Must be Postmarked No Later Than March 10, 2015

Tennessee Commerce Bancorp Settlement c/o GCG PO Box 10096 Dublin, OH 43017-6696 1-800-231-1815 www.gcginc.com





Claim Number:

Control Number:

# PROOF OF CLAIM AND RELEASE

YOU MUST COMPLETE THIS CLAIM FORM AND HAVE IT POSTMARKED BY MARCH 10, 2015 TO BE ELIGIBLE TO SHARE IN THE SETTLEMENT.

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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:

ABCDEFGHIJKLMNOPQRSTUVWXYZ12345670



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PART I - CLAIMANT IDENTIFICATION

Claimant or Representative Contact Inf	ormation:		
The Claims Administrator will use this informat If this information changes, you MUST notify the	ion for all communications relevant to ne Claims Administrator in writing at the	this Claim (including the check, if eligi e address above.	ble for payment).
Claimant Name(s) (as you would like th	e name(s) to appear on the check,	if eligible for payment):	
Street Address:			
City:		Last 4 digits of Claima	ont SSN/TIN-1
City.		Last 4 digits of Claima	
State: Zip Code: Country	y (if Other than U.S.):		
Name of the Person you would like th Claimant Name(s) listed above:):	e Claims Administrator to Conta	ict Regarding This Claim (if differ	ent from the
Daytime Telephone Number:	Evening	Telephone Number:	
Email Address (Email address is not required, bu	It if you provide it you authorize the Claims Administ	rator to use it in providing you with information rele	vant to this claim.)
Check appropriate box (check only o	ne box):		
Individual	Corporation	IRA	Trust

**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 electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the website at www.gcginc.com or you may e-mail the Claims Administrator at 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 an email within 10 days of your submission, you should contact the electronic filing department at eClaim@gcginc.com to inquire about your file and confirm it was received and acceptable.

Other (specify:

**Joint Tenancy** 

#### To view GCG's Privacy Notice, please visit http://www.gcginc.com/privacy

<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.

## PART II - INSTRUCTIONS

#### I. GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the class action entitled *Lynn v. Helf, et al.*, Case No. 3:12-CV-01137 (the "Litigation"), you must complete and, on page 5 hereof, sign this Proof of Claim and Release form ("Proof of Claim"). If you fail to timely file a properly addressed (as set forth in paragraph 3 below) Proof of Claim, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the settlement of the Litigation.

2. Submission of this Proof of Claim, however, does not assure that you will share in the proceeds of settlement in the Litigation.

3. YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM POSTMARKED ON OR BEFORE MARCH 10, 2015, ADDRESSED AS FOLLOWS:

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4. If you are NOT a Class Member (as defined in the Notice of Pendency and Proposed Settlement of Class Action (the "Notice")), DO NOT submit a Proof of Claim.

5. If you are a Class Member and you did not timely request exclusion in connection with the settlement, you are bound by the terms of any judgment entered in the Litigation, including the releases provided therein, REGARDLESS OF WHETHER YOU SUBMIT A PROOF OF CLAIM.

#### II. CLAIMANT IDENTIFICATION

1. If you purchased or otherwise acquired Tennessee Commerce Bancorp, Inc. ("TNCC") common stock between April 18, 2008 and January 27, 2012, inclusive ("Class Period") and held the certificate(s) in your name, you are the beneficial purchaser or acquirer as well as the record purchaser or acquirer. If, however, you purchased or otherwise acquired the common stock of TNCC during the Class Period and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser or acquirer and the third party is the record purchaser or acquirer.

2. Use Part I of this form entitled "Claimant Identification" to identify the beneficial purchaser or acquirer of the common stock of TNCC which forms the basis of this claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S), OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S), OF THE COMMON STOCK OF TNCC UPON WHICH THIS CLAIM IS BASED.

3. All joint purchasers or acquirers must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

#### III. CLAIM FORM

1. Use Part III of this form entitled "Schedule of Transactions in TNCC Common Stock" to supply all required details of your transaction(s) in TNCC common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all of the requested information with respect to all of your purchases or acquisitions and all of your sales of TNCC common stock which took place at any time between April 18, 2008 and January 27, 2012, inclusive, whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to all of the TNCC common stock you held at the close of trading on April 17, 2008 and as of the close of trading on April 26, 2012. Failure to report all such transactions may result in the rejection of your claim.

