

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

SOUTH FERRY LP #2, individually and
on behalf of all others similarly situated,

Plaintiff,

vs.

KERRY K. KILLINGER, *et al.*,

Defendants.

Case No. C04-1599-JCC

PROOF OF CLAIM AND RELEASE

DEADLINE FOR SUBMISSION: JULY 2, 2012.

IF YOU PURCHASED THE COMMON STOCK OF WASHINGTON MUTUAL, INC. ("WMI") BETWEEN APRIL 15, 2003 AND JUNE 28, 2004, INCLUSIVE ("CLASS PERIOD")¹, AND WERE DAMAGED THEREBY, YOU ARE A "CLASS MEMBER" AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS.

Excluded from the Class are Washington Mutual, Inc. and the Individual Defendants; former defendants William W. Longbrake, Craig J. Chapman, James G. Vanasek and Michelle McCarthy; any other officers and directors of WMI during the Class Period; members of their immediate families and their legal representatives, heirs, successors or assigns; and any entity in which any of the Defendants or former defendants have or had a controlling interest.

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN JULY 2, 2012 TO THE FOLLOWING ADDRESS:

WaMu 2004 Common Stock Litigation
c/o Rust Consulting, Inc.
Claims Administrator
Post Office Box 2493
Faribault, MN 55021-9193

YOUR FAILURE TO SUBMIT YOUR CLAIM BY JULY 2, 2012 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in the form of electronic files. All Claimants MUST submit a manually signed paper Proof of Claim form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at (877) 310-0495 or visit their website at www.WaMu2004CommonStockLitigation.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

¹ Capitalized terms used but not otherwise defined herein shall have the meanings ascribed to them in the Settlement Agreement.

NOTE: Separate Proofs of Claim should be submitted for each separate legal entity (for example, a claim from Joint Owners should not include separate transactions of just one of the Joint Owners, an Individual should not combine his or her IRA transactions with transactions made solely in the Individual's name). Conversely, a single Proof of Claim should be submitted on behalf of one legal entity including all transactions made by that entity no matter how many separate accounts that entity has (for example, a Corporation with multiple brokerage accounts should include all transactions made in Washington Mutual, Inc. common stock during the Class Period on one Proof of Claim, no matter how many accounts the transactions were made in.)

Submission of a Proof of Claim does not guarantee you will share in the distribution from the Settlement Fund. Distributions from the Settlement Fund will be governed by the Court-approved Plan of Allocation. Please note that the Court may modify the Plan of Allocation without further notice to the Class.

You should be aware that it will take a significant amount of time to process fully all of the Proofs of Claim and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim. Please notify the Claims Administrator of any change of address.

REMINDER CHECKLIST

1. Please be sure to sign the Proof of Claim on page 4. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
2. Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
3. If you are acting in a representative, you must submit evidence of your current authority to act on behalf of that Class Member.
4. Do NOT use highlighter on the Proof of Claim or any supporting documents.
5. If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.

NOTE: RECEIPT ACKNOWLEDGMENT NEEDED

The Claims Administrator will send a written confirmation of its receipt of your Proof of Claim. Do not assume your claim is submitted until you receive written confirmation of its receipt. Your claim is not deemed fully filed until the Claims Administrator sends you written confirmation of its receipt of your Proof of Claim. If you do not receive an acknowledgement postcard within thirty (30) days of your mailing the Proof of Claim, then please call the Claims Administrator toll free at (877) 310-0495.

MUST BE POSTMARKED
NO LATER THAN
JULY 2, 2012

WaMu 2004 Common Stock Litigation
No. C04-1599-JCC

For Official Use Only

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PROOF OF CLAIM AND RELEASE

Use Blue or Black Ink Only

PART I. CLAIMANT IDENTIFICATION - Complete either Section A or B and then proceed to C. Please type or print.

A. Complete this Section ONLY if the Beneficial Owner is an individual, joint, or IRA account. Otherwise, proceed to B.

Last Name (Beneficial Owner)	First Name (Beneficial Owner)
<input type="text"/>	<input type="text"/>
Last Name (Joint Beneficial Owner, if applicable)	First Name (Joint Beneficial Owner)
<input type="text"/>	<input type="text"/>
Name of IRA Custodian, if applicable	
<input type="text"/>	
If this account is an IRA, and if you would like any check that you MAY be eligible to receive made payable to the IRA account, please include "IRA" in the "Last Name" box above (e.g., Jones IRA).	

B. Complete this Section ONLY if the Beneficial Owner is an Entity; i.e., corporation, trust, estate, etc. Then, proceed to C.

