

**Must be
Postmarked
No Later Than
August 7, 2016**

In re Regions Morgan Keegan Open-End
Mutual Fund Litigation
c/o GCG
PO Box 10146
Dublin, Ohio 43017-3146
1 (855) 382-6448

RMG



Claim Number:

Control Number:

Account Number:

PROOF OF CLAIM AND RELEASE

To be eligible to share in the Net Settlement Fund as a Member of the Class in this Action, you must complete and sign this Proof of Claim form on or before August 7, 2016. If you fail to submit a timely and properly completed Proof of Claim, your claim is subject to rejection or your payment may be delayed. **THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN AUGUST 7, 2016 AND MUST BE MAILED TO:**

In re Regions Morgan Keegan Open-End Mutual Fund Litigation
c/o GCG
PO Box 10146
Dublin, Ohio 43017-3146

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All capitalized terms not otherwise defined in this form shall have the same meaning as set forth in the Notice that accompanies this Proof of Claim and the Stipulation and Agreement of Class Settlement (the "Settlement Agreement"), dated as of January 19, 2015.

Important - This form should be completed *IN CAPITAL LETTERS* using *BLACK* or *DARK BLUE* ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0


PART I - CLAIMANT IDENTIFICATION
LAST NAME (CLAIMANT)
FIRST NAME (CLAIMANT)
Last Name (Beneficial Owner if Different From Claimant)
First Name (Beneficial Owner)
Last Four Digits of the Beneficial Owner's Employer Identification Number or Social Security Number¹
Last Name (Co-Beneficial Owner)
First Name (Co-Beneficial Owner)
Company/Other Entity (If Claimant Is Not an Individual)
Contact Person (If Claimant is Not an Individual)
Record Owner's Name (If Different From Claimant or Beneficial Owner Listed Above, e.g. Brokerage Firm, Bank, Trustee, Nominee, etc.)
Account Number (If Claimant Is Not an Individual)
Trust/Other Date (If Applicable)
Address Line 1
Address Line 2 (If Applicable)
City
State
Zip Code
Foreign Province
Foreign Country
Foreign Zip Code
Telephone Number (Day)
Telephone Number (Night)
Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Continued On Next Page

¹The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.


PART I - CLAIMANT IDENTIFICATION (Continued)
Check Here to Use Alternate Address for Distribution OPTIONAL

Distribution Address Line 1

Distribution Address Line 2 (If Applicable)

City

State

Zip Code

Foreign Province

Foreign Country

Foreign Zip Code

Telephone Number (Day)
 - -
Telephone Number (Night)
 - -
Email Address
(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

IDENTITY OF CLAIMANT (check only one box - please review #3 of General Instructions for documentation requirements):

- Individual
 Joint Owners
 Estate
 Trust
 Corporation
 Partnership
 Private Pension Fund
 Legal Representative
 Limited liability company
 IRA, Keogh, or other type of individual retirement plan (indicate type of plan, mailing address, and name of current custodian)
 Other (specify, describe on separate sheet)

PART II - CALCULATED RECOGNIZED LOSS AMOUNT(S) AND RECOGNIZED CLAIM FOR CLAIMANTS WITH PURCHASES FROM MK DIRECTLY OR THROUGH MAM
PLEASE SEE SEPARATE SHEET FOR GENERAL INSTRUCTIONS.

Please carefully review the information below.

Regions Morgan Keegan Open-End Funds Settlement Fund Calculation of Recognized Loss Amount and Recognized Claim: The Regions Morgan Keegan Open-End Funds Settlement Fund **Recognized Loss Amount** is, for each Fund, the amount invested at the beginning of the Holders/Sellers Loss Period (July 3, 2006), plus all purchases/acquisitions (including reinvested dividends) made during the Holders/Sellers Loss Period, less all interest or dividends received during the Holders/Sellers Loss Period (July 3, 2006 through May 29, 2009), less all redemptions during the Settlement Class Period (including the amount received for any Fund shares owned at the end of trading on May 29, 2009); the **Recognized Claim** is the sum of all Recognized Loss Amount(s) less distributions received from the States' Fund and the SEC Fair Fund. The **Class Distribution** (individual Claimants' respective shares of the Net Class Settlement Fund) received by a Claimant who is also a Funds Shareholder will be reduced by their Funds Distribution.