3. List each transaction during the Class Period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

4. The date of covering a "short sale" is deemed to be the date of purchase of TNCC common stock. The date of a "short sale" is deemed to be the date of sale of TNCC common stock.

5. Copies of broker confirmations or other documentation of your transactions in TNCC common stock should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.





	PART III - SCHEDULE OF TRANSACTIONS IN TNCC COMMON STOCK			
	LDINGS: Number of s 17, 2008. If none, write	hares of TNCC common st a "zero" or "0".	ock held at the close of	Shares
<ul> <li>B. PURCHASES/ACQUISITIONS: Purchases or Acquisitions of TNCC common stock from April 18, 2008 through January 27, 2012, inclusive. (Must be documented.)</li> </ul>				
Date(s) of Purchase/Acquisition (List Chronologically) (Month/Day /Year)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase or Acquisition Price (excluding taxes, commissions and fees)	Check this box if the purchase listed covered a "short sale".
		er of shares of TNCC comn d <b>April 26, 2012,</b> inclusive.		Shares
IMPORTANT: If you rec and the company acqu		an acquisition or merger	, please identify the date, t	he share amount
(Month/Day /Year)	Merger Shares		Company	
D. SALES: Sales of (Must be docume		from <b>April 18, 2008</b> through	April 26, 2012, inclusive.	
		from <b>April 18, 2008</b> through	Total Sale Price (excluding taxes, commissions and fees)	Check this box if the sale covered was a "short sale".
(Must be docume Date(s) of Sale (List Chronologically)	Number of Shares		Total Sale Price (excluding taxes,	sale covered was a
(Must be docume Date(s) of Sale (List Chronologically)	Number of Shares		Total Sale Price (excluding taxes,	sale covered was a
(Must be docume Date(s) of Sale (List Chronologically)	Number of Shares		Total Sale Price (excluding taxes,	sale covered was a
(Must be docume Date(s) of Sale (List Chronologically)	Number of Shares		Total Sale Price (excluding taxes,	sale covered was a
(Must be docume     Date(s) of Sale   (List Chronologically)   (Month/Day /Year)     Image: Image	Inted.)		Total Sale Price (excluding taxes, commissions and fees)	sale covered was a

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IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL **NOT** BE REVIEWED



### PART IV – SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

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I (We) submit this Proof of Claim under the terms of the Stipulation of Settlement described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Middle District of Tennessee, Nashville Division, with respect to my (our) claim as a Class Member and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Litigation. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so. I (We) have not submitted any other claim covering the same purchases or sales of TNCC common stock during the Class Period and know of no other person having done so on my (our) behalf.

### PART V – RELEASE

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge all Released Claims against the Released Persons, as set forth in the Notice of Settlement.

2. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

3. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases or acquisitions and sales of the common stock of TNCC which occurred between April 18, 2008 and January 27, 2012, inclusive, and the amount of TNCC common stock held by me (us) at the close of trading on April 17, 2008, and at the close of trading on April 26, 2012.

I 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.

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

Signature of Claimant (if this claim is being made on behalf of Joint Claimants, then each must sign.)

Signature of Claimant

Print Name of Claimant

Signature of Joint Claimant, if any

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	Completing	Form
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Print Name of Person Completing Form

Date

Date

Date

Capacity of person signing on behalf of claimant, if other than an	
individual, e.g., executor, president, trustee, custodian, etc.	



- 1. Please sign the Signature Section of the Proof of Claim and Release form.
- 2. If this Proof of Claim and Release form is being made on behalf of Joint Claimants, then both must sign.
- 3. Remember to attach supporting documentation.

### 4. DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.

- 5. Keep a copy of your Proof of Claim and Release form and all documentation submitted for your records.
- 6. The Claims Administrator will acknowledge receipt of your Proof of Claim 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.
- 7. If you move, please send your new address to the Claims Administrator at the address below.
- 8. Do not use highlighter on the Proof of Claim and Release form or supporting documentation.

# THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN MARCH 10, 2015 AND MUST BE MAILED TO:

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