



Credit Suisse

ELECTRONIC CLAIM FILING GUIDELINES



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Overview

Electronic Claim Filing applies to institutions or entities that are filing multiple Claim Forms on behalf of themselves and/or others, as well as individuals or entities that are filing Claims with a large number of transactions (50+).

Electronic Claim Filings are subject to rejection if not prepared in compliance with these Electronic Claim Filing Guidelines.

PLEASE NOTE: No Electronic Claim Filing will be considered to have been properly submitted unless the Claims Administrator issues to the filer a written acknowledgment of receipt and acceptance of electronically submitted data.

Electronic Filing Requirements

Complete and Sign a Claim Form:

- One executed Claim Form should be completed per submission. The Claim Form serves as a master Claim Form for one or all of the accounts included on your file. The Claim Form is attached hereto as Appendix B.
- Separate Claims 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 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 (*e.g.*, a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim).
- Complete the first page of the Claim Form. Be sure to include company name, account name/number, and company address. If submitting an electronic file on behalf of several accounts, enter "Various Accounts" for the account name/number.
- Complete the signature page on the Claim Form. If you are filing on behalf of your clients, you must include a letter or document providing your authorization to sign on behalf of your clients, as set forth in Appendix C.
- A valid email address must be on file with the Claims Administrator. Communication regarding deficiencies and rejections on electronically filed claims may be conducted by email. A valid email address **MUST** be included on the Claim Form, and the email address provided **MUST** be updated in the event the contact person or email address changes; it is the sole responsibility of the filing party to maintain up-to-date, complete contact information with the Claims Administrator.

Prepare a cover letter:

- A cover letter **MUST** be included with the master Claim Form. The cover letter must include the total number of accounts; total number of transactions; total number of certificates purchased, acquired, and sold; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter as set forth in Appendix D.

Prepare a data file:



- An Excel spreadsheet or other electronic file containing account information and transactional data MUST be prepared in accordance with A.B. Data, Ltd.'s Electronic Claim Filing Template Mapping Instructions found in Appendix E. The following formats are acceptable: a) MEDIA: CD, DVD, and FLASH DRIVE and b) DATA: ASCII, MS EXCEL, and MS ACCESS. For your convenience, an Excel spreadsheet template is available for your use and may be downloaded from www.NJBOSCreditSuisseSettlement.com.
- If you cannot provide the information in the aforementioned formats or you have other requests, questions, concerns, or comments, please email A.B. Data, Ltd., at efiling@abdata.com or you may call 877-354-3791 to speak to an Electronic Claims Filing Specialist.

Mail your executed master Claim Form with a cover letter and media format to:

CREDIT SUISSE
ATTN: ELECTRONIC CLAIMS DEPARTMENT
C/O A.B. DATA, LTD.
PO BOX 173056
MILWAUKEE, WI 53217

Or:

CREDIT SUISSE
ATTN: ELECTRONIC CLAIMS DEPARTMENT
C/O A.B. DATA, LTD.
3410 WEST HOPKINS STREET
MILWAUKEE, WI 53216

Documentation Requirements

A.B. Data, Ltd., reserves the right to request additional documentation at any time after your Claim Form and file have been received and processed. The documentation provided should be sufficient to verify the validity and accuracy of the data provided in the file.

If you provided a letter/affidavit attesting to the truth and accuracy of your data when initially submitting your file, A.B. Data may still require specific documentary evidence (trade confirmations, monthly statement, or equivalent) to verify the details of your transactions and/or holdings.

How to account for Free Receipts, Free Deliveries, and Transfers

Free receipt, free delivery, and transfer transactions are not eligible for payment unless you have additional information regarding the original purchase, acquisition, or subsequent sale. If you do not have this information, free receipt, free delivery, and transfer transactions should only be included on your electronic file for balancing purposes. You MUST use the following instructions when filing for accounts that have free receipt, free delivery, and transfer transactions during the Eligibility Period:

If certificates were transferred to or from a different custodian (corresponding account is not on your electronic file), you must follow these instructions:

- **CERTIFICATES RECEIVED INTO ACCOUNT:** You must account for any received certificates by providing the opening position or original purchase or acquisition of these certificates from the prior account.
- **CERTIFICATES DELIVERED OUT OF ACCOUNT:** You must account for any delivered certificates by providing the sale and/or closing position from the subsequent account.