If you DO NOT AGREE with one or more of the Recognized Loss Amounts or the Recognized Claim Calculation below or "UNKNOWN" appears in those boxes, check "NO"; **you must then complete PART III below.**

If you AGREE with the Recognized Loss Amount and Recognized Claim Calculations as stated, check "YES" and **GO DIRECTLY TO PART IV, as you will not be required to submit documentation for your claim.**

If you have questions as you are completing the Proof of Claim, please call the Administrator for assistance at 1-855-382-6448.

Based on the net asset value of Fund shares held as of the close of trading on July 3, 2006: purchases/acquisitions (including reinvested dividends) during the Holders/Sellers Loss Period (July 3, 2006 through May 29, 2009); dividends/interest received and sales/redemptions during the Holders/Sellers Loss Period; the amount received for any shares held as of the close of trading on May 29, 2009; and amounts received in the States Fund and SEC Fair Fund distributions:



If you invested in the RMK SELECT SHORT-TERM BOND FUND, this is your **RECOGNIZED LOSS AMOUNT**:

Invested Amount	Less: Recovered Amount	Equals: Compensable Loss Calculation	Plus: Index Adjustment	Equals: Recognized Loss Amount	Do you agree with your Recognized Loss Calculation?
	-	=	+	=	Yes <input type="checkbox"/> No <input type="checkbox"/>
					or <input type="checkbox"/>

If you invested in the RMK SELECT INTERMEDIATE BOND FUND, this is your **RECOGNIZED LOSS AMOUNT**:

Invested Amount	Less: Recovered Amount	Equals: Compensable Loss Calculation	Plus: Index Adjustment	Equals: Recognized Loss Amount	Do you agree with your Recognized Loss Calculation?
	-	=	+	=	Yes <input type="checkbox"/> No <input type="checkbox"/>
					or <input type="checkbox"/>

If you invested in the RMK SELECT HIGH INCOME FUND, this is your **RECOGNIZED LOSS AMOUNT**:

Invested Amount	Less: Recovered Amount	Equals: Compensable Loss Calculation	Plus: Index Adjustment	Equals: Recognized Loss Amount	Do you agree with your Recognized Loss Calculation?
	-	=	+	=	Yes <input type="checkbox"/> No <input type="checkbox"/>
					or <input type="checkbox"/>

RECOGNIZED CLAIM CALCULATION

Based on the **RECOGNIZED LOSS AMOUNT** for each of your investments in one or more of the RMK Select Funds, as calculated above, this is your **RECOGNIZED CLAIM**:

Total of Recognized Loss Amounts*	Less: States' Fund Distribution Amount*	Less: SEC Fair Fund Distribution Amount*	Equals: RECOGNIZED CLAIM**	Do you agree with your Recognized Claim Calculation?
	-	-	=	Yes <input type="checkbox"/> No <input type="checkbox"/>
				or <input type="checkbox"/>

* If you were invested in both the open- and closed-end Regions Morgan Keegan funds, the Distribution Amount has been adjusted to reflect the portion attributable to the open-end funds.

** Your Recognized Claim Amount likely will not be your Class Distribution amount. If the Recognized Claim Amounts of all eligible claims are more than the Net Settlement Fund available for distribution, you will receive a percentage of this amount. As specified in Paragraph 26 of the Notice, each Authorized Claimant shall be allocated his, her or its *pro rata* share of the Net Class Settlement Fund based on the ratio of his, her, or its Recognized Claim to the total Recognized Claims of all Authorized Claimants.

PLEASE NOTE: IF YOU ARE A FUNDS SHAREHOLDER, YOUR CLASS DISTRIBUTION WILL BE REDUCED BY YOUR FUNDS DISTRIBUTION FOR ALL THREE FUNDS THAT IS ESTIMATED TO BE:

IF YOU AGREE WITH THE ABOVE CALCULATED AMOUNTS, PROCEED TO PART IV BELOW



PART III - SPECIAL INSTRUCTIONS FOR CLAIMANTS WHO DO NOT AGREE WITH THE RECOGNIZED LOSS AMOUNT(S) OR RECOGNIZED CLAIM CALCULATIONS IN PART II OR IF THE RECOGNIZED LOSS AMOUNT(S) CALCULATION IN PART II ABOVE READS "UNKNOWN."

