



Class Member ID: 3095800000000

**MUST BE
SUBMITTED
NO LATER THAN
NOVEMBER 1, 2018**

CLAIM FORM

**Leonard Becker v. The Bank of New York Mellon
Case 11-cv-6460**

For Office Use Only

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF PENNSYLVANIA

LEONARD BECKER, on behalf of himself
and all those similarly situated,

Plaintiff,

v.

THE BANK OF NEW YORK MELLON TRUST
COMPANY, N.A. and J.P. MORGAN TRUST
COMPANY, NATIONAL ASSOCIATION,

Defendants.

CIVIL ACTION NO. 11-cv-6460
(consolidated with No. 12-6412)

PROOF OF CLAIM

Please complete the Proof of Claim below if you purchased or otherwise acquired the bonds identified as the Borough of Langhorne Manor Higher Education and Health Authority Hospital Revenue Bonds, Series of 1992 (The Lower Bucks Hospital), and are a holder of an allowed Class A3 claim pursuant to Section 5.1.3(A)(ii) of the Plan of Reorganization of Lower Bucks Hospital, which plan was confirmed under Chapter 11 of the Bankruptcy Code. In accordance with ¶¶ 1.30, 1.45 and 10.11 of the Plan of Reorganization of Lower Bucks Hospital, and the Confirmation Order (10-cv-10239, ECF 1538), the record date for holders of an allowed Class A3 is December 7, 2011. Excluded persons and entities include defendants The Bank of New York Mellon Trust Company, N.A. (“BNY Mellon”) and J.P. Morgan Trust Company National Association (“J.P. Morgan”) (collectively referred to as “Defendants”), and any person, firm, trust, corporation, or other entity affiliated with any defendant and any officers and directors thereof.

This Proof of Claim must contain the name, address, and taxpayer identification number (TIN) of the beneficial owner(s). The TIN, consisting of a valid Social Security number (SSN) for individuals or employer identification number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim; this information is required.

You must also provide the face value of the bonds you held on December 7, 2011, the record date for holders of an allowed Class A3 claim pursuant to Section 5.1.3(A)(ii) of the Plan for Reorganization of Lower Bucks Hospital. You must sign the Proof of Claim in the space provided in order to make a valid



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claim. Please also provide your brokerage statement for December 7, 2011 or a letter from your bank, broker, or other nominee indicating the face value of bonds held as of December 7, 2011.

Proof of Claim forms **must be postmarked no later than November 1, 2018**, and mailed to:

Becker v. Bank of New York Mellon Litigation
c/o Heffler Claims Group, LLC
1515 Market Street
Suite 1700
Philadelphia, PA 19102
(855) 711-8800

1. Please sign the below release and certification. If this Proof of Claim is being submitted on behalf of multiple claimants, then all claimants must sign.
2. Remember to attach only copies of acceptable supporting documentation.
3. Please do not highlight any portion of the Proof of Claim or any supporting documents.
4. Do not send original bond certificates or documentation. These items cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Proof of Claim and documentation for your own records.
6. You will not receive confirmation of receipt of your Proof of Claim; if confirmation is desired, please send your Proof of Claim via Certified Mail, Return Receipt requested.
7. If your address changes in the future, or if this Proof of Claim was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator in writing and submit proper, supporting documentation for proof of the change.
8. If you have any questions or concerns regarding your Proof of Claim, please contact the Claims Administrator at the above address or call (855) 711-8800.