- NO INFORMATION AVAILABLE ON ORIGINAL PURCHASE/ACQUISITION or SUBSEQUENT SALE: You must provide the free receipt and/or free delivery certificates in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

If certificates were transferred between accounts on your file, you must follow these instructions:

- DO NOT claim the same purchase or acquisition transaction(s) on both accounts.
- The account that owned the certificates most recently should be the account claiming the eligible purchase or acquisition. These certificates should already be accounted for in the sales and/or closing position of the most recent account.
- If certificates were transferred between accounts for the same beneficial owner on your file, you must combine these accounts and file all eligible purchases, acquisitions, and sales in a single claim. You must also include all opening and closing positions on the claim for that entity.
- If you are unable to combine these accounts accordingly, you must provide the free receipt and free delivery certificates in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

Claim Balancing

All securities for each Claim must balance. This means all purchases / acquisitions (including free receipts) through December 18, 2013 MUST EQUAL the total sales (including free deliveries) through and including December 18, 2013, plus the closing position.
(P+FR=S+FD+C).

Negative values may only be given for short closing positions. All other transactions must be positive values.

Appendix A

Case Specific Information

ELIGIBILITY PERIOD:	All Persons who purchased or otherwise acquired an interest in Credit Suisse residential mortgage-backed securities (“RMBS”) trust certificates prior to December 18, 2013, for any of the following: Home Equity Mortgage Trust (“HEMT”) Series 2006-4, 2006-5, 2006-6, 2007-1, and 2007-2, and Home Equity Asset Trust (“HEAT”) Series 2006-4, 2006-5, 2006-6, 2006-7, 2006-8, 2007-1, 2007-2, and 2007-3 (“RMBS Trust Certificates”). ¹
CLAIM FILING DEADLINE:	October 6, 2026

The link to the eligible CUSIPS is below

www.NJBOSCreditSuisseSettlement.com

¹ All capitalized terms used in this Notice are defined in the Administrative Consent Order, available for download at www.NJBOSCreditSuisseSettlement.com.



Credit Suisse RMBS Trust Certificates transactions for each account should include:

Transaction Type	Definition	Valid Dates
P	Purchases/acquisitions during the Eligibility Period.	Prior to December 18, 2013
FR	Free Receipts	Prior to December 18, 2013
D	Distribution Transactions through	Prior December 18, 2013
S	Sales during the Eligibility Period.	December 18, 2013
FD	Free Deliveries	Prior to December 18, 2013
C	Certificates held as of	December 18, 2013

*****Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**



Appendix B



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NJBOS Credit Suisse Settlement
c/o A.B. Data, Ltd.
P.O. Box 173056
Milwaukee, WI 53217
Toll-Free Number: 1-877-254-8530
Settlement Website: www.NJBOSCreditSuisseSettlement.com
Email: info@NJBOSCreditSuisseSettlement.com

CLAIM FORM

MUST BE POSTMARKED NO LATER THAN OCTOBER 6, 2026.

General Instructions

- To apply for a restitution payment in *Ruotolo v. Credit Suisse Securities*, Docket No. MER-C-137-13, you (or your authorized representative) must complete, sign, and submit this Claim Form no later than **OCTOBER 6, 2026**.
- To be able to apply, you must have purchased or otherwise acquired an interest in Credit Suisse RMBS Trust Certificates prior to December 18, 2013, for any of the following: Home Equity Mortgage Trust (“HEMT”) Series 2006-4, 2006-5, 2006-6, 2007-1, and 2007-2; and Home Equity Asset Trust (“HEAT”) Series 2006-4, 2006-5, 2006-6, 2006-7, 2006-8, 2007-1, 2007-2, and 2007-3.
- You can complete and submit an online Claim Form by visiting www.NJBOSCreditSuisseSettlement.com. If you submit your Claim Form online, you must submit it at or before **11:59 p.m. (ET) on October 6, 2026**.
- To submit a Claim Form by mail, complete and sign this Claim Form and mail it to the following address postmarked no later than **October 6, 2026**:

