

**Must be
Postmarked
No Later Than
October 31, 2018**

**Bank of America Mortgage Obligations Distribution Fund
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249**

BOM



**1 (800) 231-1815
www.BOAMortgageObligations.com**



Claim Number:

Control Number:

PROOF OF CLAIM FORM

TO BE ELIGIBLE TO SHARE IN THE PROCEEDS OF THE BANK OF AMERICA MORTGAGE OBLIGATIONS DISTRIBUTION FUND (THE "DISTRIBUTION FUND"), YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM TO THE DISTRIBUTION AGENT BY FIRST CLASS MAIL, POSTMARKED, OR IF NOT SENT BY U.S. MAIL, RECEIVED BY **OCTOBER 31, 2018**, TO THE ADDRESS SET FORTH AT THE TOP OF THIS PAGE.

IF YOU FAIL TO SUBMIT A TIMELY, PROPERLY ADDRESSED AND COMPLETED PROOF OF CLAIM FORM, YOUR CLAIM MAY BE REJECTED AND YOU MAY BE PRECLUDED FROM RECEIVING ANY PROCEEDS FROM THE DISTRIBUTION FUND.

SUBMIT YOUR CLAIM ONLY TO THE DISTRIBUTION AGENT AT THE ADDRESS SET FORTH ABOVE.

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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

Claimant or Representative Contact Information:

The Distribution Agent will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Distribution Agent in writing at the address above.

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

Street Address:

City:

State:

Zip:

Country (if Other than U.S.):

Account Number:

Last 4 digits of Claimant SSN/TIN:

Name of the Person you would like the Distribution Agent to Contact Regarding This Claim

(if different from the Claimant Name(s) listed above):

Daytime Telephone Number:

Evening Telephone Number:

	-		-		

Email Address (Email address is not required, but if you provide it you authorize the Distribution Agent to use it in providing you with information relevant to this claim.):

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, visit the Distribution Fund website at www.BOAMortgageObligations.com or e-mail the Distribution Agent at eclaim@choosegcg.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Distribution Agent issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive an email within 10 days of your submission, you should contact the electronic filing department at eclaim@choosegcg.com to inquire about your file and confirm it was received and acceptable.

To view Garden City Group, LLC's Privacy Notice, please visit <http://www.choosegcg.com/privacy>

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 II - INSTRUCTIONS FOR FILING PROOF OF CLAIM FORM

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all portions of this Proof of Claim Form.

NOTE: The Proof of Claim Form contains purchase and sale schedules for the Eligible Certificates in the BOAMS 2008-A Trust ("BOAMS Trust"). The term "Eligible Certificates" shall mean the certificates in the BOAMS Trust with CUSIP numbers which match those listed in Part III of this Proof of Claim Form that were purchased prior to March 20, 2008 and held on March 20, 2008. You must carefully complete these schedules. Do not omit any potentially relevant information regarding investments in the BOAMS Trust. This information is necessary to determine your share of any distributions. If you cannot list all transactions in the spaces provided in the Proof of Claim Form, or if you believe that you must or should supply additional information with respect to any transaction, attach additional sheets to the Proof of Claim Form supplying the required information. You must be properly identified on each additional sheet of paper. The date of purchase and sale is the "trade" or "contract" date, and not the "settlement" or "payment" date. The purchase price is the price paid excluding commissions or other expenses. The sale price is the price received less commissions or other expenses.

2. You must sign the Proof of Claim Form.

NOTE: If the certificates were or are owned jointly, all joint owners must sign the Proof of Claim Form. Executors, administrators, guardians, conservators and trustees may complete and sign the Proof of Claim Form on behalf of persons or entities represented by them, but they must identify such persons or entities and provide proof of their authority (for example, currently effective letters testamentary or letters of administration) to complete and execute the Proof of Claim Form. Any Proof of Claim Form submitted by legal representatives of a claimant must be executed by all such representatives.

Separate Proof of Claim Forms should be submitted for each separate legal entity (for example, a claim form by joint owners should not include separate transactions of just one of the joint owners; an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Proof of Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity no matter how many separate accounts that entity has (for example, a corporation with multiple brokerage accounts should include all transactions made in Eligible Securities during the Recovery Period on one Proof of Claim Form, no matter how many accounts the transactions were made in).

3. You must attach to the Proof of Claim Form legible copies of broker confirmation slips, monthly brokerage statements or other satisfactory proof confirming your purchases and sales, your opening balance as of December 7, 2007 and closing balance as of March 20, 2008 of all Eligible Certificates. **IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.**

4. You must submit the completed and signed Proof of Claim Form and supporting documents by first-class mail, postage prepaid, postmarked or, if not sent by U.S. mail, received no later than October 31, 2018, to:

Bank of America Mortgage Obligations Distribution Fund
c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249

5. Consistent with the purpose of Section 21(d)(4) of the Securities and Exchange Act of 1934, no funds from the Distribution Fund may be used for payment of attorneys' fees or expenses.

