

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

In re LEHMAN BROTHERS SECURITIES
AND ERISA LITIGATION

This Document Applies To:

In re Lehman Brothers Equity/Debt
Securities Litigation, 08-CV-5523-LAK

Case No. 09-MD-2017 (LAK)

ECF CASE

**MUST BE POSTMARKED
NO LATER THAN FEBRUARY 4, 2014**

PROOF OF CLAIM AND RELEASE

DEADLINE FOR SUBMISSION: FEBRUARY 4, 2014.

IN RE LEHMAN BROTHERS EQUITY/DEBT SECURITIES LITIGATION
(STRUCTURED PRODUCTS LITIGATION)

CLAIMS ADMINISTRATOR

c/o A.B. DATA, LTD.

PO BOX 170707

MILWAUKEE, WI 53217

info@LehmanSPSettlement.com

IF YOU BOUGHT OR ACQUIRED ANY OF THE “STRUCTURED PRODUCTS” LISTED ON EXHIBIT A TO THE NOTICE OF PENDENCY OF CLASS ACTION AND PROPOSED SETTLEMENT (THE “NOTICE”), YOU MAY BE A “CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS.

Please note that this Settlement relates to securities known as “Structured Products” that were issued by Lehman Brothers Holdings Inc. and underwritten and sold by UBS Financial Services Inc. in 2007 and 2008. Even if you have already submitted a claim form in connection with an earlier settlement in any Lehman-related litigation (as described in the Notice), you must submit a new Claim Form to participate in this Settlement.

IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THE NOTICE AND THE PLAN OF ALLOCATION INCLUDED IN THE NOTICE. THE NOTICE AND PLAN OF ALLOCATION DESCRIBE THE PROPOSED SETTLEMENT, HOW CLASS MEMBERS WILL BE AFFECTED BY THE SETTLEMENT, AND THE MANNER IN WHICH THE NET SETTLEMENT FUND WILL BE DISTRIBUTED IF THE COURT APPROVES THE SETTLEMENT AND THE PLAN OF ALLOCATION.

You are **not** a Class Member if:

- You are one of the Defendants (as defined in the Stipulation), or a current or former executive officer or director of any Defendant or a member of any of their immediate families, or an immediate family member of any of the Defendants named in the Third Amended Class Action Complaint filed on April 23, 2010, in *In re Lehman Brothers Securities and ERISA Litigation*, Case No. 09-MD-2017 (S.D.N.Y.);¹ or
- You represent an entity in which a Defendant owns a majority interest, provided, however, that you are not excluded if you are an investment company or pooled investment fund, including without limitation mutual fund families, exchange-traded funds, fund of funds and hedge funds, in which any Defendant has or may have a direct or indirect interest, or as to which it or its affiliates may act as an investment advisor, but in which Defendant or any of its affiliates is not a majority owner or does not hold a majority beneficial interest; or
- You litigated claims against UBS Financial Services Inc. (“UBSFS”) relating to the Structured Products in any forum and received a judgment; or
- You settled and released claims against UBSFS arising out of the purchase of the Structured Products; or
- You are the legal representative, heir, successor or assign of an excluded party; or
- You exclude yourself by submitting a request for exclusion that complies with the requirements and deadline set forth in the Notice.

If you are not a Class Member, you are not eligible for any settlement benefits described in the Notice and you should not submit this form.

If you are a Class Member, you must complete and submit this form to be eligible for any settlement benefits.

¹ A copy of the complaint is available at LehmanSPSettlement.com.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE FORM (THE "CLAIM FORM") AND EITHER COMPLETE AND FILE IT ONLINE AT LEHMANSPPSETTLEMENT.COM NO LATER THAN MIDNIGHT ON FEBRUARY 4, 2014, OR MAIL IT BY FIRST-CLASS MAIL TO THE FOLLOWING ADDRESS, TO BE POSTMARKED NO LATER THAN FEBRUARY 4, 2014:

IN RE LEHMAN BROTHERS EQUITY/DEBT SECURITIES LITIGATION
(STRUCTURED PRODUCTS LITIGATION)
CLAIMS ADMINISTRATOR
c/o A.B. DATA, LTD.
PO BOX 170707
MILWAUKEE, WI 53217

IF YOUR ONLINE CLAIM IS NOT RECEIVED BY FEBRUARY 4, 2014, OR YOUR CLAIM FORM IS NOT POSTMARKED BY FEBRUARY 4, 2014, YOUR CLAIM MAY BE REJECTED AND YOU MAY NOT RECEIVE ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION.