NJBOS Credit Suisse Settlement
c/o A.B. Data, Ltd.
P.O. Box 173056
Milwaukee, WI 53217

- Submitting a Claim Form does not guarantee that you will get a restitution payment.
- If you do not submit a complete Claim Form by **October 6, 2026**, you will not get a restitution payment.
- You must provide all requested information for your Claim Form to be considered complete. If you have any questions, please contact the Claims Administrator at 1-877-254-8530 or info@NJBOSCreditSuisseSettlement.com.
- Submit a separate Claim Form for each separate legal entity or separately managed account (e.g., an individual should not combine his or her IRA holdings and transactions with holdings and transactions made solely in the individual’s name).
- If you have large numbers of transactions, you may request, or you may be requested, to submit information regarding your transactions in electronic files. Email info@NJBOSCreditSuisseSettlement.com or visit www.NJBOSCreditSuisseSettlement.com to obtain the required electronic filing template. Files that do not comply with the required template and format may be rejected. Your electronic files will not be considered properly submitted unless the Claims Administrator emails you a receipt and confirms in writing that they were accepted. Do not assume that your electronic files were received or processed until you receive a confirmation email from the Claims Administrator. If you do not receive a confirmation email within ten days after you submit your claim, contact the Claims Administrator at info@NJBOSCreditSuisseSettlement.com.

PART 1: CLAIMANT IDENTIFICATION

- Fill out Part 1 with the Claimant Identification information for all RMBS Trust Certificate beneficial owner(s).
 - If you purchased or acquired RMBS Trust Certificates and held those certificates in your name, you are the beneficial owner (holder) and the record owner.
 - If you purchased or acquired RMBS Trust Certificates through a third party, such as a nominee or brokerage firm, and the certificate(s) were registered in the name of the third party, you are the beneficial owner and the third party is the record owner.

This Claim Form must be filed by the beneficial owner(s), or their legal representatives, so their information must be provided in this section.

- Claimant Identification information, such as the beneficial owner's Social Security (or Taxpayer Identification) Number and telephone number may be used to verify the claim. If you do not provide the requested information, your claim may be rejected.

PART 2: SCHEDULE OF RMBS TRUST CERTIFICATE TRANSACTIONS

- Fill out Part 2 to provide all the details about your transactions in RMBS Trust Certificates.
 - Please list each transaction separately and in chronological order, by trade date, beginning with the earliest.
 - You must provide information about your transactions including any purchases, acquisitions, sales, and/or dispositions; any profits or losses; and the month, day, and year of each transaction. If you do not provide the requested transaction information, your claim may be delayed or rejected.
 - If you need more space or additional schedules, attach separate sheets with all the required information in substantially the same form. Sign and print or type your name on each additional sheet.
 - Attach copies of broker confirmations or other documents that support your listed transactions in RMBS Trust Certificates. If you do not provide supporting documents, your claim may be delayed or rejected.

PART 3: SIGN CLAIM FORM

- Sign the Claim Form.
 - All (joint) beneficial owners must sign the Claim Form.
 - Legal representatives, such as executors, administrators, guardians, conservators, and trustees, must complete and sign this Claim Form on behalf of persons and/or entities represented by them. All legal representatives must state their title and capacities and attach documents proving their legal authority to complete the claim.

SUBMIT YOUR CLAIM FORM BY OCTOBER 6, 2026.

- Submit your completed Claim Form online or by mail postmarked by **October 6, 2026**.

The Claims Administrator may request additional information to process your Claim Form.

PART I – CLAIMANT INFORMATION

Complete this section.

