

Must be  
Postmarked  
No Later Than  
April 25, 2013

In re Bank of America Corp.  
Securities Litigation  
c/o The Garden City Group, Inc.  
PO Box 9876  
Dublin, Ohio 43017-5776  
1-855-733-8308  
www.boasecuritieslitigation.com

BKA



Claim Number:

Control Number:

## **PROOF OF CLAIM AND RELEASE FORM**

TO BE ELIGIBLE TO RECEIVE A SHARE OF THE NET SETTLEMENT FUND IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE FORM ("CLAIM FORM") AND MAIL IT BY PREPAID, FIRST-CLASS MAIL TO THE ABOVE ADDRESS, **POSTMARKED NO LATER THAN APRIL 25, 2013.**

FAILURE TO SUBMIT YOUR CLAIM FORM BY THE DATE SPECIFIED WILL SUBJECT YOUR CLAIM TO REJECTION AND MAY PRECLUDE YOU FROM BEING ELIGIBLE TO RECOVER ANY MONEY IN CONNECTION WITH THE SETTLEMENT.

**DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE PARTIES TO THIS ACTION, OR THEIR COUNSEL. SUBMIT YOUR CLAIM FORM ONLY TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE.**

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Questions? Call 1-855-733-8308 or visit [www.boasecuritieslitigation.com](http://www.boasecuritieslitigation.com)

**Do Not Call Bank of America Corporation with questions regarding the Settlement or this Claim Form.**

**Important** - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0


**PART I - CLAIMANT INFORMATION**
**LAST NAME (CLAIMANT)**
**FIRST NAME (CLAIMANT)**
**Last Name (Beneficial Owner if Different From Claimant)**
**First Name (Beneficial Owner)**
**Last Four Digits of the Beneficial Owner's Employer Identification Number or Social Security Number<sup>1</sup>**
**Last Name (Co-Beneficial Owner)**
**First Name (Co-Beneficial Owner)**
**Company/Trust/Other Entity (If Claimant Is Not an Individual)**
**Contact Person (If Claimant is Not an Individual)**
**Trustee/Nominee/Other**
**Account Number (If Claimant Is Not an Individual)**
**Trust/Other Date (If Applicable)**
**Address Line 1**
**Address Line 2 (If Applicable)**
**City**
**State**
**Zip Code**
**Foreign Province**
**Foreign Country**
**Foreign Zip Code**
**Telephone Number (Day)**
**Telephone Number (Night)**
**Email Address** (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

**IDENTITY OF CLAIMANT (check only one box):**

- Individual   
  Joint Owners   
  Estate   
  Corporation   
  Trust   
  Partnership  
 Private Pension Fund   
  Legal Representative  
 IRA, Keogh, or other type of individual retirement plan (indicate type of plan, mailing address, and name of current custodian)  
 Other (specify, describe on separate sheet)

**NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the website for this Action, [www.boasecuritieslitigation.com](http://www.boasecuritieslitigation.com), or you may email the Claims Administrator's electronic filing department at [eclaim@gcginc.com](mailto:eclaim@gcginc.com). Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at [eclaim@gcginc.com](mailto:eclaim@gcginc.com) to inquire about your file and confirm it was received and acceptable.

<sup>1</sup>The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.

Questions? Call 1-855-733-8308 or visit [www.boasecuritieslitigation.com](http://www.boasecuritieslitigation.com)

**Do Not Call Bank of America Corporation with questions regarding the Settlement or this Claim Form.**



## PART II - GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of (I) Proposed Settlement and Plan of Allocation; (II) Settlement Fairness Hearing; and (III) Motion for an Award of Attorneys' Fees and Reimbursement of Litigation Expenses (the "Settlement Notice") that accompanies this Claim Form, including the Plan of Allocation of the Net Settlement Fund set forth in the Settlement Notice. The Settlement Notice describes the proposed Settlement, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Settlement Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Settlement Notice, including the terms of the releases described therein and provided for herein.

