

Questionnaire for Members
of the Class & Subclass

TRACHTE



**PART I: BASIC INFORMATION
(FOR ALL CLASS MEMBERS & SUBCLASS MEMBERS)**

Note: If any of the above information is incorrect, please put a line through the incorrect information and enter the correct information in the red boxes below. Please type or print legibly. DO NOT use staples, red ink or pencil as it will not be captured.

Last Name

First Name

Address 1

Address 2

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

Please provide a phone number and/or email address and other information below. This information is required as we may need to contact you regarding your Questionnaire or Election Form.

Primary Telephone Number (Home Work Cell)

Secondary Telephone Number (Home Work Cell)

Email Address (If you are still employed at Trachte, please provide a non-Trachte email)

Are you currently married? Yes No

(If your spouse is or was an employee of Trachte or one of its subsidiaries, please have your spouse fill out a separate form.)

Dates of Employment at Trachte (or subsidiary): / / to / /
Month Day Year Month Day Year

Please completely fill this circle if the above Class member is deceased. If the Class member is deceased, please populate Part I with the beneficiary's information.

IF YOU WERE NOT A PARTICIPANT IN THE ALLIANCE ESOP ON AUGUST 29, 2007 (i.e. YOUR ACCOUNT WAS NOT TRANSFERRED FROM THE ALLIANCE ESOP TO THE TRACHTE ESOP), STOP HERE AND SEND THIS PART ONLY.

Please mail this form to:

Trachte ESOP Settlement
c/o Gilardi & Co. LLC
P.O. Box 990
Corte Madera, CA 94976-0990
Email: classact@gilardi.com

If you have any questions, please call (877) 289-7114.

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B	<input type="text"/> / <input type="text"/> / <input type="text"/>
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