Beneficial Owner’s Name (First, Middle, Last)

Co-Beneficial Owner’s Name (First, Middle, Last) (if applicable)

Entity Name (if Beneficial Owner is not an individual)

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City State Zip Code

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Foreign Province, Postal Code, and Country (only if not United States)

Social Security Number or Taxpayer Identification Number

Telephone Number (home) Telephone Number (work)

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Email address (optional)

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

Claimant Account Type (check appropriate box):

- Individual (includes joint owner accounts)
 Pension Plan
 Trust
 Corporation
 Estate
 IRA/401K
 Other _____ (please specify)

PART II – SCHEDULE OF TRANSACTIONS IN RMBS TRUST CERTIFICATES

1. Complete this section about the transactions you had in the Credit Suisse RMBS Trust Certificates you purchased or otherwise acquired prior to December 18, 2013, for any of the following: Home Equity Mortgage Trust (“HEMT”) Series 2006-4, 2006-5, 2006-6, 2007-1, and 2007-2, and Home Equity Asset Trust (“HEAT”) Series 2006-4, 2006-5, 2006-6, 2006-7, 2006-8, 2007-1, 2007-2, and 2007-3. For a detailed list of included RMBS Trust Certificates, visit www.NJBOSCreditSuisseSettlement.com.

A. PURCHASES/ACQUISITIONS

List all purchases and/or acquisitions of included RMBS Trust Certificates you made.

Trade Date (List Chronologically) (Month/Day/Year)	CUSIP	Face Value	Price (excluding interest, commissions, taxes, and fees)	Total Cost (excluding interest, commissions, taxes, and fees)
/ /				
/ /				
/ /				
/ /				

B. DISTRIBUTIONS

List all principal distributions of included RMBS Trust Certificates that you received prior to December 18, 2013.

Trade Date (List Chronologically) (Month/Day/Year)	CUSIP	Face Value	Price (excluding interest, commissions, taxes, and fees)	Total Proceeds (excluding interest, commissions, taxes, and fees)
/ /				
/ /				
/ /				
/ /				

C. SALES/DISPOSITIONS

List all sales and/or dispositions of included RMBS Trust Certificates you made prior to December 18, 2013.

Trade Date (List Chronologically) (Month/Day/Year)	CUSIP	Face Value	Price (excluding interest, commissions, taxes, and fees)	Total Proceeds (excluding interest, commissions, taxes, and fees)
/ /				
/ /				
/ /				
/ /				

D. CERTIFICATES HELD

List all included RMBS Trust Certificates you held as of December 18, 2013.

CUSIP	Face Value

**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, YOUR ADDITIONAL PAGES WILL NOT BE REVIEWED.**

E. ATTACH REQUIRED DOCUMENTS

Attach copies of broker confirmations or other documents that support your listed transactions in RMBS Trust Certificates. DO NOT SEND ORIGINAL DOCUMENTS.

Supporting documents may include: (a) brokerage or trade confirmation slips, (b) monthly brokerage account statements, (c) an authorized statement from your broker containing the transactional and holding information, (d) a signed letter from your broker on firm letterhead verifying the information you are providing, or (e) other equivalent proof of your transactions.

All documentation must be legible and include all information necessary to support the information on your Claim Form. If the name appears different on the supporting documentation, you must provide proof of name/bank account change.

If you do not provide supporting documents, your claim may be delayed or rejected.

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.

PART III – SIGNATURE AND CERTIFICATIONS

I (We) declare UNDER PENALTY OF PERJURY, under the laws of the United States of America, that:

1. I (We) have read my (our) Claim Form, including any attachments and supporting documents, and verify that they are true and correct;
2. I (We) am (are) eligible to apply for a restitution payment and am (are) not excluded (as defined in the Plan of Allocation);
3. I (We) understand that the deadline to apply for a restitution payment is October 6, 2026, and if we do not submit our completed Claim Form and supporting documents by that deadline, our application may be rejected;
4. I (We) agree to provide additional information about this Claim Form if required by the Claims Administrator in order to receive a restitution payment;
5. I (We) have not authorized, nor am I (are We) aware of, anyone else who has filed a Claim Form on my (our) behalf for the same Securities covered in this Claim Form; and
6. All notices should be sent to me (us) at the information I (we) provided in this Claim Form, and I (we) will notify the Claims Administrator, in writing, if any of my (our) contact information changes.

