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

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 $_____