Entity Name
<input type="text"/>
Name of Representative, if applicable (Executor, administrator, trustee, c/o, etc.)
<input type="text"/>

C. Account/Mailing Information:

Specify one of the following:		
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Joint Owners	<input type="checkbox"/> Corporation
<input type="checkbox"/> IRA	<input type="checkbox"/> Partnership	<input type="checkbox"/> Pension Plan
<input type="checkbox"/> Trust	<input type="checkbox"/> Other:	<input type="text"/>
Number and Street or P.O. Box		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province and Postal Code	Foreign Country	
<input type="text"/>	<input type="text"/>	
Telephone Number (Day)	Telephone Number (Evening)	
<input type="text"/>	<input type="text"/>	
E-mail Address	Account Number	
<input type="text"/>	<input type="text"/>	
Enter Taxpayer Identification Number below for the Beneficial Owner(s).		
Social Security No. (for individuals)	or	Taxpayer Identification No.
<input type="text"/>		<input type="text"/>



YOU MUST SUBMIT DOCUMENTATION SUPPORTING THE INFORMATION BELOW:²

PART II: SCHEDULE OF TRANSACTIONS IN WASHINGTON MUTUAL, INC. (WMI) COMMON STOCK

A. Number of shares of Washington Mutual, Inc. common stock *held* at the close of trading on April 14, 2003. (If none, write "zero" or "0"; if other than zero, must be documented)³
 Number of Shares

B. Purchases of Washington Mutual, Inc. common stock during the period April 15, 2003 and September 24, 2004, inclusive (in chronological order). (Persons who received Washington Mutual, Inc. common stock during the Class Period other than by purchase are not eligible to submit claims for those transactions.)

Trade Date of Purchase <i>(List Chronologically)</i> Month/Day/Year	Number of Shares Purchased or Acquired	Purchase Price Per Share	Total Amount Paid <i>(Including Commissions Taxes & Fees)</i>

C. Sales of Washington Mutual, Inc. common stock during the period April 15, 2003 and September 24, 2004, inclusive (in chronological order). (If none, write "zero" or "0"; if other than zero, must be documented)

Trade Date of Sale <i>(List Chronologically)</i> Month/Day/Year	Number of Shares Sold	Sale Price Per Share	Total Amount Received <i>(Excluding Commissions Taxes & Fees)</i>

D. Number of shares of Washington Mutual, Inc. common stock *held* at the close of trading on September 24, 2004. (If none, write "zero" or "0"; if other than zero, must be documented)
 Number of Shares

*If you require additional space, attach extra schedules in the same format as above.
 Sign and print your name on each additional page.*

² Documentation to show a purchase or sale should normally include a trade confirmation slip or a monthly statement showing the trade.
³ Documentation to show holding would commonly include the monthly brokerage statement for the account in which the stock was held.



PART III: CLAIMANT'S STATEMENT

1. I affirm that I purchased the common stock of Washington Mutual, Inc. ("WMI") between April 15, 2003 and June 28, 2004, inclusive. (Do not submit this Proof of Claim if you did not purchase Washington Mutual, Inc. common stock during this period).

2. By submitting this Proof of Claim, I state that I believe in good faith that I am a Class Member as defined above and in the Notice of Pendency of Class Action and Proposed Settlement, Motion for Attorneys' Fees, and Settlement Fairness Hearing (the "Notice"), or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Class; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member (for example, as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

3. I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proofs of Claim.

4. I have set forth where requested above all relevant information with respect to each purchase of Washington Mutual, Inc. common stock during the Class Period, and each sale, if any, of such securities. I agree to furnish additional information (including transactions in other Washington Mutual, Inc. securities) to the Claims Administrator to support this claim if requested to do so.

5. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of Washington Mutual, Inc. common stock listed below in support of my claim. IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM. IF YOU HAVE QUESTIONS ABOUT WHAT TYPES OF DOCUMENTS SUFFICE TO SUPPORT A CLAIM, PLEASE CONTACT THE CLAIMS ADMINISTRATOR AT (877) 310-0495.

6. I understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Claim. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities such as options.)

7. I hereby acknowledge that, upon the occurrence of the Effective Date, by operation of law, I on behalf of myself and on behalf of my heirs, executors, administrators, predecessors, successors, and assigns (or, if I am submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, I on behalf of it, him, her or them and on behalf of its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) shall fully and forever release, remise and discharge each of the "Released Parties" of all "Released Claims," as defined in the Notice.

8. Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

Social Security Number

or Employer Identification Number



9. Certification

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 because: (a) I am (We are) exempt from backup withholding, or (b) I (We) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM FORM IS TRUE, CORRECT AND COMPLETE.

Executed this _____ day of _____, 201__ in _____, _____.
(City) (State/Country)

Signature of Claimant

(Type/print name of Claimant)

Signature of Joint Claimant, if any

(Type/print name of Joint Claimant, if any)

If 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

(Type/print name of person signing on behalf of Claimant)

Capacity of person signing on behalf of Claimant, if other than an individual (e.g., Administrator, Executor, Trustee, etc.)

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN JULY 2, 2012, AND MUST BE MAILED TO:

WaMu 2004 Common Stock Litigation
c/o Rust Consulting, Inc.
Claims Administrator
Post Office Box 2493
Faribault, MN 55021-9193

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by July 2, 2012, 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 Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

