

**Reissue Non-IRA Distribution Form
Substitute IRS W-4P & W-9**

This form is being provided to complete your Qualified Settlement Fund distribution. After reviewing the information on this form, complete section A, then sign your request below under section B.

Return delivery options:

Please sign and mail form to:

**Mellon Securities Fair Fund
C/O Boston Financial Data Services, Inc.
PO Box 55948
Boston, MA 02205-5948**

A. Account Holder Information:

Account Holder Name (First, M.I., Last)	/ /	Reference #		
Street Address (Physical Address)	APT #	City	State	ZIP
Check # received	- -		State of Residence	
	Social Security Number			

B. SIGNATURE – I understand that there is 20% federal tax withholding required on this distribution, and depending on my state of residency, I may also be subject to state tax withholding. I understand that I will receive IRS Form 1099-R reporting this amount. I hereby affirm that the information given is true and correct, and authorize the Qualified Settlement Fund to make the distribution according to the instructions on this form.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct social security number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Account Holder

Printed Name

Date