

**Must be
Postmarked
No Later Than
June 17, 2013**

HCE Distribution Plan
c/o GCG
PO Box 9950
Dublin, Ohio 43017-5950
Toll-Free: 1 (855) 590-8694

CLY



Claim Number:

Control Number:

PROOF OF CLAIM

YOU MUST COMPLETE AND MAIL THIS CLAIM FORM POSTMARKED BY JUNE 17, 2013 TO BE ELIGIBLE TO SHARE IN THE SEC SETTLEMENT WITH CLAYMORE.

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PART I - INSTRUCTIONS FOR FILING PROOF OF CLAIM

It is important that you completely read and understand the Plan of Distribution and Notice of Plan of Distribution. Both documents describe the Settlement and how Eligible Investors can participate in the Settlement. These documents also contain the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, each claimant will be certifying that it/she/he has read and understands the Notice and Plan of Distribution, including the Appendix for net loss calculation.

By signing and submitting this Claim Form, each claimant will be certifying that the claimant is (or is acting on behalf of a Person that is) an Eligible Investor, which is defined as: a person who owned one or more common shares of HCE during the period from August 19, 2008 through October 20, 2008 and suffered net losses attributable to the five derivative transactions. Excluded from the category of Eligible Investors are directors, officers, and employees of Fiduciary Asset Management, LLC, HCE, and Claymore, or any affiliates of those entities.

Submission of this Claim Form does not guarantee that you will share in the fund. Distribution of the fund will be governed by the net loss formula set forth in the Notice.

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all portions of this Proof of Claim form.
2. You must sign the Proof of Claim form.
3. You must attach to the Proof of Claim form legible copies of broker confirmation slips, monthly brokerage statements or other satisfactory proof confirming your purchases and sales, your closing balance as of August 18, 2008 and opening balance as of October 21, 2008 of HCE shares. **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 SHARE IN THE PLAN OF DISTRIBUTION.**
4. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.
5. You must mail the completed and signed Proof of Claim and supporting documents by first-class mail, postage prepaid, postmarked no later than June 17, 2013 to:

HCE Distribution Plan
c/o GCG
PO Box 9950
Dublin, OH 43017-5950



PART III - HCE TRANSACTIONS

YOU MUST SUBMIT DOCUMENTATION SUPPORTING THE INFORMATION BELOW

A. BEGINNING HOLDINGS: List the number of shares of HCE common stock owned at the close of business on **August 18, 2008**. If none, write "zero" or "0". (Must be documented.)

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| | | | | | | | | | |
| Shares | | | | | | | | | |

B. PURCHASES: List (in chronological order) all purchases of HCE common stock made between **August 19, 2008** through **October 20, 2008**, inclusive. (Must be documented.)

| Date(s) of Purchase List Chronologically (Month/Day /Year) | Number of Shares Purchased | Purchase Price Per Share | Net Amount Paid (Excluding taxes, fees, other commissions) | Check this Box if These Shares Were a Gift or Transfer |
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C. SALES: List (in chronological order) all sales of HCE common stock made between **August 19, 2008** through **October 20, 2008**, inclusive. (Must be documented.)

| Date(s) of Sale List Chronologically (Month/Day /Year) | Number of Shares Sold | Sale Price Per Share | Net Amount (Excluding taxes, fees, other commissions) | Check this Box if These Shares Were a Gift or Transfer |
|--|--------------------------|-------------------------|---|---|
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D. ENDING HOLDINGS: List the number of shares of HCE common stock owned at the open of business on **October 21, 2008**. If none, write "zero" or "0". (Must be documented.)

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|--------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| Shares | | | | | | | | | |

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 THESE ADDITIONAL PAGES WILL NOT BE REVIEWED



PART IV - CERTIFICATION AND SIGNATURE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

- 1. I am (we are) not: A director, officer, or employee of Fiduciary Asset Management, LLC, HCE, or Claymore or an affiliate of one of these entities.
2. If signing this Proof of Claim form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Proof of Claim Form;
3. I understand that the Plan Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Plan Administrator for those purposes. If necessary, I authorize the Plan Administrator to obtain and review any and all trading records relevant to my transactions in Claymore Common Stock from any brokerage firm or other entity that has possession of such records, and further consent to the release of such records by such brokerage firm or other entity to the Plan Administrator;
4. I agree that under no circumstances shall the Plan Administrator or its agents incur any liability to me or to any other person if it makes a distribution in accordance with the list of all Eligible Claimants and their Approved Claims as approved by the Court and that I am enjoined from taking any action in contravention of this provision;
5. I agree that upon receipt and acceptance by me of a distribution from the fund, I shall be deemed to have released all claims that I may have against the Plan Administrator and its agents and shall be deemed enjoined from prosecuting or asserting any such claims; and

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim form by the undersigned is true and correct and that the documents submitted herewith are true and genuine.

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

Signature of Claimant

Date

Print your name here

Signature of joint claimant, if any

Date

Print your name here

If the 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

Date

Print your name here

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