

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF NEW YORK
KITAMURA, ET AL. V. THE TRUMP CORPORATION, ET AL.
Index # 08-603562, IAS Part 60 (Fried, J.)

CLAIM FORM/RELEASE

To: Barcode
 Barcode
 Name
 Address
 Address

CORRECTIONS OR ADDITIONAL INFORMATION

Write any name and address corrections below if any are necessary OR if there is no preprinted data to the left, please provide your name and address here:

Name (First, Middle, Last) _____

Home Street Address _____

City _____

State _____ Zip Code _____

Based on the Parties' joint review of the relevant records, including the available public real estate records evidencing the periods of ownership of each unit of Trump Parc Condominium, your Allowed Claim (*i.e.*, your *pro rata* share of the Refunds allocable to your previously owned unit based on your period of ownership of the unit during the period July 1, 1994 through June 30, 2008 and the agreed interest paid on the unpaid Refunds as part of the total Settlement Consideration) is:

Allowed Claim: \$ _____ **Unit #:** [Unit #]

As further explained in the accompanying Notice, the amount you ultimately will be entitled to receive if the Settlement is approved by the Court depends on how much of the Settlement Administrator's fees and costs and the total amount of attorneys' fees, expenses and incentive fees to Plaintiffs are awarded by the Court, as well as the total amount of Allowed Claims for all Class Members who actually submit Claim Forms. The amount distributed to you could be less than the Allowed Claim set forth above, and it could be up to the amount of the Allowed Claim, but in no event will it be more than the Allowed Claim.

NOTE: YOU WILL NOT BE ENTITLED TO SHARE IN THE NET SETTLEMENT FUND IF IT IS SUBSEQUENTLY DETERMINED BY THE PARTIES THAT YOU HAVE ALREADY RECEIVED YOUR *PRO RATA* SHARE OF THE REAL ESTATE TAX AND INTEREST REFUNDS THAT ARE THE SUBJECT OF THE LITIGATION.

In order to receive the payment of your share of the Net Settlement Fund, please make any corrections to your address information above, confirm your agreement to the Settlement Agreement Release by signing below, and return this form to the Settlement Administrator **ALONG WITH A PHOTOCOPY OF A GOVERNMENT ISSUED PHOTO ID SUCH AS A DRIVER LICENSE OR PASSPORT TO VERIFY YOUR IDENTITY, OR EVIDENCE OF YOUR AUTHORITY TO SUBMIT YOUR CLAIM IN THE CASE OF CLASS MEMBERS WHO ARE NOT INDIVIDUALS**, in the enclosed pre-addressed, postage prepaid envelope.

I/We hereby agree to the terms of the Settlement Agreement Release.

[Signature]

Dated: _____, 2010

[Print Name]

Social Security No.: _____

[Signature]

Dated: _____, 2010

[Print Name]

Social Security No.: _____

OR: EIN or Other Tax ID If Not an Individual: _____

Best Telephone Number to Reach You If Necessary: _____

Best Email Address to Reach You If Necessary: _____

Return completed Claim Form to:

**Settlement Administrator
RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479
(866) 742-4955**

COMPLETE EACH CLAIM FORM SEPARATELY, STAPLE AND RETURN WITH REQUIRED PROOF OF IDENTITY