Must be Postmarked or Received No Later Than March 2, 2027

BofA Securities, Inc.
Restitution Fund
c/o Epiq
PO Box 6396
Portland, OR 97228-6396
(877) 658-7315

NOTICE AND CLAIM FOR RESTITUTION FORM

You are receiving this Claim form because you may be eligible to receive a distribution from the restitution fund established by BofA Securities, Inc. ("BofAS") under its September 17, 2025 agreement with the United States Department of Justice (the "Government"). That agreement relates to a Government investigation into alleged schemes to manipulate prices in U.S. Treasury securities and futures markets.

The Government's investigation found evidence that from in or about November 2014 through approximately April 2020, two former BofAS employees separately engaged in schemes to manipulate prices in the secondary market for U.S. Treasuries, and one of those former employees also engaged in a scheme to manipulate prices in U.S. Treasuries futures markets, by placing orders without the intent to execute them at the time they were placed.

Pursuant to its agreement with the Government, BofAS is initiating a restitution process to return funds to eligible parties impacted by any adverse price movements caused by these former employees' alleged trading activity. BofAS is administering the restitution process, with Epiq Class Action and Claims Solutions, Inc. ("Epiq") serving as the Restitution Administrator for this matter. Please beware of other websites, entities, or communications you may receive claiming to administer the restitution process, remission payments, or any other kind of refund.

Failure to return a complete Claim form and include the required documentation by the deadline, March 2, 2027, may result in your exclusion from the distribution group. In addition, you have an obligation to provide Epiq with current contact information. Failure to maintain a valid address with Epiq could result in your exclusion from the distribution group.

YOU MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT BY MARCH 2, 2027 TO BE ELIGIBLE TO RECEIVE A DISTRIBUTION. YOU MAY FILE YOUR CLAIM ONLINE AT www.BofASecuritiesRestitutionFund.com, BY EMAILING IT TO Info@BofASecuritiesRestitutionFund.com OR BY MAILING IT TO THE ADDRESS ABOVE.

To view Epiq's Privacy Notice, please visit https://www.epiqglobal.com/en-us/privacy-statement
Please note that email is not secure and we recommend that you encrypt any documents containing personal or otherwise sensitive information.

PART I – CLAIMANT IDENTIFICATION

The Restitution Administrator will use this information for all communications relevant to this Claim (including payment, if eligible). If this information changes, you MUST notify the Restitution Administrator by email to Info@BofASecuritiesRestitutionFund.com or by writing at the address on the prior page.

CLAIMANT INFORMATION

Claimant/Contact Name: (Last, First) (as you would like the name(s) to appear on the check, if eligible for payment)

Business/Institution Name: (if applicable)

Address 1: (Include Street, City, State, and ZIP Code)

Address 2: (apartment, unit or box number)

City: **State:** **ZIP:** –

Social Security Number/Tax Identification Number: (Enter N/A if you do not have one)

Please provide an explanation why you do not have a Tax Identification Number, if above is N/A:

Daytime Telephone Number: – –

Evening Telephone Number: – –

Email:

Account Number:

Claimant Account Type (check appropriate box)

- ☐ Individual
- ☐ Joint
- ☐ Corporation
- ☐ IRA/401K
- ☐ Pension Plan
- ☐ Other _____ (please specify)
- ☐ Estate
- ☐ Trust

ATTORNEY INFORMATION (if applicable)

Attorney Name: (Last, First)

Attorney Title:

Firm Name: (if applicable)

Attorney Address: (Include Street, City, State, and ZIP Code)

Address 2: (apartment, unit or box number)

City: **State:** **ZIP:** –

Attorney Phone: – –

Are you an attorney filing this petition on behalf of your client?

Yes **No**

Email:

Please note: You do not need to hire an attorney with regard to this restitution process. If you choose to hire an attorney, you will be responsible for any attorneys' fees and/or expenses incurred.

PART II- SCHEDULE OF TRANSACTIONS

To qualify for payment, you must provide detailed information and supporting documentation for eligible U.S. Treasury securities or futures that you purchased or sold from approximately **November 2014 through approximately April 2020**. Eligible U.S. Treasury securities and futures are identified by CUSIP or symbol at www.BofASecuritiesRestitutionFund.com. Be sure to attach documentation verifying your transactions, with execution times. Failure to provide proper documentation may result in the rejection of your claim.

PURCHASES/ACQUISITIONS: List all purchases and acquisitions of any of the eligible U.S. Treasuries products.

Trade Date (List Chronologically) (Month/Day /Year)	CUSIP/Symbol	Number of Notes/Bonds Or Futures	Price	Total Purchase Price (excluding taxes, commissions and fees)
			$.	$.

