

CLAIM FORM
Capital Access Program

1. Name of Lender _____

2. Lender Employer I.D. Number _____

3. Capital Access Account Number _____

4. Lender Loan Number _____ Name of Borrower _____

5. Outstanding Balance of Loan (prior to charge-off) _____

6. Date of Charge-off _____ Amount _____

7. Amount of Claim:

a. Principle _____

b. Accrued Interest _____

c. 50% of Out-of-pocket Expenses _____

Total Amount of Claim _____

8. Describe efforts made to collect on this loan, what amounts were recovered, itemize expenses incurred, and date of bankruptcy (if applicable)

Authorized Signature _____ Date _____

Name/Title of Officer Submitting Claim _____

Business and Community Development Division

1st National Bank Building ■ 332 Minnesota Street, Suite E200 ■ Saint Paul, MN 55101-2146 USA

www.positivelyminnesota.com

Toll Free: 800-657-3858 ■ Phone: 651-259-7424 ■ Fax: 651-296-5287 ■ TTY: 651-296-3900

An Equal Opportunity Employer and Service Provider

DATA PRIVACY ACKNOWLEDGEMENT:

Tennessee Warning Notice: per MN Statutes 13.04, Subd.2, this data is being requested from you to determine if you are eligible for assistance from the Minnesota Department of Employment and Economic Development. You are not required to provide the requested information, but failure to do so may result in the department's inability to determine your eligibility for assistance. The data you provide that is classified as private or non-public and will not be shared without your permission except as specified in state and federal laws.

Data Privacy Notice: per MN Statutes 13.591, Subdivision 1, certain data provided in this application is private or non public data; this includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans; income and expense projections; balance sheets; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds. Per MN Statutes 116J.401, Subd. 3., certain data provided in this application is private data; this includes data collected on individuals pursuant to the operation of business finance programs.

I have read the above statements and I agree to supply the information requested to the MN Department of Employment and Economic Development, Office of JOBZ and Business Finance with full knowledge of the information provided herein. I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Typed Name of Business Official: _____

Signature of Business Official: _____

Date: _____

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