

Henderson v. BNY Mellon Settlement Administrator
P.O. Box 404000
Louisville, KY 40233-4000

BEH

HENDERSON V. BNY MELLON, N.A.
U.S. DISTRICT COURT FOR THE DISTRICT OF MASSACHUSETTS
Case No. 1:15-cv-10599-PBS

**Must Be Postmarked No Later Than
July 27, 2019**

Verification Form

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

Closed Trust Verification

If you are a beneficiary of a closed irrevocable trust(s) or grantor/settlor of a closed revocable trust(s) as described in question 2 of the Notice you must complete and submit this form, either by U.S. Postal Service or online at www.BNYTaxFeeClassAction.com, to be entitled to a share of your closed trust's proportional settlement payment. The Settlement Administrator will review your Verification Form and determine whether you are eligible for a payment under the Settlement. **To be considered, this Verification Form must be submitted by July 27, 2019.**



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
----------------------------------	-------------------------	-------------------------	--	---

Contact Phone Number: — —

[illegible]

Account Number:

[illegible][illegible]

Verification. By submitting this Verification Form, I verify that I am a beneficiary of a closed irrevocable trust and/or the grantor/settlor of a closed revocable trust which was formerly administered by BNY Mellon and I am entitled to payment under the Settlement.

Signature: _____ Dated (mm/dd/yyyy): _____

Print Name: _____

