

{% set address = data[0] %}  
{% set x = address.clm\_no|fnbarcode %}  
{{address.Proj\_name}}  
{{address.company\_addr1}}  
{{address.company\_addr2}} {{address.Asp}}  
{{address.company\_addr3}} {{address.name}}  
{{address.company\_city}}, {{address.company\_state}} {{address.company\_zip5}}-{{address.company\_zip4}}  
{{address.company\_phn}}  
{{address.project\_bar\_code}}



{{address.nm\_addr\_txt\_1}}  
{{address.nm\_addr\_txt\_2}}  
{{address.nm\_addr\_txt\_4}}  
{{address.us\_city\_nm}}  
{{address.project\_name}}

**Claim No:** {{address.clm\_no}}

**Mailing Date :** {{address.mail\_dt}}

**Response Due Date :**

{{address.Response\_Due\_Date}}

**Claim No :** {{address.clm\_no}}

**Eligible Securities :** {{address.eligible\_sec}}

**Class Period :** {{address.class\_period}}

### **NOTICE OF CONDITIONAL REJECTION OF YOUR ENTIRE CLAIM**

Dear Claimant :

The Claim Form you submitted in the {{address.Proj\_name}} was processed and conditionally rejected in its entirety pursuant to the terms of the Settlement as approved by the Court. The reason(s) for the rejection of your eis on the back of this letter.

**NO FURTHER ACTION IS REQUIRED IF YOU AGREE WITH OUR DETERMINATIONS AND/OR DO NOT WISH TO FIX YOUR CLAIM.**

**TO FIX OR OTHERWISE COMPLETE YOUR CLAIM, PLEASE FOLLOW THE DIRECTIONS ON THE BACK OF THIS LETTER.**

If you have any questions regarding this letter, please call the Claims Administrator at 1-877-782-8059 for a detailed description of the reasons your Claim Form has been rejected.

Sincerely,

The Claims Administrator  
{{address.Proj\_name}}

**\*\*\*THIS IS THE ONLY NOTICE YOU WILL RECEIVE FOR THIS CLAIM\*\*\*  
*IMPORTANT INFORMATION ABOUT YOUR CLAIM AND THE NEXT STEPS YOU MAY TAKE ARE ON THE BACK OF THIS LETTER. IF YOU HAVE ADDITIONAL QUESTIONS, PLEASE CALL US AT 1-877-782-8059.***

**YOU MUST INCLUDE A COPY OF THIS LETTER WITH ANY RESPONSE AND YOU MUST REFERENCE YOUR CLAIM NUMBER ON ALL CORRESPONDENCE AND DOCUMENTATION.**

### **PROBLEM(S) WITH YOUR CLAIM:**

#### **YOUR CLAIM IS MISSING INFORMATION AND/OR APPROPRIATE SUPPORTING DOCUMENTATION FOR CERTAIN TRANSACTIONS.**

The specific transactions at issue are listed in the chart below. The part of the chart that is blank indicates where information is missing.

Transaction	Security	Trade Date	Number of shares	Price per share	Net Amount {%- for d in data -%}
{{d.Transactions}}	{{d.sec_shrt_nm}}	{{d.sec_tran_dtm}}	{{d.sec_tran_qty}}	{{d.sec_tran_prc_amt}}	{{d.sec_tran_ttl_amt}} {%- endfor -%}

### **HOW TO FIX YOUR CLAIM:**

If there is a blank space in information about the transaction(s) listed above, you must (1) return this letter, (2) fill in the blank spaces above with the missing information (if there is an "XXX" but no blank space, then that information is not needed), **and** (3) attach appropriate supporting documentation, such as periodic brokerage statements or broker's trade confirmations (handwritten or self-generated information is not acceptable) showing the transaction(s) listed above. If no information for the transaction(s) listed above is missing, then you need only return this letter **along with** appropriate supporting documentation.

If you do not intend to supply additional information/documentation, and you still disagree with the determination, you may request Court review of the determination. To request Court review, you must send a letter to the claims administrator within twenty (20) days of the date of this letter and it must: (1) specifically state that you "request that the Court review the rejection of your claim," (2) state your argument(s) for why your claim should be accepted, (3) attach any supporting documents you may have to support your argument, and (4) be signed. Please also include a copy of this letter when requesting Court review of the rejection of your claim. Your claim and its administrative rejection will be presented to the Court for review.