FINRA Dispute Resolution
Special Arbitration Procedure for Investors of Firms that Entered into an Auction Rate Securities Settlement with FINRA

Adjudication of Auction Rate Securities-Related Consequential Damage Claims

SUBMISSION AGREEMENT and CLAIM FORM

Claimant(s)

In the Matter of the Arbitration Between

Name(s) of Investor(s)

Claimant(s)

And

Name of Firm

Respondent

1. **The undersigned parties ("parties") hereby submit the present matter in controversy, as set forth in the attached statement of claim and/or Claim Form, to arbitration in accordance with the FINRA By-Laws, Rules, Code of Arbitration Procedure, and the Auction Rate Securities ("ARS") Special Arbitration Procedures.**

2. **The parties hereby state that they or their representative(s) have read the procedures and rules of FINRA relating to arbitration and the ARS Special Arbitration Procedures, and the parties agree to be bound by these procedures and rules.**

3. **The parties agree that, in the event a hearing is necessary, such hearing shall be held at a time and place as may be designated by the Director of Arbitration or the arbitrator(s). The parties further agree and understand that the arbitration will be conducted in accordance with the FINRA Code of Arbitration Procedure and the ARS Special Arbitration Procedures.**

4. **The parties agree to abide by and perform any award(s) rendered pursuant to this Submission Agreement. The parties further agree that a judgment and any interest due thereon may be entered upon such award(s) and, for these purposes, the parties hereby voluntarily consent to submit to the jurisdiction of any court of competent jurisdiction which may properly enter such judgment.**

5. **The parties hereto have signed and acknowledged the foregoing Submission Agreement.**

Claimant's Name (please print)

Claimant's Signature Claimant's Signature Date

State capacity if other than individual (example: Executor, Trustee, Corporate Officer)

Claimant's Name (please print)

Claimant's Signature Claimant's Signature Date

State capacity if other than individual (example: Executor, Trustee, Corporate Officer)

If needed, copy this page.

Rev. 2/26/2009

Special Arbitration Procedure (SAP) for Investors of Firms that Entered into an Auction Rate Securities (ARS) Settlement with FINRA

Adjudication of Auction Rate Securities-Related Consequential Damage Claims

Claim Form

CLAIMANT:
(Provide this information even if you are represented by an attorney.)

Name of Investors: ____________________________________

Address: ____________________________________

City, State, Zip Code: ____________________________

Tel. No.: ____________________________________

E-mail: ____________________________________

Investors' Attorney (if applicable): (Note: FINRA requires that persons representing Florida investors in arbitration proceedings conducted in or outside the state of Florida affirm that they are licensed to practice law and provide a bar identification number, or that they are not receiving compensation in connection with representing the party in the arbitration proceeding.)

Name of Attorney:______________________________

Name of Law Firm:______________________________

Address: ____________________________________

City, State, Zip Code: ___________________________

Tel. No.: ____________________________________

E-mail: ____________________________________

Bar ID# (if applicable): __________________________

RESPONDENT:

Firm Name: ____________________________________

Firm Contact: ________________________________

Address: ____________________________________

City, State, Zip Code: ___________________________

Tel. No.: ____________________________________

Fax: ____________________________________

Email: ____________________________________

BD#:____________________________________

Please provide the following information for each auction rate security held by you that is part of the claim made under the Special Arbitration Procedures.

DATE OF PURCHASE	NAME OF SECURITY PURCHASED	TOTAL DOLLAR AMOUNT OF PURCHASE	PURCHASED AT WHICH FIRM AND ACCOUNT NUMBER

Please describe your claim for consequential damages in detail (attach additional pages if necessary):
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____
____

RELIEF REQUESTED:
Consequential Damages $__________________

Please Review the following (If applicable):

For Consequential Damages Claims between $25,000 and $100,000:

☐ I choose to have an in-person hearing

<u>Claimants must submit either a buy back offer letter from the firm and/or evidence that they participated in the buyback with the Claim Form.</u>