

Tilghman & Co.
P.O. Box 11487
Birmingham, AL 35202-1487

[CLAIMANT INFORMATION:
Name and Mailing Address]

PROOF OF CLAIM AND RELEASE

Via U.S. Mail, United States Postal Service:

Tilghman & Co.
P.O. Box 11487
Birmingham, AL 35202-1487

Via UPS or Federal Express:

Tilghman & Co.
3415 Independence Drive, Suite 102
Birmingham, AL 35209

IMPORTANT NOTICE:

THE CLASS ACTION CLAIMS ADMINISTRATOR MUST RECEIVE YOUR CLAIM NO LATER THAN OCTOBER 26, 2009. YOU MUST FULLY COMPLETE THIS FORM IN ORDER FOR YOUR CLAIM TO BE PROCESSED.

QUESTIONS? Website: www.noticeclass.com/murphy-jonessettlement; E-mail: mjinformation@aol.com.

Part I: GENERAL INSTRUCTIONS

You should do all of the following to submit a valid Proof of Claim and Release (the “Claim Form”):

1. Review the accompanying notice of settlement (the “Notice”) and your records to determine whether you are eligible to submit a claim under Parts III through V below.
2. Confirm the **NAME AND CURRENT MAILING ADDRESS** of the person making the claim (the “Claimant”). Any corrections to the name and address listed on this Claim Form, or any additional information, must be included in the text box provided above.
3. In Part II write in **either** (a) the Claimant’s **ACCOUNT NUMBER** or (b) the **CASE NUMBER** of the collection lawsuit that Chase Bank USA, N.A. (“Chase”) initiated against the Claimant in Cook County, Illinois. The account number can be found at the top left corner on the first page of any monthly account statement.
4. This Claim Form has six parts. In order to receive a refund or credit under Section 5 of the Stipulation and Agreement of Settlement of Class Action (the “Settlement Agreement”), you must legibly and accurately fill out the Claim Form in accordance with these instructions. You

must complete all of Parts II and VI, and all of at least one of the following parts: Parts III, IV, or V. Make sure that you have answered all questions and attached all documents that relate to your claim.

5. Sign/Date the Claim Form. The required documentation must be attached to the Claim Form at the time the form is signed.
6. Send your form promptly to the Settlement Administrator at the mailing address provided on page 1 of this Claim Form. **YOUR CLAIM FORM MUST BE RECEIVED NO LATER THAN OCTOBER 26, 2009.** You should keep a photocopy of your completed Claim Form for future reference. Certified mail, mailing with return receipt requested, or an overnight delivery service may provide you with a record of the date of your mailing and the date of its receipt by the Settlement Administrator. **DELAYED DELIVERY OR NON-DELIVERY IS YOUR RESPONSIBILITY.**
7. If you have any questions regarding your claim, contact the Settlement Administrator by: (a) calling or e-mailing Settlement Class Counsel, Francis R. Greene of Edelman, Combs, Lattner, & Goodwin, LLC, at (312) 739-4200 or (800) 644-4673 or info@edcombs.com; (b) writing to the Settlement Administrator by sending a letter via U.S. Mail to: Tilghman & Co., c/o Steve Tilghman, P.O. Box 11487, Birmingham, AL 35202-1487; (c) writing to the Settlement Administrator by sending a letter via UPS or Federal Express to: Tilghman & Co., c/o Steve Tilghman, 3415 Independence Drive, Suite 102, Birmingham, AL 35209; (d) sending an e-mail to mjinformation@aol.com; or (e) visiting the Web site at www.noticeclass.com/murphy-jonessettlement. You may contact the Settlement Administrator for information on the status of your claim. **Do not contact any Chase customer service personnel or the Court about your claim. They will not have access to information about your claim and are not authorized to discuss the Claim Form with you.**
8. The claims process is governed by and subject to the Settlement Agreement approved by the Court.
9. You must submit a separate Claim Form, along with appropriate documentation, for each account that is the subject of a claim. Each Claim Form must be accompanied by all of the documentation required for that separate claim.
10. Submission of a Claim Form does not guarantee that you will receive money. Each Claim Form will be evaluated by the court-appointed Settlement Administrator. If your claim is approved, you will receive compensation as described in the attached Notice. The Settlement Administrator will separately notify claimants whose claims are denied.
11. You are not entitled to reimbursement of any expenses incurred in connection with preparing or sending your Claim Form (such as copying or postage) or any interest on the payment amount.

ANY PERSON WHO KNOWINGLY SUBMITS A FALSE PROOF OF CLAIM AND RELEASE IS SUBJECT TO THE PENALTIES FOR PERJURY AND OTHER VIOLATIONS OF LAW.

Part II: IDENTIFYING YOURSELF AND YOUR ACCOUNT NUMBER

THE FOLLOWING IS REQUIRED INFORMATION. FAILURE TO COMPLETE PART II WILL INVALIDATE YOUR CLAIM.

1.	The Claimant's NAME : _____.
2.	The Claimant's CURRENT MAILING ADDRESS : _____ _____ _____.
3.	Claimant's ACCOUNT NUMBER (available on any credit card statement from Chase) or the CASE NUMBER of the collection lawsuit that Chase initiated against the Claimant in Cook County, Illinois : _____.
4.	Person completing this Claim Form: Name: _____ Address: _____ _____ _____ Telephone Number: _____ Relationship to Claimant: _____

Part III: CLAIMS REGARDING GARNISHMENT OF EXEMPT ASSETS

YOU MUST FILL OUT THIS PORTION OF THE CLAIM FORM IF YOU CLAIM THAT CHASE GARNISHED EXEMPT ASSETS (AS DEFINED IN SECTION V OF THE SETTLEMENT AGREEMENT AND DESCRIBED IN THE ATTACHED NOTICE) DURING POST-JUDGMENT PROCEEDINGS AFTER OBTAINING A DEFAULT JUDGMENT IN COOK COUNTY, ILLINOIS.

