MUST BE POSTMARKED NO LATER THAN NOVEMBER 14, 2016 In re Bank of America Corporation Securities Litigation Master file No. 11-CV-00733-WHP

FOR OFFICE USE ONLY

## PROOF OF CLAIM AND RELEASE

TO HAVE AN OPPORTUNITY TO RECEIVE A SHARE OF THE SETTLEMENT FUND, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM FORM. THE PROOF OF CLAIM FORM MUST BE MAILED BY PREPAID, FIRST-CLASS MAIL, SENT BY OVERNIGHT DELIVERY SERVICE (FEDEX, UPS, ETC), OR SUBMITTED ELECTRONICALLY AT WWW.BOASECURITIESSETTLEMENT.COM, NO LATER THAN NOVEMBER 14, 2016.

#### First-Class Mail Address:

Bank of America Securities Settlement Claims Administrator c/o Heffler Claims Group P.O. Box 360 Philadelphia, PA 19105-0360

#### **Overnight Delivery Address:**

Bank of America Securities Settlement Claims Administrator c/o Heffler Claims Group 1515 Market Street, Suite 1700 Philadelphia, PA 19102

## FAILURE TO SUBMIT YOUR CLAIM BY NOVEMBER 14, 2016 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOU FROM RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION.

## DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE SETTLING PARTIES OR THEIR COUNSEL. ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR. PART I – CLAIMANT IDENTIFICATION

Complete either Part 1 or 2 and then proceed to Part 3.

<b>Part 1</b> Complete this Section ONLY if the Investor is an ind	lividual, joint	, UGMA, UTMA or IRA account. Otherwise, proceed to Part 2.
Last Name (Investor)	MI	First Name (Investor)
Last Name (Joint Beneficial Owner, if applicable)	MI	First Name (Joint Beneficial Owner)
Name of Custodian, if applicable		
		TMA", or "IRA" in the "Last Name" box above (e.g., Jones IRA).
<b>Part 2 -</b> Complete this Section ONLY if the Investor is an e	entity; i.e., co	rporation, trust, estate, etc. Then, proceed to Part 3.
Entity Name		
Name of Representative (Executor, administrator, trustee, corp	porate officer	, etc.)
Part 3 – Account/Mailing Information:		
Street Address:		
City:		State: Zip Code:
Foreign Province:		Foreign Postal Code:
Foreign Country:		
Area Code Telephone No. (day)	Area Cod	e Telephone No. (evening)
Email:		
Check Appropriate Box: Individual Corporation Joint Owners IRA Trust Other		
OR		
Social Security Number (for individuals)	Employer	Identification Number (for estates, trusts, corporations, etc.)
30870		CF Page 1 of 6

## PART II – SCHEDULE OF TRANSACTIONS IN BANK OF AMERICA COMMON STOCK OR BANK OF AMERICA COMMON EQUIVALENT SECURITIES

Please read General Instructions in Part III prior to filling out this section.

## A. <u>OWNERSHIP OF BANK OF AMERICA COMMON STOCK AT THE BEGINNING OF THE CLASS PERIOD</u>

State the total of all Bank of America common stock you owned as of the close of February 26, 2009,	
long or short (must be documented).	

## IF NONE, CHECK HERE O

## B. <u>PURCHASES AND/OR ACQUISITIONS OF BANK OF AMERICA COMMON STOCK DURING THE CLASS PERIOD:</u>

Separately list each and every Bank of America common stock purchase/acquisition, from February 27, 2009 through close of trading on October 19, 2010.

IF NONE, CHECK HERE

Date(s) of Purchase(s) (List Chronologically) <u>Month/Day/Year</u>	Number of Shares Purchased	Total Purchase Price (excluding commissions, taxes & fees)	Proof of Purchase Enclosed
		\$	Y N
		\$	YN
		\$	YN

### C. <u>PURCHASES AND/OR ACQUISITIONS OF BANK OF AMERICA COMMON EQUIVALENT SECURITIES DURING THE CLASS</u> <u>PERIOD:</u>

Separately list each and every Bank of America Common Equivalent Securities purchase/acquisition, from December 1, 2009 through close of trading on February 24, 2010.

IF NONE, CHECK HERE  $\bigcirc$ 

Date(s) of Purchase(s) (List Chronologically) <u>Month/Day/Year</u>	Number of <u>Shares Purchased</u>	Total Purchase Price (excluding commissions, taxes & fees)	Proof of Purchase Enclosed
		\$	YN
		\$	YN
		\$	YN

### D. <u>SALES AND/OR TRANSFERS OF BANK OF AMERICA COMMON STOCK OR BANK OF AMERICA COMMON EQUIVALENT</u> <u>SECURITIES:</u>

Separately list each and every sale or transfer, including free deliveries, of Bank of America common stock ("S") or Bank of America Common Equivalent Securities ("E") (which automatically converted to Bank of America common stock effective February 24, 2010) from February 27, 2009 through January 14, 2011.