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Proof of Claim and Release

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PART I—CLAIMANT INFORMATION

Last Name (Claimant) grid

First Name (Claimant) grid

Last Name (Beneficial Owner If Different from Claimant) grid

First Name (Beneficial Owner) grid

Last Name (Co-Beneficial Owner) grid

First Name (Co-Beneficial Owner) grid

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

Contact Person (If Claimant Is Not an Individual) grid

Record Owner's Name (If Different From Beneficial Owner Listed Above) grid

Account Number (If Claimant Is Not an Individual) grid

Trust/Other Date (If Applicable) grid

Address Line 1 grid

Address Line 2 (If Applicable) grid

City grid

State grid

Zip Code grid

Zip Code grid

Foreign Province grid

Foreign Zip Code grid

Foreign Country grid



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PART II—FACE VALUE OF BONDS ON DECEMBER 7, 2011:

State the face value of bonds you held on December 7, 2011, the record date for holders of an allowed Class A3 claim pursuant to Section 5.1.3(A)(ii) of the Plan for Reorganization of Lower Bucks Hospital. Documentation includes brokerage statements showing the face value of bonds held on December 7, 2011, a letter from your bank, broker, or other nominee indicating the face value of bonds held.

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Proof enclosed: Y N

YOU MUST SIGN THE PROOF OF CLAIM ON PAGE 6.

PART III—RELEASE AND CRTIFICATION

On behalf of myself (ourselves) or the beneficial owner, I (we) am (are) authorized to file this Proof of Claim, and on behalf of each of my (our, his, her, its) heirs, agents, executors, trustees, administrators, predecessors, successors, and assigns, I (we, he, she, it) hereby acknowledge that as of the Effective Date as defined in the NOTICE OF (I) PROPOSED SETTLEMENT OF CLASS ACTION; (II) SETTLEMENT FAIRNESS HEARING; AND (III) MOTION FOR AN AWARD OF ATTORNEYS’ FEES AND REIMBURSEMENT OF LITIGATION EXPENSES (the “Notice”), I (we, he, she, it) shall (i) be deemed to have fully, finally, and forever waived, released, discharged, and dismissed each and every one of the Released Claims (as defined in the Notice), as against each and every one of the Released Parties (as defined in the Notice); and (ii) be deemed to have covenanted not to sue any Released Party on the basis of any Released Claim or, unless compelled by operation of law, to assist any person in commencing or maintaining any suit relating to any Released Claim against any Released Party.

By checking this box I certify that I (we) am (are) or, if I am filing on behalf of another, that party, is not an excluded person under the terms of the Stipulation of Settlement. Excluded persons include Defendants and any person, firm, trust, corporation, or other entity related to or affiliated with any defendant and any officers and directors thereof.

By signing and submitting this Proof of Claim, the claimant(s) or the person(s) who represent(s) the claimant(s) certifies (certify) as follows:

1. That I (we) have read the Notice, and the Proof of Claim, including the releases provided for in the settlement;
2. That the claimant(s) is (are) a Class Member(s), as defined in the Notice, and is (are) not excluded from the Class;
3. That the claimant(s) owned the bonds identified in the Proof of Claim and has (have) not assigned the claim against the Released Parties to another, or that, in signing and submitting this Proof of Claim, the claimant(s) has (have) the authority to act on behalf of the owner(s) thereof;
4. That the claimant(s) has (have) not submitted any other claim covering the same purchases, acquisitions, sales, or holdings of the bonds and knows (know) of no other person having done so on his/her/its/their behalf;



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5. That the claimant(s) submits (submit) to the jurisdiction of the Court with respect to his/her/its/their claim and for purposes of enforcing the releases provided for in the settlement;
6. That I (we) agree to furnish such additional information with respect to this Proof of Claim as the Claims Administrator or the Court may require;
7. That I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of the Stipulation of Settlement and any judgment that may be entered in the litigation, including the releases and covenants set forth therein; and
8. That 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.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike the language that you are not subject to backup withholding in the certification above. The Internal Revenue Service does not require your consent to any provision other than the certification required to avoid backup withholding.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Claimant

Date

Print Name of Claimant

Signature of Joint Claimant (if any)

Date

Print Name of Joint Claimant

Capacity of Person(s) Signing, e.g., beneficial owner(s), executor, administrator, trustee, etc.

**THIS PROOF OF CLAIM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR
POSTMARKED BY NOVEMBER 1, 2018.**



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