2. This Claim Form is directed to the following persons and entities: (i) all persons and entities who held BoA common stock as of October 10, 2008, and were entitled to vote on the merger between BoA and Merrill, and were damaged thereby; (ii) all persons and entities who purchased or otherwise acquired BoA common stock during the period from September 18, 2008 through January 21, 2009, inclusive, excluding shares of BoA common stock acquired by exchanging stock of Merrill for BoA stock through the merger between the two companies consummated on January 1, 2009, and were damaged thereby; (iii) all persons and entities who purchased or otherwise acquired January 2011 call options of BoA from September 18, 2008 through January 21, 2009, inclusive, and were damaged thereby; and (iv) all persons and entities who purchased BoA common stock issued under the Registration Statement and Prospectus for the BoA common stock offering that occurred on or about October 7, 2008, and were damaged thereby (the "Class").

3. Excluded from the Class by definition are: Defendants, present or former executive officers of BoA and Merrill, present or former members of Merrill's and BoA's Board of Directors and their immediate family members (as defined in 17 C.F.R. § 229.404, Instructions, *i.e.*, children, stepchildren, parents, stepparents, spouses, siblings, mothers-in-law, fathers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law). Also excluded from the Class are Persons that previously submitted a request for exclusion from the Class in connection with the previously disseminated Notice of Pendency of Class Action ("Class Notice"), as set forth on Appendix 1 to the Stipulation and Agreement of Settlement dated November 30, 2012 (the "Stipulation") (Appendix 1 to the Stipulation can be viewed at and downloaded from [www.boasecuritieslitigation.com](http://www.boasecuritieslitigation.com)), who do not opt-back into the Class in accordance with the provisions set forth in the Settlement Notice. If you believe that you previously submitted a request for exclusion but your name does not appear on Appendix 1 to the Stipulation, you can contact the Claims Administrator at (855) 733-8308 for assistance.

4. IF YOU ARE NOT A CLASS MEMBER, OR IF YOU, OR SOMEONE ACTING ON YOUR BEHALF, PREVIOUSLY SUBMITTED A REQUEST FOR EXCLUSION FROM THE CLASS IN CONNECTION WITH THE CLASS NOTICE AND YOU DO NOT OPT-BACK INTO THE CLASS IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN THE SETTLEMENT NOTICE, DO NOT SUBMIT A CLAIM FORM. **YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A CLASS MEMBER.** THUS, IF YOU ARE EXCLUDED FROM THE CLASS (AS SET FORTH IN PARAGRAPH 3 ABOVE), ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.

5. If you are a Class Member, you will be bound by the terms of any judgments or orders entered in the Action WHETHER OR NOT YOU SUBMIT A CLAIM FORM, unless you previously submitted a request for exclusion in accordance with the Class Notice and your name appears on Appendix 1 to the Stipulation and you do not opt-back into the Class. As described in the Settlement Notice, the Judgment will release and enjoin the filing or continued prosecution of the Released Lead Plaintiffs' Claims against the Defendants' Releasees.

6. You are eligible to participate in the distribution of the Net Settlement Fund only if you are a member of the Class and if you complete and return this form as specified below. If you fail to submit 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.

7. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Settlement Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.**

8. Use Part III of this Claim Form entitled "SCHEDULES OF TRANSACTIONS IN ELIGIBLE BANK OF AMERICA SECURITIES" to supply all required details of your transaction(s) (including free transfers) in and holdings of the BoA securities eligible to participate in the Settlement. On these schedules, please provide all of the requested information with respect to your holdings, purchases, acquisitions and sales of BoA common stock and January 2011 call options, whether such transactions resulted in a profit or a loss. **Failure to report all transaction and holding information during the requested time periods may result in the rejection of your claim.**

9. **Please note:** Only BoA common stock held as of October 10, 2008 (the record date for the shareholder vote on the merger between BoA and Merrill) and BoA common stock and January 2011 call options purchased/acquired during the Class Period (*i.e.*, September 18, 2008 through January 21, 2009, inclusive) are eligible under the Settlement. However, under the "90-day lookback period" (described in the Plan of Allocation set forth in the Settlement Notice), your sales of BoA common stock and January 2011 call options during the period January 22, 2009 through April 21, 2009, inclusive, will be used for purposes of calculating your Section 10(b) Claim under the Plan of Allocation. Therefore, in order for the Claims Administrator to be able to balance your claim, the requested purchase information during the 90-day lookback period must also be provided. Additionally, while shares of BoA common stock acquired from the exchange of Merrill shares in connection with BoA's acquisition of Merrill on January 1, 2009 (the "Merger") are not covered by the definition of the Class and Section 10(b) losses will not be calculated with respect to the acquisition of those shares, those shares will be used for purposes of matching sales to acquisitions and must be included in this Claim Form.



