

## **PROOF OF CLAIM**

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MINNESOTA

**WILLIAM DEAN, individually, on behalf of  
himself and all others similarly situated,**

**Plaintiff,**

**v.**

**CITY OF MONTICELLO, MINNESOTA,**

**Defendant.**

**Civ. No. 14-cv-00376 DFW/JSM**

### **GENERAL INSTRUCTIONS**

1. To be eligible to receive a recovery from the Distributable Settlement Amount, created as a result of the Settlement in the class action lawsuit entitled *Dean v. City of Monticello*, No. 14-cv-00376 (DFW/JSM) (the “Class Action Lawsuit”), you must complete and, on page 6 below, sign this Proof of Claim form. If you fail to submit a timely, properly completed and addressed Proof of Claim, your claim may be rejected and you may be precluded from any recovery from the Distributable Cash Settlement Amount.

2. Submission of this Proof of Claim form, however, does not ensure that you will share in the Distributable Settlement Amount, even if you are an Approving Class Member.

3. **YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM POSTMARKED NO LATER THAN AUGUST 18, 2014, ADDRESSED AS FOLLOWS:**

City of Monticello Securities Litigation  
c/o American Legal Claim Services  
P.O. Box 23650  
Jacksonville, FL 32241

**DO NOT MAIL your Proof of Claim to the Court, the City of Monticello, Class Counsel, or counsel for the City.**

4. If you are a member of the Class and you have not timely and validly requested to be excluded from the Class, you will be bound by the terms of the Order and Final Judgment entered by the Court, **WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM.**

5. Separate Proofs of Claim must be returned for each differently named or owned account (*e.g.*, individual account, IRA account, joint account, etc.). However, joint tenants, co-owners or UGMA custodians should file a single claim.

6. If the Settlement becomes final, the Trustee will distribute certain funds held under the Indenture (“Net Trust Funds”) to current holders of Bonds in accordance with the Indenture. Distribution of Net Trust Funds is separate from and independent of distributions of the Distributable Settlement Amount.

## **DEFINITIONS**

1. All capitalized terms not otherwise defined herein shall have the same meaning as set forth in the Notice that accompanies this Proof of Claim form.

## **PROOF OF CLAIM FORM**

Use blue or black ink only

**MUST BE POSTMARKED NO LATER THAN AUGUST 18, 2014.**

### **PART I: CLAIMANT IDENTIFICATION**

Complete either Section A or B and then proceed to Section C

A. Complete this section only if the bond holder is an individual, joint or IRA account

Last Name	First Name	Middle Initial

Last Name (joint owner, if applicable)	First Name (joint owner)	Middle Initial (joint owner)

Name of IRA Custodian, if applicable

B. Complete this section only if the bond holder is an Entity (corporation, trust, estate, etc.)

Entity Name	Name of Representative, if applicable (executor, trustee, c/o, etc.)

C. Account Information

Specify one of the following:

- ☐ Individual(s) ☐ Corporation ☐ UGMA Custodian ☐ IRA ☐ Partnership ☐ Estate ☐ Trust  
☐ Other

Number and Street or P.O. Box	City	State	Zip Code
Foreign Province and Postal Code (if applicable)	Foreign Country		
Telephone Number (day)	Telephone Number (evening)		

E-Mail Address	Account Number

Enter taxpayer identification information for joint owners:

Social Security Number (for individuals)	or	Taxpayer Identification Number.

**PART II: SCHEDULE OF TRANSACTIONS IN BONDS**

A. Purchases of Monticello Telecommunications Revenue Bonds Series 2008 (the “Bonds”):

Date	Number of Bonds Purchased	Purchase Price Per Bond	Total Purchase Price

B. Sales of Monticello Telecommunications Revenue Bonds Series 2008 (the “Bonds”):

Date	Number of Bonds Sold	Sale Price Per Bond	Total Sale Price

C. Principal Amount of Monticello Telecommunications Revenue Bonds Series 2008 that I owned at the close of the market on May 1, 2014:

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(If none, write “zero” or “0”; if other than zero, must be documented).....PRINCIPAL AMOUNT OF BONDS

*If you require additional space, attach extra schedules in the same format as above.*

*Sign and print your name on each additional page.*

In order to receive the full monetary amount of the settlement, **you must attach copies of documentation to support the information listed above.** (These would include account statements, invoices, and other documentation showing the amount that you paid to purchase the Bonds, and/or the amount received when you sold the Bonds. Do NOT send copies of your bond certificates, if any)

**PART III: SUBMISSION TO THE JURISDICTION OF THE COURT AND ACKNOWLEDGEMENTS**

I (We) submit this Proof of Claim under the terms of the Settlement Agreement and Release of All Claims, dated September 23, 2013 (“Settlement Agreement”) described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the District of Minnesota with respect to my (our) claim as a member(s) of the Class and for purposes of enforcing the release set forth in the Settlement Agreement. I (We) further acknowledge that I (we) will be bound by and subject to the terms of any Order and Final Judgment that may be entered in the Action. I (We) agree to furnish additional information to the Administrator to support this claim if requested to do so. I (We) have not submitted any other claim in this Settlement covering the same purchases, acquisitions, sales or holdings of the Bonds and know of no other person having done so on my (our) behalf.

**PART IV: SUBSTITUTE FORM W-9**

Request for Taxpayer Identification Number (“TIN”) and Certification

NAME: \_\_\_\_\_

Check appropriate box:

☐ Individual/Sole Proprietor    ☐ Pension Plan    ☐ Corporation    ☐ Partnership    ☐ Trust    ☐ IRA

☐ Other: \_\_\_\_\_

Enter TIN on appropriate line.

For individuals, this is your social security number (“SSN”).

For sole proprietors, you must show your individual name, but you may also enter your business or “doing business as” name. You may enter either your SSN or your Employer Identification Number.

Social Security Number (for individuals)	or	Taxpayer Identification Number.

**PART V: CERTIFICATION**

UNDER THE PENALTY OF PERJURY, I (WE) CERTIFY THAT:

1. I (We) have read the contents of the Notice and the Proof of Claim, including the releases provided for in the Settlement;
2. I (We) hereby warrant and represent that I am (we are) Class Member(s), as defined in the Notice, and am (are) not excluded from the Class as defined in the Notice;
3. I (We) own(ed) the Bonds identified in the Proof of Claim, or that, in signing and submitting this Proof of Claim, I (we) have the authority to act on behalf of the owner(s) thereof;
4. I (We) desire to participate in the Settlement described in the Notice and agree to the terms and conditions thereof;

5. I (We) waive trial by jury, to the extent it exists, and agree to the Court's summary disposition of the determination of the validity or amount of the claim made by this Proof of Claim;

6. The number shown on this form is my correct TIN or SSN;

7. 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 Internal Revenue Service that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the Internal Revenue Service has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you must cross out the above paragraph. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

8. 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 and that the documents submitted herewith are true and genuine.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2014 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 the 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.)

**Prior to submitting your Proof of Claim, refer to the Reminder Checklist on the next page to ensure proper completion.**

## **REMINDER CHECKLIST**

1. Please be sure to sign this Proof of Claim on page 6. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
2. Please remember to attach supporting documentation. Do NOT send any bond certificates. Keep copies of everything you submit.
3. Do NOT use highlighter on the Proof of Claim or any supporting documents.
4. If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.
5. This Proof of Claim must be submitted no later than August 18, 2014, and must be mailed to:

**City of Monticello Securities Litigation  
c/o American Legal Claim Services  
P.O. Box 23650  
Jacksonville, FL 32241**