PROOF OF CLAIM FORM

[Complete and submit this form only if you object to the numbers in the Attachment included in the Claims Packet sent by the Distribution Agent, or if you did not receive an Attachment.]

	TAL INVESTMENT IN TERMARK ENTITIES	\$	
TO	TAL REFUNDS OR RECOVERIES	\$	
NE	T LOSS	\$	
AN	FACH ALL SUPPORTING DOCUN D REFUNDS/RECOVERIES WHIC DO SO MAY RESULT IN THE DIS	H COMPRISE YOUR	CLAIM. FAIL
AN TO WH YO STO		CH COMPRISE YOUR SALLOWANCE OF YOUR	CLAIM. FAIL OUR CLAIM IN
AN TO WH YO STO	D REFUNDS/RECOVERIES WHIC DO SO MAY RESULT IN THE DIS IOLE OR IN PART. UR COMPLETED PROOF OF CLAIN DELTING AS SET FORTH BELOW H	COMPRISE YOUR SALLOWANCE OF YO M FORM MUST BE REG BY JULY 29, 2013. OOF OF CLAIM FORM	CLAIM. FAIL OUR CLAIM IN CEIVED BY DA I, WITH

OR FAX YOUR PROOF OF CLAIM FORM AND SUPPORTING DOCUMENTS TO:

212.336.1324; Attention: David Stoelting

IF YOU HAVE ANY QUESTIONS, PLEASE CALL DAVID STOELTING AT 212.336.0174