## PART II - GENERAL INSTRUCTIONS (CONT'D)

10. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of the BoA common stock and January 2011 call options set forth in the Schedules of Transactions in Part III of this form. Documentation may consist of copies of brokerage confirmations or monthly statements. The Parties and the Claims Administrator do not independently have information about your investments in BoA common stock or January 2011 call options. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS 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. Also, please do not highlight any portion of the Claim Form or any supporting documents.**

11. If you are a participant in a retirement plan covered by Section 3(3) of ERISA, 29 U.S.C. §1002(3), including the Bank of America 401(k) Plan, the Bank of America 401(k) Plan for Legacy Companies, the Merrill Lynch & Co., Inc. 401(k) Savings & Investment Plan, and the Merrill Lynch & Co., Inc. Retirement Accumulation Plan, (the "ERISA Plan(s)") you should not include BoA shares held through the ERISA Plan(s) on your Claim Form. Instead, you should include on your Claim Form ONLY those shares of BoA common stock that you purchased or acquired outside of the ERISA Plan(s) (see Settlement Notice at ¶66). To the extent any of the Defendants or any of the other persons or entities excluded from the Class are participants in the ERISA Plan(s), such persons or entities shall not receive, either directly or indirectly, any portion of the recovery that may be obtained from the Settlement by any ERISA Plan(s).

12. Separate Claim Forms should be submitted for each separate legal entity (e.g., a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity on one Claim Form, no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).

13. All joint beneficial owners must each sign this Claim Form. If you held, purchased or otherwise acquired BoA common stock or January 2011 call options during the relevant time periods and held the securities in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to participate in the Settlement. If, however, you held, purchased or otherwise acquired BoA common stock or January 2011 call options during the relevant time periods and the securities were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these securities, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be eligible to participate in the Settlement.

14. 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 taxpayer 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 BoA common stock and/or 2011 January call options; and
- (c) furnish herewith evidence of their authority to bind to the Claim Form 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.)

15. By submitting a signed Claim Form, you will be swearing that you:

- (a) own(ed) the BoA common stock and/or January 2011 call options you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

16. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

17. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all claims processing. As referenced in the Settlement Notice, there are several billion shares of BoA common stock as to which claims may be submitted and, thus, the claims process could take substantial time to complete fully and fairly. Please be patient.

18. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive his/her/its *pro rata* share of the Net Settlement Fund. If the prorated payment to any Authorized Claimant calculates to less than \$20.00, it will not be included in the calculation and no distribution will be made to that Authorized Claimant.

19. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Settlement Notice, you may contact the Claims Administrator, The Garden City Group, Inc., at the above address or by toll-free phone at 1-855-733-8308, or you may download the documents from [www.boasecuritieslitigation.com](http://www.boasecuritieslitigation.com).

**PART III - SCHEDULES OF TRANSACTIONS IN ELIGIBLE BANK OF AMERICA SECURITIES**



Failure to provide proof of all holdings, purchases, acquisitions, and sales information requested below will impede proper processing of your claim and may result in the rejection of your claim. Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions, Paragraph 10, above.

**A. BoA Common Stock:** Do not include information regarding securities other than BoA common stock.

- BEGINNING HOLDINGS:** State the total number of shares of BoA common stock held as of the opening of trading on **September 18, 2008**. If none, write "0" or "Zero." (Must be documented.)
- PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD:** Separately list each and every purchase/acquisition of BoA common stock from after the opening of trading on **September 18, 2008** through and including the close of trading on **January 21, 2009**. For BoA common stock purchased through the exercise of a call option, the purchase date is the date that the option was exercised and the purchase price per share is the exercise price of the option. (Must be documented.)