IF NONE, CHECK HERE

Date(s) of Sale(s) (List Chronologically) <u>Month/Day/Year</u>	Number of <u>Shares Sold</u>	Total Sale Price (excluding commissions, <u>taxes &amp; fees)</u>	Security Type <u>S</u> <u>E</u>	Proof of Sale <u>Enclosed</u>
		\$		Y N
		\$		YN
		\$		YN

## 308700000000

## E. CLOSING POSITION:

State the number of shares of Bank of America common stock shares owned at the close of trading on **October 19, 2010**. If none, enter "0". If other than zero, be sure to attach the required documentation.

Number of Shares	Proof enclosed?
	Y N

Proof enclosed?

Ν

Y

Number of Shares

State the number of shares of Bank of America common stock shares owned at the close of trading on **January 17, 2011**. If none, enter "0". If other than zero, be sure to attach the required documentation.

# IF YOU REQUIRE ADDITIONAL SPACE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT AS ABOVE. PRINT THE BENEFICIAL OWNER'S FULL NAME AND TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX

## **PART III - GENERAL INSTRUCTIONS**

1. This Proof of Claim is directed to all persons or entities who purchased or otherwise acquired common stock or Common Equivalent Securities of Bank of America Corporation that subsequently converted to Bank of America common stock, during the period from February 27, 2009 through October 19, 2010 (the "Class Period"), including their legal representatives, heirs, successors or assigns, and who were damaged thereby (the "Class"). You may only participate in the distribution of the Net Settlement Fund if you are a member of the Class and if you complete and return this form as specified below. If you fail to file a timely, properly addressed, and completed Claim Form, your claim may be rejected and you may be precluded from receiving any distribution from the Net Settlement Fund. Submission of this Claim Form does not guarantee that you will share in the Net Settlement Fund. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if approved by the Court, or such other Plan of Allocation as the Court approves.

2. Use Part II of this Claim Form entitled "SCHEDULE OF TRANSACTIONS IN BANK OF AMERICA COMMON STOCK OR BANK OF AMERICA COMMON EQUIVALENT SECURITIES" to supply all required details of your transaction(s) in Bank of America common stock or Bank of America Common Equivalent Securities. On the schedule, provide all the requested information with respect to all purchases, acquisitions, free receipts, sales, transfers, and free deliveries of Bank of America common stock or Bank of America Common Equivalent Securities that converted to common stock, during the period from February 27, 2009 through January 17, 2011.

3. All joint beneficial owners must each sign this Claim Form. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must: (a) expressly state the capacity in which they are acting; (b) identify the name, account number, Social Security number (or employer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the Bank of America common stock or Bank of America Common Equivalent Securities; and (c) furnish herewith evidence of their authority to bind the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade stock in another person's accounts.)

4. **NOTICE REGARDING ELECTRONIC FILES:** Claims with 50 or more transactions or on behalf of 10 or more different accounts should be submitted electronically and in the required format. The electronic filing instructions and file layout requirements are available at <u>www.BoASecuritiesSettlement.com</u> or you may request the instructions by sending an email to: <u>BoASecuritiesSettlement@HefflerClaims.com</u>. Upon receipt of an electronic filing, the Claims Administrator will issue an email confirmation of receipt. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an additional email after processing the claim that contains your claim numbers and respective account information. Do not assume that your file has been processed until you receive this email. If you do not receive such an email within 10 business days of your submission, you should contact the Claims Administrator's electronic filing department at <u>BoAElectronicFiling@HefflerClaims.com</u> to inquire about the status of your filing.

5. You are required to submit sufficient documentation for all of your transactions in and holdings of the Bank of America Common Stock or Common Equivalent Securities set forth in the Schedule of Transactions in Part II of this Claim Form. Documents may consist of copies of Brokerage confirmations or monthly statements. The parties and the Claims Administrator do not independently have information about your investments. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator.

6. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her or its *pro-rata* share of the Net Settlement Fund. The Plan of Allocation is based on three events that occurred at or near the end of the Class Period that allegedly impacted the value of Bank of America common stock. Depending on when you made purchases of Bank of America securities during the Class Period, if and when you sold those securities or if you retained them after one or more of those three events will impact your eligibility to recover and the value of your claim under the Plan of Allocation. If the prorated payment to any Authorized Claimant, however, calculates to less than \$10 it will not be included in the calculation and no distribution will be made to that Authorized Claimant.

7. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the **Bank of America Securities Settlement Claims Administrator, c/o Heffler Claims Group, P.O. Box 360, Philadelphia, PA 19105-0360**, at the above address, by phone within the U.S. and Canada at 1-800-644-7835 or outside the U.S. and Canada at 1-215-845-4405, by email at BoASecuritiesSettlement@HefflerClaims.com, or you may download the documents at the settlement website: **www.BOASecuritiesSettlement.com**.

