or becomes inaccurate or incomplete, you are obligated to so advise the Receiver and revise and update your Investor Proof of Claim Declaration. Failure to do so would make your Investor Proof of Claim Declaration inaccurate or misleading. It is your responsibility to notify the Receiver if your address changes.
 12. The fact that you have received this Investor Proof of Claim Declaration from the Receiver, or that the Receiver accepts your return of the form, does not constitute a determination by the Receiver that you are in fact an eligible claimant to share in any distributions from the Receivership Estate. The Receiver will review the claims received and compare the information you submit to the records of the Receivership Entities. Final approval of claims and distributions, if any, are dependent upon the procedures established by, and orders of, the Court. You will receive notice from the Receiver if your claim is rejected or disputed in whole or in part. If the Receiver rejects the validity or amount of your claim, you will be given an opportunity to provide additional information or evidence and to obtain a hearing from the Court.
 13. Privacy. The information submitted in this form will only be used to verify claims, for any tax reporting required, to comply with any other legal reporting requirements and for other permissible legal uses regarding your investment and dealings with the Receivership Entities.

14. The Receiver and his attorneys cannot give you personal legal advice concerning your Investor Proof of Claim Declaration; any such advice must come from *your own attorney* or other advisor. Likewise, information communicated by you to the Receiver or his attorneys is not confidential and will be utilized by the Receiver in administering the Receivership Estate, including the resolution of any claim you may make against the Receivership Estate.

15. Upon completion, please sign and return this form and supporting documents to the Receiver addressed as follows:

Keith Miles Aurzada, Receiver
Bryan Cave LLP
2200 Ross Avenue, Suite 3300
Dallas, Texas 75201

16. You do not need to return the instructions with your completed form.

17. Please keep a copy of your completed form for your file.

18. Please submit all claims in United States Dollars (“**USD**”). Claims will be paid in USD. The exchange rate to be applied to your claim will be the rate existing on the date of your contribution if such contributions was made in anything other than USD.

INVESTOR PROOF OF CLAIM DECLARATION FORM

This is a Claim for an Account with:

(Check only one; Submit separate forms for each Receivership Entity)

- Stewardship Fund, LP**
- Stewardship Group, LLC**
- Destiny Fund, LP**
- Stewardship Management, LP**
- Stewardship Advisors, LLC, d/b/a Stewardship Advisors, LP**
- Stewardship Asset Management Genpar I, LLC**
- _____ **(fill in)**

I. INVESTOR INFORMATION (please print or type)

a. Your Full Name(s)/Account Name: _____ If this is an IRA Account, Please Check Here _____

Your Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Business): _____

Phone (Cell): _____ Fax Number: _____

E-mail Address: _____

U.S. Social Security or Taxpayer I.D. Number: _____

b. Ownership Information (if Account is Held Jointly, Through an IRA or as a Fiduciary):

Information on Joint Owners (if any) (Attach Additional Pages if Needed):

Names of Joint Owners, if any: _____

Addresses, if Different _____

City: _____ State: _____ Zip: _____

Telephone Information of Other Joint Owners, if Different:

Home: _____ Work: _____ Cell: _____

Fax: _____

U.S. Social Security or Taxpayer I.D. Number for Joint Owners: _____

IRA Accounts:

Custodian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ IRA Account Number: _____

Fiduciary Accounts: Type of Fiduciary Relationship (Trustee; Executor; Legal Guardian; Power of Attorney; Other – Describe): _____

Name of Fiduciary: _____

Names of Beneficiaries (include age for Minors): _____

c. Attorney Information (if applicable):

Name: _____

Firm Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

II. INVESTMENT, RETURNS AND CLAIM INFORMATION

A. Amount Invested:

| DATE | AMOUNT (in USD) | PAYEE/ RECIPIENT (e.g., Stewardship Fund, LP) | PAYOR/ INVESTOR (e.g., your name) | PAYMENT METHOD (wire/check) | SOURCE OF FUNDS (e.g. your bank name & name on the bank account) |
|------|--------------------|---|---|-----------------------------------|---|
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TOTAL CASH INVESTED IN THIS ACCOUNT \$ _____ (USD)

