

**IN THE PROBATE COURT OF JEFFERSON COUNTY, ALABAMA
(IN EQUITY)**

IN RE REGIONS BANK, d/b/a)
REGIONS MORGAN KEEGAN TRUST) **CASE NO. 200853**

**NOTICE OF ORDER DIRECTING ACCOUNT SUCCESSORS TO NOTIFY REGIONS
OF CHANGES IN ADDRESS OR STATUS**

You are receiving this Notice because Regions Bank, d/b/a Regions Morgan Keegan Trust (“Regions”) has identified you as an Account Successor (defined below) of the former Regions account that is identified on the attached Information Form (“Your Affected Account”). **Failure to provide the information requested by this Notice and the attached Information Form could cause payments to Account Successor(s) of any money that may be recovered on behalf of Your Affected Account to be misdirected or permanently lost.**

RMK FUNDS CLAIMS, LEGACY ACCOUNTS, AND ACCOUNT SUCCESSORS

Effective June 30, 2008, the Probate Court of Jefferson County, Alabama appointed a Trustee ad Litem to monitor, evaluate, or pursue, in substitution for Regions, a specific category of claims (“RMK Funds Claims”) on behalf of certain trust, estate, agency and custodial accounts that were maintained at Regions as of June 30, 2008 (“Affected Accounts”), including Your Affected Account. Some of these Affected Accounts, including Your Affected Account, are no longer maintained at Regions or may cease to be maintained at Regions in the future (“Legacy Accounts”). The Court directed Regions to identify the persons or entities who are entitled to receive any amounts recovered by the Trustee ad Litem for the RMK Funds Claims of Legacy Accounts (“Account Successors”). In fulfilling that responsibility, Regions has identified you and your status as an Account Successor of Your Affected Account as well as your contact information, based on information obtained by Regions, all as shown on the attached Information Form.

The Court has now issued an Order: (a) redefining the continuing responsibilities of Regions with respect to Legacy Accounts; (b) directing Regions to notify Account Successors of their responsibility to report to Regions any corrections or future changes to address information or Account Successor status; and (c) directing Regions to provide Account Successors with a means of reporting to Regions any such corrections or future changes.

ACCOUNT SUCCESSOR INFORMATION FORM

It is critical that you review and return the attached Information Form to Regions promptly. A pre-addressed, postage pre-paid return envelope is enclosed. If the information on the Form is incomplete, incorrect, or no longer current, you should complete or correct that information on the Form before returning it. If the information on the Form is currently complete and correct, you should still sign and return the Form to confirm the accuracy of the information. Finally, if your contact information (your address, for example) or your Account Successor status changes¹ in the future, you must promptly notify Regions (using the contact information provided below).

It is very important that Regions’ records of your address and Account Successor status remain current. It is your responsibility, now and in the future, to provide written notice to Regions (using the contact information provided below) of any changes. Failure to provide the information requested by this Notice and the attached Information Form could cause payments to Account Successor(s) of any money that may be recovered on behalf of Your Affected Account to be misdirected or permanently lost.

¹ An example of a change in Account Successor status is: The trustee of a trust that has become a Legacy Account is the Account Successor. The trust later terminates, the trustee distributes the trust assets to the trust’s remainder beneficiaries, and is discharged as trustee. The trustee is no longer the Account Successor; the remainder beneficiaries are. That trustee should notify Regions of the remainder beneficiaries’ names, percentage shares, addresses, and tax identification numbers so that Regions can provide the Trustee ad Litem and any appropriate Claims Administrators or Settlement Administrators with this update regarding the new Account Successors.

ADDITIONAL INFORMATION AND QUESTIONS

Copies of the Order referenced in this Notice may be obtained from the Settlement Administrator, Garden City Group (“GCG”), by contacting GCG as indicated below, or on GCG’s website: <http://www.choosegcg.com/cases-info/rnx/>. Additional information can also be obtained on GCG’s website or by calling GCG at 877-940-9475 or emailing GCG at RegionsBankTALSettlement@gardencitygroup.com

Questions about this Notice or the attached Information Form should be directed to Regions’ counsel. Also, additional copies of the Information Form may be obtained by contacting Regions’ counsel, whose mailing address, telephone number, and email address are as follows:

Regions Trust Account Updates
c/o Maynard, Cooper & Gale, PC
1901 6th Avenue North, Suite 2400
Birmingham, AL 35203
Phone: 855.501.9793
Email: **Updates@maynardcooper.com**

Please do not contact the Court directly.

Done and ordered July 14, 2014, as supplemented
January 28, 2015, as amended July 12, 2017
SHERRI FRIDAY, Probate Judge

ACCOUNT SUCCESSOR INFORMATION FORM - Return promptly to:

**Regions Trust Account Updates
c/o Maynard Cooper & Gale, P.C.
1901 Sixth Avenue North, Suite 2400
Birmingham, AL 35203
Phone: 855.501.9793
Email: Updates@maynardcooper.com**

It is your responsibility, now and in the future, to notify Regions (using the contact information provided above) of any changes in your address or Account Successor status. Failure to provide the information requested by the attached Notice and this Information Form could cause payments to Account Successor(s) of any money recovered on behalf of Your Affected Account to be misdirected or permanently lost. Regions has been directed by the Probate Court to provide all of the information set forth in this Information Form.

Information about the former Regions Account (“Your Affected Account”):

Name of Account

Account Number

Information about the Person Submitting this Form as Account Successor:

Your Name (and entity name if an institutional trustee or other entity)

Account Successor status (according to the best information obtained by Regions, this is your specific Account Successor status with respect to this Account, which you must confirm or correct)

Street Address

City, State and Zip Code

Daytime Telephone Number

E-mail Address

Social Security or Taxpayer Identification Number

Please complete the telephone number, e-mail address, and SSN/TIN lines.

If any of the above information is or may be incorrect, please mark through the information provided and print any corrections. If all of the above information is currently complete and correct, please check here , sign and date below, and return this Form to Regions at the mailing address or email address provided above.

For Accounts with more than one Account Successor, information will appear below about all Account Successors for Your Affected Account:

Each Account Successor's Name (and entity name if an institutional trustee or other entity)

Account Successor status (according to the best information obtained by Regions, this is each Account Successor's status with respect to this Account; please confirm or correct, if known)

Street Address

City, State and Zip Code

Daytime Telephone Number

E-mail Address

If you know or can readily obtain the telephone number or e-mail address of any of the other Account Successors for Your Affected Account, please provide that information.

If any of the above information is or may be incorrect, please mark through the information provided and print any corrections. If all of the above information is currently complete and correct, please check here , sign and date below, and return this Form to Regions at the mailing address or email address provided above.

Please Note: If you are not an Account Successor of the Affected Account identified in this Form, or if you received the attached Notice and this Form on behalf of a person who has died or become incompetent or is otherwise unavailable for some reason, then please update the Account Successor information by making changes on this Form as provided in the preceding paragraphs and return the Form to Regions (using the contact information provided above).

A pre-addressed, postage pre-paid envelope is enclosed for your use in returning this Form, or you may email the Form to Updates@maynardcooper.com.

Date

Signature

Name printed if different from name shown above