

CLAIM FORM

LaBriola v. Bank of America, National Association; Merrill Lynch, Pierce, Fenner & Smith Incorp.; Bank Of America Corporation; and Does 3-50, inclusive, Case No. 12-79 (N.D. Cal.)

[Name]
[Address]
[Address]

This form must be postmarked or faxed by _____. You may mail this form to the following address: _____
or fax it to 503-350-7895.

- According to Merrill Lynch's records:
 - You left the employment of Merrill Lynch on _____.
 - You left the employment of Merrill Lynch [voluntarily/involuntarily].
 - You received your final incentive compensation check on _____.
- Your total Eligible Days as defined in the Class Notice is _____ days.
- Your total Daily Rate as defined in the Class Notice is _____ per day.
- If the Court awards attorneys' fees in the amount of 25% of the gross fund value, the Individual Claim Ratio for every member of the class is anticipated to be approximately: _____.
- Your estimated Individual Settlement Share is _____ (_____ [Daily Rate] * _____ [Eligible Days] * _____ [Individual Claim Ratio] = _____.)

PLEASE CHECK ONE:

I agree that the foregoing information is correct. I wish to receive my share of the settlement fund. My check should be sent the address reflected at the top of this claim form. If that address is no longer correct, my correct current address is as follows: _____

The foregoing information from Merrill Lynch's records is not correct. A description of the error(s) and supporting evidence is enclosed herewith.

Dated: _____

[Name]

If you wish to challenge any of the foregoing factual information, then you must submit with your Claim Form a written, signed challenge under penalty of perjury, along with any supporting documents to the Settlement Administrator at the address or fax number provided above, postmarked or faxed by _____ . No dispute will be considered timely if postmarked or faxed after this date. Counsel for the parties may stipulate to a compromise or stipulate to allow the Settlement Administrator to resolve the challenge and make a final and binding determination without hearing or right of appeal. The Settlement Administrator will inform you whether your dispute was resolved in your favor within ten (10) days after the challenge is made. In the case of a dispute, you

will have the burden of proof to show that Merrill Lynch's records are incorrect. If any other dispute arises with regard to the propriety of a Claim Form, counsel for the Parties may stipulate to a compromise or stipulate to allow the Settlement Administrator to resolve the dispute and make a final and binding determination without hearing or right of appeal. Engaging in the dispute process set forth in this paragraph does not extend the time to opt out of the class.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Enter the last four digits of your Social Security number: XXX-XX-_____

I certify that this form correctly states the last four digits of my Social Security number.
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Class Member