B. Funds Withdrawn By You or Paid in Cash to You from This Account

| DATE | AMOUNT (USD) | PAYEE (e.g., you) | PAYOR (e.g., Stewardship Fund, LP) | PAYMENT METHOD (wire/check) | SOURCE OF FUNDS (e.g. Wachovia) |
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| | \$ | | | | |
| | \$ | | | | |

TOTAL CASH WITHDRAWN/RECEIVED \$_____ (USD)

C. Referral Fees, Commissions and Other Payments You Received in Cash

| DATE | AMOUNT (in USD) | PAYEE (e.g., you) | PAYOR (e.g., Stewardship Fund, LP) | PAYMENT METHOD (wire/check) | INVESTOR FOR WHOM FEE/ COMMISSION PAID |
|------|-----------------|-------------------|------------------------------------|-----------------------------|--|
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| | \$ | | | | |

TOTAL REFERRAL FEES, COMMISSIONS AND OTHER PAYMENTS YOU RECEIVED IN CASH \$_____ (USD)

(Use supplemental sheet, if needed, to list all referral fees, commissions and payments)

D. Money You Borrowed or that were Advanced to You from the Receivership Entities that You have not Repaid

| DATE | AMOUNT BORROWED/ ADVANCED (in USD) | BORROWER (e.g. your name) | LENDER (e.g., Stewardship Fund, LP) | HOW RECEIVED (wire/check) | AMOUNT REPAID | DATE REPAID |
|------|------------------------------------|---------------------------|-------------------------------------|---------------------------|---------------|-------------|
| | | | | | | |

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| | \$ | | | | \$ | |

TOTAL MONEY BORROWED/ADVANCED FROM THE RECEIVERSHIP ENTITIES THAT YOU HAVE NOT REPAYED \$ _____ (USD)

(Use supplemental sheet, if needed, to report all unrepaid loans or advancements)

E. Amount of claim for This Account

- 1. Total cash invested \$ _____
- 2. LESS: Total cash withdrawn /received from this account \$ _____
- 3. Net Amount of your cash investment in this account \$ _____**
- 4. Total referral fees, commissions and other payments you received in cash* \$ _____
- 5. Total borrowings/advancements outstanding from the Receivership Entities you have not repaid* \$ _____
- 6. I hereby claim this amount \$ _____**

NOTES:

Do not include accrued interest in your claim. Claims for accrued interest will not be allowed.

*The Receiver will consider referral fees, commissions and other payments received and any money borrowed or advanced you have not repaid in deciding the amount of your claim to allow.

If the amount of your claim is different from the net cash invested, please explain the difference:

III. ADDITIONAL INFORMATION

A. If you purchased, acquired, or agreed to purchase or acquire residential mortgage loans or properties in connection with the Receivership Entities, please identify the residential mortgage loans or properties by the address, loan number, "tape," or other identifying description. Attachment of additional pages is acceptable.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

B. Please identify the person or persons who spoke to you about your investment, provided information to you about the investment, convinced you to invest, handled your investment, or otherwise caused you to make your investment(s) and/or with whom you dealt with regarding your investments:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

C. Please provide any additional information that may assist the Receiver in his duties, including information regarding how investor funds were used, sources of recovery, names of any persons, in addition to those listed above, who were involved the management or sales at the Receivership Entities who were involved in the ventures in which investors' funds were spent or who received money from the Receivership Entities (Use a separate sheet if you need additional space):

SIGNATURE

I, the undersigned, declare under penalty of perjury, pursuant to 28 USC § 1746, that the foregoing information provided in this Investor Proof of Claim Declaration and the supporting documents, regarding my investment and any returns I received, are true and correct. I will supplement this Investor Proof of Claim Declaration if any information given herein later becomes, or is determined to be, inaccurate or incomplete.

Date: _____ **Signature:** _____

Print Name: _____

Date: _____ **Signature:** _____

Print Name: _____

Reminder checklist:

- Remember to attach copies (not originals) of supporting documentation.
- Initial each page of this Investor Proof of Claim Declaration and each page of your supporting documentation and sign above.
- If you move, please send us your updated contact information.
- If you have questions about completing the form, call 214-721-8000 or e-mail the Receiver at keith.aurzada@bryancave.com

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