IF YOU FAIL TO SUBMIT A COMPLETE CLAIM POSTMARKED OR, IF NOT SENT BY U.S. MAIL, RECEIVED BY OCTOBER 31, 2018, YOUR CLAIM IS SUBJECT TO REJECTION OR YOUR PAYMENT MAY BE DELAYED. So that you will have a record of the date of your mailing and its receipt by the Distribution Agent, you are advised to use certified mail, return receipt requested. Please keep a copy of all documents that you send to the Distribution Agent.

PART III - SCHEDULE OF TRANSACTIONS IN THE BOAMS TRUST



Code	Eligible Cusips
BOAMS1	05955BAB5
BOAMS2	05955BAE9
BOAMS3	05955BAN9
BOAMS4	05955BAK5
BOAMS5	05955BAV1
BOAMS6	05955BAF6
BOAMS7	05955BAP4
BOAMS8	05955BAW9
BOAMS9	05955BAY5

Code	Eligible Cusips
BOAMS10	05955BBC2
BOAMS11	05955BBD0
BOAMS12	05955BBE8
BOAMS13	05955BAZ2
BOAMS14	05955BBA6
BOAMS15	05955BBB4
BOAMS16	05955BAG4
BOAMS17	05955BAH2
BOAMS18	05955BAQ2

1. PURCHASES: List all purchases of Eligible Certificates from the date of the offering through the close of trading on March 19, 2008. Be sure to attach the required documentation.

Code From Table Above	Purchase Date(s) List Chronologically (Month/Day/Year)	Original Face Amount	Price	Total Cost (Excluding fees, commissions and interest adjustments)
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IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU **MUST** PHOTOCOPY THIS PAGE AND CHECK THIS BOX IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL **NOT** BE REVIEWED



PART IV - RELEASE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am (we are) **not**:
 - a) Or have not at any time been a parent, subsidiary, affiliate, partner, or member of any of the Defendants;
 - b) Exercised control of or were controlled by any of the Defendants;
 - c) Employed by, or served as officers or directors, or were members of any of the Defendants or any other entity that is deemed to be an Excluded Party pursuant to parts (a) or (b) of the approved Plan of Distribution during the period of 2007 to the present.
2. If signing this Proof of Claim Form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Proof of Claim Form;
3. I agree to submit to the jurisdiction of the United States District Court for the Western District of North Carolina, Charlotte Division, for all purposes relating to this claim;
4. I understand that the Distribution Agent may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Distribution Agent for those purposes. If necessary, I authorize the Distribution Agent to obtain and review any and all trading records relevant to my transactions in Eligible Certificates 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 Distribution Agent;
5. I agree that under no circumstances shall the Distribution Agent or its agents incur any liability to me or to any other person if it makes a distribution in accordance with the list of all Eligible Claimants and their Approved Claims as approved by the Court and that I am enjoined from taking any action in contravention of this provision;
6. I agree that upon receipt and acceptance by me of a distribution from the BOA Mortgage Obligations Distribution Fund, I shall be deemed to have released all claims that I may have against the Distribution Agent and its agents and shall be deemed enjoined from prosecuting or asserting any such claims; and
7. If I am a custodian, trustee, or professional investing on behalf of and representing more than one potentially eligible claimant in a pooled investment fund or entity, I 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.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim Form by the undersigned is true and correct and that the documents submitted herewith are true and genuine.



PART V - CERTIFICATION

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

Signature of Claimant (if this claim is being made on behalf of Joint Claimants, then each must sign.)

Signature of Claimant

Print Name of Claimant

Date

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

Date

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

Signature of Person Completing Form

Print Name of Person Completing Form

Date

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

**REMINDER CHECKLIST**

1. Please sign the Signature Section of the Proof of Claim and Release Form.
2. If this Proof of Claim and Release Form is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach supporting documentation.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Proof of Claim and Release Form and all documentation submitted for your records.
6. If you move, please send your new address to the Claims Administrator at the address below.
7. Do not use highlighter on the Proof of Claim and Release Form or supporting documentation.

THIS PROOF OF CLAIM FORM MUST BE SUBMITTED TO THE DISTRIBUTION AGENT AT THE ADDRESS BELOW SO THAT IT IS POSTMARKED OR, IF NOT SENT BY U.S. MAIL, RECEIVED NO LATER THAN OCTOBER 31, 2018:

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