

## CLAIM FORM

If you want to receive your share of this Class Action Settlement, you must:

- (1) **COMPLETE THIS CLAIM FORM IN ITS ENTIRETY, SIGN THE FORM UNDER PENALTY OF PERJURY,**
- (2) **ENCLOSE A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR OTHER FORM OF GOVERNMENT ISSUED PICTURE IDENTIFICATION (E.G., PASSPORT),**
- (3) **COMPLETE THE CONSENT TO JOIN SETTLEMENT FORM, AND**
- (4) **RETURN THIS CLAIM FORM AND THE CONSENT TO JOIN SETTLEMENT FORM TO THE ADDRESS BELOW NOT LATER THAN JANUARY 14, 2008:**

Piper/UBS Claims Administrator  
c/o Rust Consulting, Inc.  
PO Box 9442  
Minneapolis, MN 55440-9442

I declare as follows:

- (1) I received notice of the proposed Settlement in this action and I wish to receive my share of the proposed Settlement.
- (2) During all or part of the applicable periods set forth in the Notice (Section II, C), I was employed by Piper Jaffray Companies, Piper Jaffray & Co., and/or UBS Financial Services Inc. ("Piper/UBS") in a Covered Position (as defined in the Notice, footnote 2) in the following state(s):
- (3) Please check only one:  
 I agree with Piper/UBS's records that I worked a total of \_\_\_\_\_ full or partial months in a Covered Position during the applicable time period set forth in the Notice (Section II, C), for the state(s) in which I was employed.  
 I disagree with Piper/UBS's records and instead contend that I worked a total of \_\_\_\_\_ full or partial months in a Covered Position during the applicable time period set forth in the Notice (Section II, C), for the state(s) in which I was employed.
- (4) While employed by Piper/UBS in a Covered Position during the applicable time period set forth in the Notice (Section II, C) for the state(s) in which I was employed, I worked in excess of 8 hours per day (not including meal periods) or in excess of 40 hours per week (not including meal periods) or I incurred business-related expenses for which I did not receive reimbursement from Piper/UBS.
- (5) I understand that, in signing this form, I consent to release all of the state and federal claims as described in Section II (I) of the Notice (and stated in full in the Settlement, Paragraphs 48-52).

Executed on \_\_\_\_\_, 200\_\_\_\_, \_\_\_\_\_ (City, State). I declare under penalty of perjury that the foregoing and the information provided below is true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number, Including Area Code)

\_\_\_\_\_  
(Social Security Number)