I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Signature of Claimant

Date

Print Name of Claimant

Signature of Joint Claimant, if any

Date

Print name of Joint Claimant

If the Claimant is other than an individual, or is not the person completing this form, provide the following:

Signature of person signing on behalf of Claimant

Date

Print the Name of the person signing on behalf of Claimant

Capacity of person signing on behalf of Claimant, if other than an individual (e.g., administrator, executor, president, trustee, power of attorney, custodian, etc.) (You must provide evidence of your authority to act on behalf of the Claimant.)

REMINDER CHECKLIST:

1. **Sign the Claim Form.** Make sure your Claim Form is complete and signed.
2. **Attach Supporting Documents.** Attach **copies** of all required supporting documents. **DO NOT** provide originals of brokerage statements or other documents. They will not be returned.
3. **Do not highlight** any part of the Claim Form or your supporting documents.
4. **Keep copies.** Keep a copy of the Claim Form and supporting documents for your own records.
5. **Submit your Claim Form by October 6, 2026.** This Claim Form and your supporting documents must be submitted online at www.NJBOSCreditSuisseSettlement.com at or before **11:59 p.m. (ET) on October 6, 2026**, or mailed so it is postmarked no later than **October 6, 2026**, to:

NJBOS Credit Suisse Settlement
c/o A.B. Data, Ltd.
P.O. Box 173056
Milwaukee, WI 53217

If you want confirmation that your Claim Form was received, send your Claim Form certified mail, return receipt requested.

6. **Notice of Address or Name Changes.** Notify the Claims Administrator if your name, address, or any of your contact information changes in the future.
7. **Additional Questions?**

Call: 1-877-254-8530

Visit: www.NJBOSCreditSuisseSettlement.com

Email: info@NJBOSCreditSuisseSettlement.com

Write to: NJBOS Credit Suisse Settlement, c/o A.B. Data, Ltd., P.O. Box 173056, Milwaukee, WI 53217

Appendix C

Authorization Requirements

If you are a nominee filing on behalf of your account holders, you must include the following documentation:

- Affidavit attesting that your entity has legal rights and authorization from your account holders to file a Claim Form on their behalf **and** that your account holders understand that they are bound by and subject to the terms of all releases that may be entered in this NJBOSCreditSuisseSettlement.com etc.; and
- Authorization to sign on your account holders' behalf.

If you are a third party filing on behalf of a nominee, you must include an Affidavit attesting to the following:

- Your entity has the legal right and authorization from the nominee to file and sign any Claim Form on their behalf;
- Your entity has the legal right and authorization from the nominee's account holders to file and sign any of Claim Form on their behalf; and
- The account holders understand they are bound by and subject to the terms of all releases that may be entered in the Action.

If you are a third party filing on behalf of another party, you must include an Affidavit attesting to the following:

- Your entity has the legal right and authorization from the other party to file and sign any Claim Form on its behalf; and
- The other party understands it is bound by and subject to the terms of all releases that may be entered in the Action.

If you are not a nominee or a third party and would like to file claims electronically, you must include documentation supporting all transactional data of your claim as follows:

- Documents may include, but are not limited to, a) photocopies of stockbrokers' confirmation slips; b) photocopies of stockbrokers' monthly statements reflecting ALL transactional data and how it was compiled for the opening of the Eligibility Period; or c) a signed letter from your broker, on their letterhead, providing all of the information that would be found on a confirmation slip and/or other aforementioned documents.



Appendix D
Sample Cover Letter

LETTERHEAD

Re: NJBOS Credit Suisse Settlement

Date:

Enclosed is a fully executed master Claim Form with required authorizations and affidavits as well as an electronic media attachment, which is being filed in connection with the above-referenced matter on behalf of [COMPANY NAME(S) OR INDIVIDUAL NAME(S)] for the proprietary accounts of [ENTITY].

We, [ENTITY], hereby agree that further communication from the Claims Administrator may be conducted by email, and we accept sole responsibility to ensure the email address for [ENTITY] is updated in the event the email address provided on the master Claim Form should change.

The attachment consists of a [CD, DVD, OR FLASH DRIVE] containing [NUMBER] accounts/claims in [ASCII, MS EXCEL, OR MS ACCESS] format with [NUMBER OF TRANSACTIONS] transactions for Credit Suisse RMBS Trust Certificates as well as the closing positions held for [ENTITY]'s proprietary accounts. Each transaction contains corresponding account information for which the claims are being filed.

