

PROOF OF CLAIM / STATEMENT OF ELIGIBLE UNITS FORM

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Number of Eligible Units Purchased in the UDF III Dividend Reinvestment Program  
During the Class Period:** \_\_\_\_\_

(The Class Period is November 21, 2013 through November 21, 2018, inclusive.)

Your portion of the settlement will be determined using the number of eligible units listed above. We obtained this number from the records of UDF III. You can review the Plan of Allocation set forth in the enclosed Notice for additional details on how the amount of the payment per unit will be determined. If you **AGREE** with number of shares indicated above, no action is needed. If the Court approves the Settlement, then you will automatically receive your portion of the Net Settlement Fund.

If you **DISAGREE** with the number of eligible units set forth above, but you still want to participate in the Settlement, then you must contact our office using the contact information above no later than April 22, 2021. You will be required to provide us with documentation supporting your claim as to the number of UDF III DRIP units you purchased during the Class Period if that number differs from the number set forth above.

**IF YOU DO NOT WANT TO PARTICIPATE IN THE SETTLEMENT, THAT IS, IF YOU WANT TO OPT-OUT OF THE SETTLEMENT, YOU MUST FOLLOW THE PROCEDURES SET FORTH IN THE NOTICE.**

**IF YOU OPT OUT OF THE SETTLEMENT, YOU WILL NOT RECEIVE ANY SETTLEMENT PAYMENT.**

**IF YOU TAKE NO STEPS AT ALL, YOU WILL RELEASE ALL CLAIMS AND WILL BE DEEMED TO HAVE AGREED WITH THE NUMBER OF UNITS INDICATED ABOVE AND DEEMED TO HAVE SUBMITTED THIS PROOF OF CLAIM FORM.**

If any of your contact or mailing information changes, please contact our office toll free at 866-274-2004 or via email at info@strategicclaims.net.