Trade Time in EST	Counterparty Name	Exchange Info

Trade Date (List Chronologically) (Month/Day /Year)	CUSIP/Symbol	Number of Notes/Bonds Or Futures	Price	Total Purchase Price (excluding taxes, commissions and fees)
			$.	$.

Trade Time in EST	Counterparty Name	Exchange Info

SALES: List all sales of any eligible U.S. Treasuries products.

Trade Date (List Chronologically) (Month/Day /Year)	CUSIP/Symbol	Number of Notes/Bonds Or Futures	Price	Total Sales Proceeds (excluding taxes, commissions and fees)
			$.	$.

Trade Time in EST	Counterparty Name	Exchange Info

Trade Date (List Chronologically) (Month/Day /Year)	CUSIP/Symbol	Number of Notes/Bonds Or Futures	Price	Total Sales Proceeds (excluding taxes, commissions and fees)
			$.	$.

Trade Time in EST	Counterparty Name	Exchange Info

OTHER RECOVERIES: Did you receive compensation for your loss from another source? Please list the date, source and the dollar amount of compensation in the space below. (Examples include restitution, SEC distributions and class actions).

Date (List Chronologically) (Month/Day /Year)	Source	Dollar Amount
		$.
		$.

If you have suffered any other expenses as a result of the alleged conduct such as legal fees, please list them below. Also list any documents you are including in support of your claim.* If none are included, please explain why.

** Supporting documentation would be, for example, copies of cancelled checks, bank statements, or transaction records. Bank statements must show account holder's name, date, and payee description.*

Please provide the total amount you are claiming.	$.

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED ☐

PART III – CLAIMANT'S STATEMENT, CERTIFICATION, RELEASE & SIGNATURE

The following certification should be completed by the claimant.

I attest and certify that my claim is not frivolous and the information provided in support of my claim is true and correct to the best of my knowledge and belief.

Signature

Printed Name

Date: MM – DD – YYYY

Filing by Attorneys or Legal Guardians on behalf of the Claimant

1) A claim for restitution may be filed by a claim or by his or her attorney or legal guardian. If an attorney or legal guardian files on behalf of the claimant, the claimant must include a signed and sworn statement by the client-claimant stating that:
   i. The attorney has the authority to represent the claimant in this proceeding;
   ii. The claimant has fully reviewed the claim; and
   iii. The claim is truthful and accurate in every respect

2) Verbal notification of representation is not acceptable. Responses and notification of rulings shall not be sent to an attorney claiming to represent a claimant unless a written notice of representation is filed. No extensions of time shall be granted due to delays in submission of the notice of representation.

Privacy Act Notice: BofAS is collecting this information for the purpose of processing your claim form for restitution and may share it with the U.S. Department of Justice. Providing this information is voluntary; however, the information is necessary to process your application. Information collected is covered by Privacy Act System of Records Notice Department of Justice (DOJ), DOJ-002-DOJ Computer Systems Activity & Access Records, Federal Register (71 FR 29170). This information may be disclosed to contractors when necessary to accomplish an agency function, to law enforcement when there is a violation or potential violation of law, or in accordance with other published routine uses. For a complete list of routine uses, see the system of records notice listed above.

REMINDER CHECKLIST

1. Please sign the above Claimant's Statement, Certification and Release.

2. If this Claimant is represented by an attorney, the attorney must submit a signed and sworn statement by the client-claimant (see instructions listed above). If you are filing online, you must upload the signed sworn statement.

3. Remember to attach copies of supporting documentation. If you are filing online, you must upload supporting documentation.

DO NOT SEND original supporting documentation. Send copies.

4. Keep a copy of your Claim and all supporting documentation for your records.

5. If you move, you must send your new address to:

BofA Securities, Inc. Restitution Fund
c/o Epiq PO Box 6396
Portland, OR 97228-6396

6. DO NOT USE RED PEN, PENCIL or HIGHLIGHTER on the Claim form or supporting documentation.

YOU MAY FILE YOUR CLAIM EITHER ONLINE AT www.BofASecuritiesRestitutionFund.com OR BY EMAIL TO Info@BofASecuritiesRestitutionFund.com NO LATER THAN MARCH 2, 2027. YOU CAN ALSO MAIL THE CLAIM TO THE RESTITUTION ADMINISTRATOR'S ADDRESS LISTED ABOVE. THE FORM MUST BE POSTMARKED NO LATER THAN MARCH 2, 2027.

QUESTIONS OR NEED HELP? EMAIL US AT
Info@BofASecuritiesRestitutionFund.com