Shares	Y <input type="checkbox"/>	N <input type="checkbox"/>
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Proof of Holdings Enclosed

If none, check here

Date of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share* *If shares were acquired from the exchange of Merrill stock for BoA stock pursuant to the Merger write "Merger Shares" in the space below	Total Purchase/Acquisition Price (excluding taxes, commissions and fees)* *If shares were acquired from the exchange of Merrill stock for BoA stock pursuant to the Merger, write "Merger Shares" in the space below	Proof of Purchase/Acquisition Enclosed	
				Y <input type="checkbox"/>	N <input type="checkbox"/>
/ /				Y <input type="checkbox"/>	N <input type="checkbox"/>
/ /				Y <input type="checkbox"/>	N <input type="checkbox"/>
/ /				Y <input type="checkbox"/>	N <input type="checkbox"/>
/ /				Y <input type="checkbox"/>	N <input type="checkbox"/>
/ /				Y <input type="checkbox"/>	N <input type="checkbox"/>
/ /				Y <input type="checkbox"/>	N <input type="checkbox"/>
/ /				Y <input type="checkbox"/>	N <input type="checkbox"/>
/ /				Y <input type="checkbox"/>	N <input type="checkbox"/>

Shares

- PURCHASES/ACQUISITIONS DURING THE 90-DAY LOOKBACK PERIOD:** State the total number of shares of BoA common stock purchased/acquired from after the opening of trading on **January 22, 2009** through and including the close of trading on **April 21, 2009**. If none, write "0" or "Zero."

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU **MUST** PHOTOCOPY THIS PAGE AND CHECK THIS BOX . IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL **NOT** BE REVIEWED.



PART III - SCHEDULES OF TRANSACTIONS IN ELIGIBLE BANK OF AMERICA SECURITIES



The "BoA January 2011 Call Options" consist of the January 22, 2011 call options on BoA common stock with the following strike prices: \$2.50, \$5.00, \$7.50, \$10.00, \$12.50, \$15.00, \$17.50, \$20.00, \$22.50, \$25.00, \$30.00, \$35.00, \$40.00, \$45.00, \$50.00, \$55.00 and \$60.00. Do not include information regarding securities other than BoA January 11 Call Options.

**B. BoA January 2011 Call Options:**

- BEGINNING HOLDINGS:** For each of the following, state the total number of BoA January 2011 call option contracts held as of the opening of trading on **September 18, 2008**. If none, write "0" or "Zero." If you wrote any January 2011 call options, thereby having a short position in the options, please state the total short position(s) as a negative number. (Must be documented.)

Strike Price of BoA January 2011 Call Option	Number of Call Option Contracts Held	Proof of Holdings Enclosed	Strike Price of BoA January 2011 Call Option	Number of Call Option Contracts Held	Proof of Holdings Enclosed
\$2.50		Y	\$25.00		Y
\$5.00		Y	\$30.00		Y
\$7.50		Y	\$35.00		Y
\$10.00		Y	\$40.00		Y
\$12.50		Y	\$45.00		Y
\$15.00		Y	\$50.00		Y
\$17.50		Y	\$55.00		Y
\$20.00		Y	\$60.00		Y
\$22.50		Y			

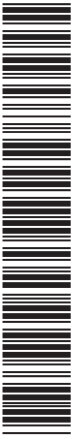




3. **PURCHASES/ACQUISITIONS DURING THE 90-DAY LOOKBACK PERIOD:** For each of the following, state the total number of BoA January 2011 call option contracts purchased/acquired from after the opening of trading on **January 22, 2009** through and including the close of trading on **April 21, 2009**. If none, write "0" or "Zero."

Strike Price of BoA January 2011 Call Option	Number of Call Option Contracts Purchased/Acquired	Strike Price of BoA January 2011 Call Option	Number of Call Option Contracts Purchased/Acquired
\$2.50		\$25.00	
\$5.00		\$30.00	
\$7.50		\$35.00	
\$10.00		\$40.00	
\$12.50		\$45.00	
\$15.00		\$50.00	
\$17.50		\$55.00	
\$20.00		\$60.00	
\$22.50			





**PART III - SCHEDULES OF TRANSACTIONS IN ELIGIBLE BANK OF AMERICA SECURITIES**

5. **ENDING HOLDINGS: For each of the following,** state the total number of BoA January 2011 call option contracts held as of the close of trading on **April 21, 2009.** If none, write "0" or "Zero." If you wrote any January 2011 call options, thereby having a short position in the options, please state the total short position(s) as a negative number. (Must be documented.)

