

**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.BOASECURIETIESSETTLEMENT.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.

**Part 1** Complete this Section **ONLY** if the Investor is an individual, joint, UGMA, UTMA or IRA account. Otherwise, proceed to Part 2.

Last Name (Investor)	MI	First Name (Investor)
<input type="text"/>		
Last Name (Joint Beneficial Owner, if applicable)	MI	First Name (Joint Beneficial Owner)
<input type="text"/>		
Name of Custodian, if applicable		
<input type="text"/>		
If this account is an UGMA, UTMA or IRA, please include "UGMA", "UTMA", or "IRA" in the "Last Name" box above (e.g., Jones IRA).		

**Part 2** – Complete this Section **ONLY** if the Investor is an entity; i.e., corporation, trust, estate, etc. Then, proceed to Part 3.

Entity Name	<input type="text"/>
Name of Representative (Executor, administrator, trustee, corporate officer, etc.)	
<input type="text"/>	

**Part 3** – Account/Mailing Information:

Street Address:		<input type="text"/>
City:	State:	Zip Code:
<input type="text"/>		<input type="text"/>
Foreign Province:	Foreign Postal Code:	
<input type="text"/>		<input type="text"/>
Foreign Country:	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code Telephone No. (day)	Area Code Telephone No. (evening)	
<input type="text"/>		
Email:	<input type="text"/>	
Check Appropriate Box:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Owners <input type="checkbox"/> IRA <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	
<input type="text"/>	OR	<input type="text"/>
Social Security Number (for individuals)	Employer Identification Number (for estates, trusts, corporations, etc.)	

**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. OWNERSHIP OF BANK OF AMERICA COMMON STOCK AT THE BEGINNING OF THE CLASS PERIOD**

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

**B. PURCHASES AND/OR ACQUISITIONS OF BANK OF AMERICA COMMON STOCK DURING THE CLASS PERIOD:**

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 <u>Shares Purchased</u>	Total Purchase Price (excluding commissions, taxes & fees)	<u>Proof of Purchase Enclosed</u>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N

**C. PURCHASES AND/OR ACQUISITIONS OF BANK OF AMERICA COMMON EQUIVALENT SECURITIES DURING THE CLASS PERIOD:**

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

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)	<u>Proof of Purchase Enclosed</u>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N

**D. SALES AND/OR TRANSFERS OF BANK OF AMERICA COMMON STOCK OR BANK OF AMERICA COMMON EQUIVALENT SECURITIES:**

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, taxes & fees)	Security Type		Proof of Sale <u>Enclosed</u>
			<u>S</u>	<u>E</u>	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N



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](mailto:BoASecuritiesSettlement@HefflerClaims.com), or you may download the documents at the settlement website: [www.BOASecuritiesSettlement.com](http://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.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
Print Name of Joint Claimant

\_\_\_\_\_  
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](http://WWW.BOASECURITIESSETTLEMENT.COM), **NO LATER THAN NOVEMBER 14, 2016**.

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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](mailto:BoASecuritiesSettlement@HefflerClaims.com), or visit [www.BoASecuritiesSettlement.com](http://www.BoASecuritiesSettlement.com).

Class Member ID: 3087000000000  
3087000000000

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Claims Administrator  
c/o Heffler Claims Group  
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Philadelphia, PA 19105-0360