You must submit your Claim Form only to the Claims Administrator. A Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator. If you wish to be assured that your Claim Form is actually received by the Claims Administrator, you should send it by Certified Mail, Return Receipt Requested. No acknowledgment will be made as to the receipt of your Claim Form.

Do not mail or deliver your Claim Form directly to the Court or to any of the parties or their counsel, as doing so does not constitute a valid submission of your claim. Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. Distribution of the Net Settlement Fund will be governed by the Plan of Allocation for the Settlement, if it is approved by the Court, or by such other plan of allocation as the Court approves.

STATEMENT OF CLAIM AND RELEASE

1. I bought or acquired one or more of the Structured Products listed on Exhibit A to the Settlement Notice for my benefit or for the benefit of the person or entity that is a Class Member.²
2. By submitting this Claim Form, I state that I believe in good faith that I am a Class Member, as defined above and in the Notice, or am acting for a person or entity that is a Class Member; that I am not excluded from the Settlement Class; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; that I have not obtained a judgment or settled or released my claims against UBSFS with respect to the Structured Products listed on Exhibit A; and that I have not filed a request for exclusion.
3. I have included below all relevant information about each purchase or acquisition, and any sales, of the Structured Products listed on Exhibit A to the Notice.
4. In support of my claim, I have enclosed or attached copies of transaction confirmations, UBS or other brokerage account statements, relevant portions of my tax returns or other documents evidencing each purchase, acquisition, or sale of the Structured Products listed below.³
5. I understand that the information in this Claim Form is subject to verification by the Claims Administrator or the Court, and I agree to cooperate in any request for verification or additional information.⁴
6. On the Effective Date (as defined in the Stipulation of Settlement), my signature will constitute confirmation of a full and complete release by me or by any person or entity on whose behalf I am submitting this Proof of Claim of the Released Claims (as defined in the Stipulation of Settlement).
7. NOTICE REGARDING ELECTRONIC FILES: Class Members with large numbers of transactions (greater than 50) may request or may be asked to submit information regarding their transactions in electronic files. All Class Members MUST submit a manually signed paper Proof of Claim Form listing all their Structured Product transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator by emailing efiling@abdata.com, calling 800-949-0194 or visiting the Settlement website at LehmanSPSettlement.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to such filer a written acknowledgment of receipt and acceptance of electronically submitted data.

² If you are acting in a representative capacity on behalf of a Class Member (e.g., as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member, such as letters testamentary, letters of administration, or a copy of relevant trust documents.

³ If you do not have documentation of your purchases, acquisitions, or sales of the Structured Products, please obtain documentation from your financial advisor or tax advisor, because these documents are necessary to prove and process your claim.

⁴ The Claims Administrator may request additional information if it is necessary to efficiently and reliably calculate the Recognized Claim (as defined in the Plan of Allocation). In some cases the Claims Administrator may condition acceptance of the claim on the production of additional information.

For Official Use Only

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SOUTHERN DISTRICT OF NEW YORK

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In re Lehman Brothers Equity/Debt Securities Litigation

Case No. 08-CV-5523 (LAK)

PROOF OF CLAIM AND RELEASE

PLEASE TYPE OR PRINT

Last Name (Claimant)

First Name (Claimant)

Last Name (Beneficial Owner If Different From Claimant)

First Name (Beneficial Owner)

Last Name (Co-Beneficial Owner)

First Name (Co-Beneficial Owner)

Company/Other Entity (If Claimant Is Not an Individual)

Contact Person (If Claimant Is Not an Individual)

Record Owner's Name (If Different From Beneficial Owner Listed Above, e.g., Brokerage Firm, Bank, Nominee, Other, etc.)

Account Number (If Claimant Is Not an Individual)

Trust/Other Date (If Applicable)

Address Line 1

Address Line 2 (If Applicable)

City

State

Zip Code

Telephone Number (Day)

Telephone Number (Night)

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Email Address [an email address is not required, but if you provide it, you authorize the Claims Administrator to use it in providing you with information relevant to this claim.]

Check Here to Use Alternate Address for Distribution (Optional)

Distribution Address Line 1

Distribution Address Line 2 (If Applicable)

City

State

Zip Code

IDENTITY OF CLAIMANT (check only one): Individual Corporation Joint Owners Estate Trust Partnership Private Pension Fund Legal Representative
 IRA, Keogh, or Other Type of Individual Retirement Plan (indicate type of plan, mailing address, and name of current custodian on separate sheet)
 Other (specify, describe on separate sheet) _____

Employer Identification Number (EIN for estates, trusts, corporations, etc.)