## PART IV - RELEASE AND CERTIFICATION

## YOU MUST SIGN THIS CLAIM FORM

A. On behalf of myself (ourselves) and each of my (our) heirs, agents, executors, trustees, administrators, predecessors, successors and assigns, I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever waive, release, discharge, and dismiss each and every one of the Released Defendants with respect to any and all of the Released Claims, as those terms are defined in the Stipulation and/or the long form Notice.

B. On behalf of myself (ourselves) and each of my (our) heirs, agents, executors, trustees, administrators, predecessors, successors and assigns, I (we) hereby acknowledge that as of the Effective Date, I (we) shall: (i) have and be deemed to have fully, finally and forever waived, released, discharged and dismissed each and every one of the Released Claims, as against each and every one of the Released Defendants; (ii) forever be barred and enjoined from commencing, instituting, prosecuting or maintaining any of the Released Claims against any of the Released Defendants; and (iii) have and be deemed to have covenanted not to sue any Released Defendant on the basis of any Released Claim or, unless compelled by operation of law, to assist any person in commencing or maintaining any suit relating to any Released Claim against any Released Defendant.

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represents the claimant(s) certifies (certify), as follows:

- 1. that I (we) have read the Claim Form, and have had access to the Notice and the Plan of Allocation, including the releases provided for in the Settlement;
- 2. that the claimant(s) is (are) Class Member(s), as defined in the Notice, and is (are) not excluded from the Class;
- 3. that the claimant(s) has (have) not submitted a request for exclusion from the Class;
- 4. that the claimant(s) owns(ed) the Bank of America common stock or Bank of America Common Equivalent Securities identified in the Claim Form and has (have) not assigned the claim against the Released Defendant Parties to another, or that, in signing and submitting this Claim Form, the claimant(s) has (have) the authority to act on behalf of the owner(s) thereof;
- 5. that the claimant(s) has (have) not submitted any other claim covering the same purchases, acquisitions, sales, or holdings of Bank of America common stock or Bank of America Common Equivalent Securities and knows (know) of no other person having done so on his/her/its/their behalf;
- 6. that the claimant(s) submits (submit) to the jurisdiction of the Court with respect to his/her/its/their claim and for purposes of enforcing the releases set forth herein;
- 7. that I (we) agree to furnish such additional information with respect to this Claim Form as the Claims Administrator or the Court may require;
- 8. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of the Stipulation and any judgment that may be entered in the Litigation, including the releases and covenants set forth herein; and
- 9. that I (we) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(c) of the Internal Revenue Code.

# NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike the language that you are not subject to backup withholding in the certification above. The Internal Revenue Service does not require your consent to any provision other than the certification required to avoid backup withholding.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Claimant (or Person Authorized to Sign on behalf of claimant, if applicable.)

Print Name of Claimant (or Person Authorized to Sign on behalf of claimant, if applicable.)

Signature of Joint Claimant, if any

Print Name of Joint Claimant

CF

Date

Date

# THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY PREPAID , FIRST-CLASS MAIL, SENT BY OVERNIGHT DELIVERY SERVICE (FEDEX, UPS, ETC), **POSTMARKED BY NOVEMBER 14, 2016,** ADDRESSED AS BELOW, OR SUBMITTED ELECTRONICALLY AT WWW.BOASECURITIESSETTLEMENT.COM, NO LATER THAN NOVEMBER 14, 2016.

First-Class Mail Address:

Bank of America Securities Settlement Claims Administrator c/o Heffler Claims Group P.O. Box 360 Philadelphia, PA 19105-0360 Overnight Delivery Address:

Bank of America Securities Settlement Claims Administrator c/o Heffler Claims Group 1515 Market Street, Suite 1700 Philadelphia, PA 19102

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please notify the Claims Administrator of any change of address.

## REMINDER CHECKLIST

- 1. Please sign the above release and certification. If this Claim Form is being submitted on behalf of joint claimants, then both must sign.
- 2. Remember to attach only copies of acceptable supporting documentation.
- 3. Please do not highlight any portion of the Claim Form or any supporting documents.
- 4. Do not send original stock certificates or documentation. These items cannot be returned to you by the Claims Administrator.
- 5. Keep copies of the completed Claim Form and documentation for your own records.
- 6. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator within the U.S. or Canada at 1-800-644-7835 or outside the U.S. and Canada at 1-215-845-4405.
- 7. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
- 8. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the above address or within the U.S. and Canada call: 1-800-644-7835 or outside the U.S. and Canada call: 1-215-845-4405, email the Claims Administrator at BoASecuritiesSettlement@HefflerClaims.com, or visit www.BoASecuritiesSettlement.com.

Bank of America Securities Settlement Claims Administrator c/o Heffler Claims Group P.O. Box 360 Philadelphia, PA 19105-0360