PILGRIM BAXTER MUTUAL FUND SETTLEMENT
Electronic Claim Filing Instructions

I. Important Notes – PLEASE READ

- Claims with 50 or more yearly balances, or on behalf of 10 or more different accounts should be submitted electronically in accordance with these instructions and the required format.

  - ➢ **Click Here** to download a template and sample file for this settlement.
  - ➢ **Click Here** to view the list of Pilgrim Baxter Mutual Funds.

- Electronic claim submissions MUST be accompanied by all documentation requirements outlined in section III of these instructions.

- DO NOT provide trade activity during the Class Period – your file will be rejected.

  - ➢ For each qualifying account, you MUST provide the number of shares of each PBHG Fund held at or around each year-end (this information should be contained in each of your account's year-end mutual fund statements from the relevant 1999-2003 period).

II. Methods of Submission

Electronic files will not be deemed properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at eClaim@gardencitygroup.com to inquire about your file and confirm it was received and acceptable.

The following methods are available for submitting your electronic claims:

1. Email

   - You may email your electronic claim submission to eClaim@gardencitygroup.com.
   - If you choose to email your file, you MUST also attach all documentation requirements in the email as .pdf documents or equivalent.

2. Mail

- You may send your electronic claim submission in the mail on a disk or CD along with all other documentation requirements. Please use the P.O. Box address on top of page 1 of the Proof of Claim and Release claim form and add “Attn: Electronic Filing Department”. If you need to send your submission via Federal Express or UPS, you may use the below street address:

Pilgrim Baxter Mutual Fund Settlement
c/o The Garden City Group, Inc.
Attn: Electronic Filing Department
5151 Blazer Parkway, Suite A
Dublin, OH 43017

III. Documentation Requirements

The documentation requirements outlined below must be submitted with your electronic file. Your electronic claims will not be considered valid until all documentation requirements are received. Please note that one single document may meet more than one requirement.

1. One Signed Proof of Claim and Release

- You must complete the claimant identification page (Section A – page 1) and the release and signature page (Section C – page 3) of a single Proof of Claim and Release form, which will serve as an "umbrella" or “master” claim form for all accounts on your electronic file.

- The claim form must be signed by an authorized signatory and state the capacity (job title) of the signatory.

- You may reference the term "Various Accts" for the beneficial owner name if you are filing on behalf of multiple accounts or clients.

2. Signature Verification Document

- You must provide a document verifying that the individual who signed the claim form and any supplemental documents is authorized to sign on behalf of his/her company. Some common types of documents that fulfill this requirement include the following:

  - Copy of company's By-Laws, including signature page(s)
  - Copy of company's Corporate Resolution, including signature page(s)
  - Notarized Affidavit signed by an officer of the institution clearly granting a specific individual(s) authorization or confirming his/her own authority to sign on behalf of his/her company.

3. Data Verification Document(s)

- You must provide a document(s) confirming the number of distinct accounts and transactions on your file as well as documentation verifying the source of your data and attesting to the truth and accuracy of the transactions and holdings on your electronic file. Some common types of documents that fulfill this requirement include the following:

  - Notarized affidavit or signed letter on firm letterhead disclosing the source of your data (i.e. internal data retention system) and attesting to the truth and accuracy of the information in your file. It must be executed by an authorized signatory and specify the capacity and contact information of the signatory.
  - Broker confirmations
  - Monthly statements

4. Authorization Document (if filing on behalf of client or customer accounts)

- You must provide a document verifying that you are authorized to file and sign claims on behalf of your client accounts[1]. Some common types of documents that fulfill this requirement include the following:

  - Power of Attorney
  - Service Agreement
  - Signed letter on client's company letterhead specifically granting your company authority to file/sign claims on their behalf.
  - Notarized affidavit or signed letter on your company's letterhead confirming your authority to file and sign claims on behalf of your clients. It must be executed by an officer of the company and reference the capacity and contact information of the signatory.

IV. Required Filing Format

General Instructions

- Files may be submitted as a fixed-length text file or an Excel spreadsheet

- All fields in the below format must be included on your file (any Class Period fields that do not apply should be left blank).

[1] If you are filing in a third party capacity and your client is not the beneficial owner then this documentation must also verify that your client is authorized to file on behalf of their clients who are the ultimate beneficial owners.

Required File Layout

Col	Field	Start Position	Length	Notes
A	Company Name	1	40	Name of Company for Mailing of Checks (see Address Notes below) • Include a "c/o" before your company name if you require checks made out to the beneficial owner c/o your company.
B	Address 1	41	40	Address1 Information for Mailing of Checks (see Address Notes below)
C	Address 2	81	40	Address2 Information for Mailing of Checks (see Address Notes below)
D	City	121	30	City for Mailing of Checks (see Address Notes below)
E	State	151	2	2 Character State Abbreviation for Mailing of Checks (see Address Notes below)
F	Zip5	153	5	5 Digit Zip for Mailing of Checks (see Address Notes below)
G	Zip4	158	4	4 Digit Zip for Mailing of Checks (see Address Notes below)
H	Country Code	162	2	2 character Country abbreviation (**only** for foreign addresses)
I	Customer Acct Name	164	40	Name of Account / Beneficial Owner
J	Customer Acct Number	204	30	Account Number
K	SSN or Tax ID Number	234	4	**Format 9999** Last 4 digits of Social Security Number or Tax ID Number (leave column blank for foreign entities); NO Dashes; NO Spaces
L	Security Identifier	238	14	CUSIP or ISIN Number of the underlying security/fund
M	1999 Year-End Holdings	264	20	**Format 999999999999999.0000** Number of shares held at year end (December 31, 1999) NO commas (,); Enter Decimal Point and 4 positions after the decimal point;
N	2000 Year-End Holdings	284	20	**Format 999999999999999.0000** Number of shares held at year end (December 31, 2000) NO commas (,); Enter Decimal Point and 4 positions after the decimal point;
O	2001 Year-End Holdings	304	20	**Format 999999999999999.0000** Number of shares held at year end (December 31, 2001) NO commas (,); Enter Decimal Point and 4 positions after the decimal point;
P	2002 Year-End Holdings	324	20	**Format 999999999999999.0000** Number of shares held at year end (December 31, 2002) NO commas (,); Enter Decimal Point and 4 positions after the decimal point;
Q	2003 Year-End Holdings	344	20	**Format 999999999999999.0000** Number of shares held at year end (December 31, 2003) NO commas (,); Enter Decimal Point and 4 positions after the decimal point;

V. Electronic Filing Notes

Addresses

- Claims and checks (when eligible) will be created based on the account and address information provided on your electronic file.
- If you require checks to be made out directly to the beneficial owner, please include a “c/o” before your company name in column A of your file.
- For foreign addresses, the two character country code must be provided in column H, all address information (including full country names and provinces) must be included in the two address fields (columns B-C), and the city, state, zip fields (columns D-G) must be left blank.

Securities/Funds

- Please refer to the Proof of Claim and Release and Notice for a listing of the underlying securities/funds.
- All securities/funds **must** reference an appropriate security identifier (CUSIP or ISIN) in column L of your file.