1. State when (the date or approximate date) Chase allegedly garnished the Claimant's exempt assets: _____.
2. State the dollar amount of exempt assets that you claim Chase garnished:
_____.
3. State the basis of your claim that those assets are exempt from garnishment. Exempt assets consist of (a) pension or retirement benefits or money that you are required to pay into a pension or retirement fund; (b) personal property not exceeding \$4,000; (c) Social Security and SSI benefits; (d) public assistance benefits; (e) unemployment compensation benefits; (f) workers' compensation benefits; (g) veterans' benefits; (h) circuit breaker property tax relief benefits; (i) equity interest, not to exceed \$2,400 in value, in any one motor vehicle; (j) equity interest, not to exceed \$1,500 in value in any implements, professional books or tools of trade; (k) any other exemptions as specified by Illinois law (Illinois Revised Statutes at 735 ILCS 5/12-704, 735 ILCS 5/12-705, 735 ILCS 5/12-804 and 735 ILCS 5/12-1001).
4. Attach a photocopy of all documents that demonstrate that those assets were exempt at the time Chase garnished them, including but not limited to documentation related to pension or retirement fund statements, Social Security and SSI benefits, public assistance benefits, unemployment compensation benefits, workers' compensation benefits, and veterans' benefits.

Part IV: IDENTITY THEFT CLAIMS

YOU MUST FILL OUT THIS PORTION OF THE CLAIM FORM IF YOU CLAIM THAT CHASE COLLECTED DEBT THAT WAS NOT OWED TO CHASE BECAUSE THE CLAIMANT WAS A VICTIM OF IDENTITY THEFT.

1. State the basis of your claim that the Claimant was the victim of identity theft:

2. State when and how the Claimant first learned that the Claimant was the victim of identity theft: _____

3. State what steps the Claimant took to advise Chase that the Claimant was the victim of identity theft, including the date of notification to Chase and name of the Chase personnel contacted. If such notification was made in writing, submit a copy of the written notification along with your Claim Form.

4. If the Claimant filed a police report and/or took steps to advise the police or other authorities that the Claimant was the victim of identity theft, submit a copy of the police report along with your Claim Form and explain what steps the Claimant took to advise the authorities:

5. State the dollar amount that you claim Chase sought to collect from the Claimant through the filing of a collection action in Cook County and which you claim was not owed because the Claimant was the victim of identity theft: _____.

6. State the dollar amount that you claim Chase actually collected from the Claimant through the filing of a collection action in Cook County and which you claim was not owed because the Claimant was the victim of identity theft: _____.

7. If you have any documents which demonstrate that the Claimant was the victim of identity theft, please submit them along with your Claim Form.

Part V: CLAIMS REGARDING FAILURE TO PROPERLY CREDIT PAYMENT

YOU MUST FILL OUT THIS PORTION OF THE CLAIM FORM IF YOU CLAIM THAT CHASE FAILED TO PROPERLY CREDIT A PAYMENT MADE AFTER THE FILING OF A COLLECTION ACTION AGAINST THE CLAIMANT IN COOK COUNTY, ILLINOIS.

1. State when the Claimant made a payment that you claim Chase failed to properly credit after Chase filed a collection action against the claimant: _____.

2. State the dollar amount of the payment that you claim Chase failed to properly credit after it filed a collection action against the Claimant: _____.

3. State the basis of your belief that Chase failed to properly credit a payment made after Chase filed a collection action against the Claimant: _____

_____.

4. Attach a photocopy of all documents that demonstrate that the Claimant made a payment to Chase that Chase failed to properly credit after it filed a collection action against the Claimant.

**Part VI: RELEASE AND ACKNOWLEDGMENTS AND SUBMISSION TO JURISDICTION
OF COURT**

I hereby acknowledge that I am submitting this Claim for Reimbursement Form in a legal proceeding, and I certify that the contents of this Claim for Reimbursement Form are true and accurate to the best of my knowledge and understanding, and that I have read and understand the Class Notice. I understand that, by submitting this claim, I am submitting to the jurisdiction of the court to adjudicate this claim and I am bound by any releases contained in the settlement agreement.

I further acknowledge that by submitting this Claim Form and Release, the Claimant waives and releases all Released Claims, as defined in Section 3 of the Stipulation and Agreement of Settlement ("Settlement Agreement"). The scope of the waiver and release is set forth in the Settlement Agreement and also described in paragraph 11 of Notice of settlement.

Name: _____

Signature: _____

Address:

Social Security Number:

Date: _____

Important Reminder:

In order to avoid errors in the completion of this Claim Form that may invalidate your claim, please make sure that you have:

- Provided your Account Number.
- Provided your Account Number, Case Number, Social Security Number or other current Taxpayer Identification Number.
- Stated the reason(s) you are making your claim in each portion of the Claim Form where you intend to make a claim.
- Signed and dated the Claim Form.
- Returned the Claim Form promptly to the Settlement Administrator **by October 26, 2009.**