For each Fund, separately list your opening position on July 3, 2006, purchases/acquisitions (including reinvested dividends) during the Settlement Class Period (July 3, 2006 through May 29, 2009), dividends/interest received during the Settlement Class Period, and sales/redemptions of the Funds during the Settlement Class Period. You may make copies of this schedule or attach additional lists of transactions in the same format as the schedules below if more space is needed. Be sure to include your name and last four digits of your Social Security number or employer identification number on all separate sheets. For purposes of this schedule, you must list all transactions in addition to dividends/interest received.

The date of acquisition and sale is the "trade" or "contract" date and not the "settlement" or "payment" date. The acquisition price is the price paid without regard to commissions or other expenses. The sale/redemption price is the amount received without regard to commissions or other expenses.

Use the Fund numbers below to identify your transactions in the schedules that follow by Fund number. These Fund numbers may also appear on your statements. For your convenience, the short-form names of each Fund are included in parentheses after the full name of each Fund. **Only Funds listed below are eligible.** The Fund numbers are provided for your use in completing the transaction and dividend/interest schedules.

FUND NAMES	FUND NUMBERS
Regions Morgan Keegan Select Short Term Bond Fund ("Short Term Bond Fund")	1
Regions Morgan Keegan Select Intermediate Bond Fund ("Intermediate Bond Fund")	2
Regions Morgan Keegan Select High Income Fund ("Select High Income Fund")	3

OPENING POSITIONS

Enter the number of Fund shares held at the opening of trading on July 3, 2006, for each of the Funds listed below; if greater than zero (0), please provide documentation. Use your statement for June 30, 2006 for your July 3, 2006 position. **YOU MUST INCLUDE A COPY OF YOUR MONTHLY, QUARTERLY, OR ANNUAL STATEMENT THAT SHOWS YOUR FUND HOLDINGS ON JUNE 30, 2006.**

No.	FUND	NUMBER OF SHARES HELD ON JULY 3, 2006	PROOF ENCLOSED?
1	Regions Morgan Keegan Select Short Term Bond Fund ("Short Term Bond Fund")	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2	Regions Morgan Keegan Select Intermediate Bond Fund ("Intermediate Bond Fund")	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3	Regions Morgan Keegan Select High Income Fund ("Select High Income Fund")	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>



PURCHASES/ACQUISITIONS

List the Fund number, date(s) of acquisition, and number of shares acquired (including reinvested dividends) during the Holders/Sellers Loss Period (July 3, 2006 through May 29, 2009). You should provide annual or quarterly statements, brokerage statements, or confirmation slips to document all acquisitions; if you cannot locate such documentation, provide the documentation upon which you rely in providing this information. If you cannot locate any such documentation, you may still list the transaction information, but you will be contacted by mail to request additional information.

IF NONE, CHECK HERE

FUND NUMBER*	DATE(S) OF ACQUISITION LIST CHRONOLOGICALLY (Month/Day/Year)	NUMBER OF SHARES ACQUIRED (INCLUDE REINVESTED DIVIDENDS)	PROOF ENCLOSED?
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

DIVIDENDS/INTEREST PAYMENTS RECEIVED

List the Fund number, dates of dividend/interest payments, and amounts received during the Holders/Sellers Loss Period (July 3, 2006 through May 29, 2009). You should provide annual or quarterly statements, brokerage statements, or IRS Forms 1099-DIV or 1099-INT to document all payments received. If you cannot locate such documentation, provide the documentation upon which you rely in providing this information. If you cannot locate any such documentation, you may still list the transaction information, but you will be contacted by mail to request additional information.

IF NONE, CHECK HERE

FUND NUMBER*	DATE(S) OF DIVIDEND/INTEREST PAYMENTS RECEIVED LIST CHRONOLOGICALLY (Month/Day/Year)	AMOUNT RECEIVED	PROOF ENCLOSED?
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

SALES/REDEMPTIONS

List the Fund number, date(s), and number of shares redeemed during the Holders/Sellers Loss Period (July 3, 2006 through May 29, 2009), including any shares held on May 29, 2009 that were redeemed thereafter. You should provide annual or quarterly statements, brokerage statements, or confirmation slips to document all redemptions; if you cannot locate such documentation, provide the documentation upon which you rely in providing this information. If you cannot locate any such documentation, you may still list the transaction information, but you will be contacted by mail to request additional information.