The total number of Credit Suisse RMBS Trust Certificates purchased or acquired [##.##] for the amount of [\$0.0000] and Credit Suisse RMBS Trust Certificates sold [##.##] for the amount of [\$0.0000] can be found on the enclosed [CD, DVD, OR FLASH DRIVE].

We, [ENTITY], attest that the data provided on the media attachment corresponds to [ENTITY]'s internal records.

I attest that the above information is true and correct.

Signature

Company Name

Job Title

Contact Information (including telephone number, fax number, and email address).



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Appendix E

Column	Field Name	Max Length	CREDIT SUISSE RMBS TRUST CERTIFICATES FIELD DESCRIPTION
A	Account Number	40	Account number associated with the proprietary account for which transactions are being submitted with this Claim Form.
B	Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which distributions should be mailed.
G	Attn:	40	Name of the person to whose attention distributions should be mailed.
H	Street 1	40	Street Address 1 for fund distribution.
I	Street 2	40	Street Address 2 for fund distribution.
J	City	25	City for fund distribution.
K	State	2	State for fund distribution.
L	Zip Code	5	Zip code for fund distribution.
M	Province	40	NON-US ONLY: Province and Postal Code for fund distribution.
N	Country	40	Country for fund distribution.
O	CUSIP/ISIN	10	CINS number or ISIN for common units.
P	Transaction Type/Holdings	2	P= Purchases/acquisitions during the Eligibility Period prior to December 18, 2013 FR = Free Receipts prior to December 18, 2013 D = Distribution Transactions through December 18, 2013 S = Sales/Dispositions during the Eligibility Period through December 18, 2013 FD = Free Deliveries prior to December 18, 2013 C = Certificates held as of December 18, 2013
Q	Trade Date	10	Trade date for transaction or holding date for opening and closing positions
R	Total Principal Amount Excluding Commissions/Taxes/Fees	19	Total principal amount purchased/sold with a transaction. No commas; use decimal point if needed. Up to four digits after decimal point.
S	Price Per \$100 Face Value EXCLUDING Commissions/Taxes/Fees	19	Price per \$100 Face Value (USD) of RMBS Trust Certificates, excluding commissions/taxes/fees, associated with a transaction. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Leave blank when providing opening positions or closing positions. Use zero when specifying free receipts and/or free deliveries.
T	Total Price EXCLUDING Commissions/Taxes/Fees	19	Aggregate cost or proceeds received (USD), including commissions/taxes/fees. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Use zero when specifying free receipts and/or free deliveries.

***All eligible RMBS Trust Certificates for each account must balance** All certificates for each Claim must balance. This means all purchases / acquisitions (including free receipts) through December 18, 2013 MUST EQUAL the total sales (including free deliveries) through and including December 18, 2013, plus the closing position. (P+FR=S+FD+C).

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix D for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.**

***Free Receipts and Free Deliveries are provided to balance your claim and will not result in a Recognized Loss under the Plan of Allocation. The original purchase and/or sale information relating to these certificates must be provided in your original filing in order to be eligible under the Plan of Allocation.**

Appendix F

Electronic Claim Filing Template Mapping Instructions Wire Request (Optional)

Column	Field Name	Max Length
A	Settlement Name	
Domestic Wire		
B	Beneficiary Name*	
C	Beneficiary Account #*	25
D	Bank Routing # (ABA#)*	9
E	Bank Name*	
F	Bank Address*	
G	Further Credit or other instructions	
International Wire***		
I	Swift #*	11
J	Bank Name*	
K	IBAN #*	34
L	Currency*	
M	Country	
N	Beneficiary Address	
O	Intermediary Bank Name	
P	Intermediary Bank Routing # (ABA#)	9
Q	Further Credit or other instructions	

***Required Fields**

****Eligible claims that meet the requirements for a share of the distribution in this submission, will be paid via mailed check unless the wire template is filled out in its entirety. Any missing or inaccurate information provided will result in default of the payment being sent via mailed check.**

*****If wire details are for a domestic transfer, please leave international wire section blank.**