		-									
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Social Security Number (SSN for individuals)

				-			-					
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8. I MADE THE FOLLOWING PURCHASES OF STRUCTURED PRODUCTS LISTED ON EXHIBIT A (must be documented):

Product Code (see Exhibit A)	Date(s) of Purchase (List Chronologically) (Month/Day/Year)	Number of Notes Purchased	Purchase Price Per Note in USD	Aggregate Cost in USD (net of commissions, taxes, and fees)	Proof of Purchase Enclosed
	/ /				<input type="radio"/> Y <input type="radio"/> N
	/ /				<input type="radio"/> Y <input type="radio"/> N
	/ /				<input type="radio"/> Y <input type="radio"/> N
	/ /				<input type="radio"/> Y <input type="radio"/> N
	/ /				<input type="radio"/> Y <input type="radio"/> N
	/ /				<input type="radio"/> Y <input type="radio"/> N
	/ /				<input type="radio"/> Y <input type="radio"/> N

9. I MADE THE FOLLOWING SALES OF THE STRUCTURED PRODUCTS LISTED ON EXHIBIT A (must be documented):

Product Code (see Exhibit A)	Date(s) of Sale (List Chronologically) (Month/Day/Year)	Number of Notes Sold	Sale Price Per Note in USD	Amount Received in USD (net of commissions, taxes, and fees)	Proof of Sale Enclosed
	/ /				<input type="radio"/> Y <input type="radio"/> N
	/ /				<input type="radio"/> Y <input type="radio"/> N
	/ /				<input type="radio"/> Y <input type="radio"/> N
	/ /				<input type="radio"/> Y <input type="radio"/> N
	/ /				<input type="radio"/> Y <input type="radio"/> N
	/ /				<input type="radio"/> Y <input type="radio"/> N
	/ /				<input type="radio"/> Y <input type="radio"/> N

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THE RELEVANT PAGES AND LIST ANY ADDITIONAL INFORMATION.

10. I HELD THE FOLLOWING STRUCTURED PRODUCTS LISTED ON EXHIBIT A AS OF THE CLOSE OF TRADING ON THE DATE I SUBMITTED THIS CLAIM FORM (must be documented):

Product Code (see Exhibit A)	Number of Notes Held	Proof Enclosed
<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N

11. I received the following amount of restitution pursuant to an April 2011 consent decree between the Financial Industry Regulatory Authority (FINRA) and UBSFS pertaining to certain Structured Products listed on Exhibit A:

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SUBSTITUTE FORM W-9

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER:

Enter Taxpayer Identification Number below for the Beneficial Owner(s). For most individuals, this is your Social Security number. The Internal Revenue Service (IRS) requires your Taxpayer Identification Number. If you do not provide this information, your claim may be rejected.

Social Security number (for individuals)

OR

Taxpayer Identification Number (for estates, trusts, corporations, etc.)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

CERTIFICATION

UNDER THE PENALTY OF PERJURY, I/WE CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE.

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 IRS that I am/we are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us that I am/we are no longer subject to backup withholding.

NOTE: If you have been notified by the IRS that you are subject to backup withholding, please cross out the language above that says that you are not subject to backup withholding.

I/We certify that I am/we are a U.S. person and I am/we are exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Executed this _____ day of _____ (month/year) in _____ (city/state).

Signature of Claimant

Type or Print Your Name Here

Signature of Joint Claimant, if any

Type or Print Your Name Here

Capacity of Person(s) Signing (e.g., Beneficial Owner, Purchaser, Executor, Administrator, Trustee, etc.)

YOU MUST COMPLETE AND SIGN THIS CLAIM FORM AND EITHER FILE IT ONLINE AT LEHMANSPPSETTLEMENT.COM NO LATER THAN MIDNIGHT ON FEBRUARY 4, 2014, OR MAIL IT BY FIRST-CLASS MAIL TO THE FOLLOWING ADDRESS, TO BE POSTMARKED NO LATER THAN FEBRUARY 4, 2014:

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You should be aware that it may take up to six months from the deadline for submission of Claim Forms for the Claims Administrator to process fully all of the Claim Forms and to administer the Settlement. This work will be completed as promptly as possible, given the need to investigate and tabulate each Claim Form. Please be patient, and please notify the Claims Administrator of any change of address by writing to:

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