IF NONE, CHECK HERE

FUND NUMBER*	DATE(S) OF SALES/REDEMPTIONS LIST CHRONOLOGICALLY (Month/Day/Year)	NUMBER OF SHARES SOLD/REDEEMED	PROOF ENCLOSED?
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> . <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

YOU ARE NOT FINISHED YET. YOU MUST READ THE RELEASE AND SIGN ON PAGE 8. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

*See the chart on page 5 of this Proof of Claim for a list of Fund numbers that correspond to the eligible Fund names during the Settlement Class Period.



PART IV - SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim and Release Form under the terms of the Stipulation and Agreement of Settlement described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Western District of Tennessee, Western Division, with respect to my (our) claim as a Settlement Class Member and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I (we) will be bound by and subject to the terms of the Final Judgment and Order of Dismissal that may be entered in the Lawsuits. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so. I (We) have not submitted any other claim in this Settlement covering the same purchases, acquisitions and sales/redemptions of shares in the Funds during the Settlement Class Period and know of no other Person having done so on my (our) behalf.

PART V - RELEASE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I (We) hereby warrant and represent that I (we) am (are) not (a) excluded from the Settlement Class as defined herein, in the accompanying Notice, and in the Settlement Agreement; or (b) the Administrator, an employee(s) of the Administrator, or a person(s) assisting the Administrator in its role as the Administrator.
2. If signing this Proof of Claim on behalf of a corporation, partnership, or other business entity, I (we) have the legal authority to act on its behalf and execute this Proof of Claim and have represented my (our) authority to sign below and/or am (are) providing documentation of such authority if I am (we are) acting on behalf of a trust, estate, or under terms of an assignment of interest from the original shareholder.
3. I (We) understand that the Administrator may require additional information from me (us) in order to validate or pay my (our) claim, and I (we) agree to provide any information requested by the Administrator for those purposes. If necessary, I (we) authorize the Administrator to obtain and review any and all trading records relevant to my (our) transactions in the Funds from any brokerage firm or other entity that has possession of such records and further consent to the release of such records by such brokerage firm or other entity to the Administrator.
4. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever settle, release and discharge from the Released Claims each and all of the Released Defendant Parties as those terms and terms related thereto are defined in the Settlement Agreements and exhibits thereto.
5. This release shall be of no force or effect unless and until the Court approves the Settlement Agreement and the Effective Date (as defined in the Settlement Agreement) has occurred.
6. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any claim or other matter released pursuant to this release or any other part or portion thereof or any interest therein.
7. I (We) agree that under no circumstances shall Defendants or their counsel, Lead or Derivative Plaintiffs or their counsel, the Funds or their counsel, the Administrator or its agents incur any liability to me (us) or to any other person if it makes a distribution in accordance with the list of all Authorized Claimants and their Recognized Claims as approved by the Court and that I am (we are) enjoined from taking any action in contravention of this provision.
8. If I am (we are) a custodian, trustee, or professional investing on behalf of and representing more than one Potential Claimant in a pooled investment fund or entity, I (we) also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management.
9. The number shown on this form is my (our) correct last four digits of my (our) Taxpayer Identification Number (either Social Security number or Employer Identification Number).
10. I (We) certify that I am (we are) United States citizen(s), resident(s), or entity(ies).
11. I (We) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification in item 11 above.



PART VI - CERTIFICATION

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on the Proof of Claim by the undersigned is true and correct and that the documents submitted herewith are true and genuine. **The Internal Revenue Service does not require your consent to any provision other than the certification required to avoid backup withholding listed in item 11 of the Verification above.**

Executed this _____ day of _____ in _____
(Month) (Year) (City, State, Country)

Signature of Claimant

Date

Print your name here

Signature of joint claimant, if any

Date

Print your name here

If the Claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of person signing on behalf of claimant

Date

Print your name here

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, custodian, etc.

**PROOFS OF CLAIM MUST BE POSTMARKED BY AUGUST 7, 2016.
ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.**

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

Submission of this Proof of Claim does not ensure that you will share in the distribution of the Settlement.