Strike Price of BoA January 2011 Call Option	Number of Call Option Contracts Held	Proof of Holdings Enclosed	Strike Price of BoA January 2011 Call Option	Number of Call Option Contracts Held	Proof of Holdings Enclosed
\$2.50		Y	\$25.00		Y
\$5.00		Y	\$30.00		Y
\$7.50		Y	\$35.00		Y
\$10.00		Y	\$40.00		Y
\$12.50		Y	\$45.00		Y
\$15.00		Y	\$50.00		Y
\$17.50		Y	\$55.00		Y
\$20.00		Y	\$60.00		Y
\$22.50		Y			



PART IV - RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN BELOW.

I (we) hereby acknowledge that as of the Effective Date of the Settlement, pursuant to the terms set forth in the Stipulation, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, affiliates, and assigns, shall be deemed to have, and by operation of law and of the Judgment shall have, fully, finally and forever compromised, settled, released, resolved, relinquished, waived, discharged and dismissed each and every Released Lead Plaintiffs' Claim (as defined in the Stipulation) against the Defendants and the other Defendants' Releasees (as defined in the Stipulation), and shall forever be enjoined from prosecuting any or all of the Released Lead Plaintiffs' Claims against any of the Defendants' Releasees.

CERTIFICATION

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

- 1. that I (we) have read and understand the contents of the Settlement Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;
2. that the claimant(s) is a (are) Class Member(s), as defined in the Settlement Notice and in paragraph 2 on page 3 of this Claim Form, and is (are) not excluded by definition from the Class as set forth in the Settlement Notice and in paragraph 3 on page 3 of this Claim Form;
3. that the claimant did not previously submit a request for exclusion from the Class in connection with the Class Notice as set forth on Appendix 1 to the Stipulation;
4. that I (we) own(ed) the BoA securities identified in the Claim Form and have not assigned the claim against the Defendants' Releasees to another, or that, in signing and submitting this Claim Form, I (we) 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 BoA securities and knows of no other person having done so on the claimant's (claimants') behalf;
6. that the claimant(s) submit(s) to the jurisdiction of the Court with respect to claimant's (claimants') 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 Co-Lead Counsel, the Claims Administrator or the Court may require;
8. that the claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;
9. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and
10. that the claimant(s) is (are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the claimant(s) is (are) exempt from backup withholding or (b) the claimant(s) has (have) not been notified by the IRS that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the claimant(s) that he/she/it is no longer subject to backup withholding. If the IRS has notified the claimant(s) that he/she/it is subject to backup withholding, please strike out the language in the preceding sentence indicating that the claim is not subject to backup withholding in the certification above.

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

Executed this \_\_\_ day of \_\_\_ (Month) (Year) in \_\_\_ (City, State, Country).

Signature of Claimant

Date

Print your name here

Signature of joint claimant, if any

Date

Print your name here

If the claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of person signing on behalf of claimant

Date

Print your name here

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, trustee, custodian, etc. (Must provide evidence of authority to act on behalf of claimant - see paragraph 14 on page 4 of this Claim Form.)

Questions? Call 1-855-733-8308 or visit www.boasecuritieslitigation.com

Do Not Call Bank of America Corporation with questions regarding the Settlement or this Claim Form.

## REMINDER CHECKLIST

1. Please sign the above release and certification. If this Claim Form is being made on behalf of joint claimants, then both must sign.
2. Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.
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 toll free at 1-855-733-8308.
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 toll-free at 1-855-733-8308, or visit [www.boasecuritieslitigation.com](http://www.boasecuritieslitigation.com). Please **DO NOT** call Bank of America Corporation with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY PREPAID,  
FIRST-CLASS MAIL, **POSTMARKED NO LATER THAN APRIL 25, 2013**,  
ADDRESSED AS FOLLOWS:

*In re Bank of America Corp. Securities Litigation*  
c/o The Garden City Group, Inc.  
Claims Administrator  
P.O. Box 9876  
Dublin, Ohio 43017-5776

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by April 25, 2013 and if a postmark is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

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

Questions? Call 1-855-733-8308 or visit [www.boasecuritieslitigation.com](http://www.boasecuritieslitigation.com)  
**Do Not Call Bank of America Corporation with questions regarding the Settlement or this Claim Form.**