

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)

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