

INSTRUCTIONS FOR PROOF OF CLAIM FORM

If you purchased directly from MKC or MAM: Please review the information in Section B carefully. Those potentially eligible claimants that purchased shares of the affected Funds directly from MKC or MAM will have values provided in Section B for confirmation. You will be required to confirm the values provided for known purchases or, if you disagree, provide your holdings as of December 31, 2006, all purchases/acquisitions/free receipts, all interest and dividends received, all sales/free deliveries, and your holdings at the close of trading on March 31, 2008. All potentially eligible claimants must complete the Proof of Claim Form per the instructions and sign and return it to the Fund Administrator.

If you purchased from a bank, broker, or other nominee OR after purchasing from MKC or MAM, your account was moved to another bank, broker, or other nominee: Potentially eligible claimants that held/purchased shares of the affected Funds during the States' Fund Loss Period through a bank, broker, or other nominee or whose accounts were moved to another bank, broker, or other nominee after purchasing from MKC or MAM will be required to submit information and documentation regarding their holdings as of December 31, 2006, all purchases/acquisitions/free receipts, all interest and dividends received, all sales/free deliveries, and their holdings at the close of trading on March 31, 2008 in addition to completing the balance of the Proof of Claim Form before signing and returning it. Unfortunately, information is not available in the same manner for these accounts as is available for direct purchasers from MKC and MAM.

If you have purchases listed in Section B and ALSO made purchases through another bank, broker, or other nominee, please contact the Fund Administrator before completing your Proof of Claim Form by calling toll free 888-208-9083 or emailing info@MorganKeeganSettlement.com.

If you are required to submit documentation to support your claim and you have difficulty in locating documentation or you are not sure what documents might be considered as adequate proof of positions, purchases/acquisitions/free receipts, dividends/interest received, and sales/free deliveries, you may review the information on the website MorganKeeganSettlement.com or contact the Fund Administrator at 888-208-9083. You should review the Notice carefully prior to completing this Proof of Claim Form.

REQUIREMENTS FOR FILING A PROOF OF CLAIM FORM

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

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

NOTE: The Proof of Claim Form contains several schedules. You must carefully complete each applicable section of the schedules. Do not omit any requested information regarding your positions, purchases/acquisitions, dividends/interest payments received, and sales/transfers (including any free receipts and/or free deliveries, if applicable) for the eligible Funds. This information is necessary to determine your share of any distribution. 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. Your name and taxpayer identification number (Social Security number or employer identification number) must be properly identified on each additional sheet of paper. **DO NOT INCLUDE INFORMATION FOR ANY FUND WITHOUT A FUND NUMBER SPECIFICALLY LISTED BELOW; TRANSACTIONS FOR INELIGIBLE FUNDS WILL NOT BE PROCESSED.**

2. You must **sign** the Proof of Claim Form.

NOTE: If the applicable shares were or are owned jointly, all joint owners must sign the Proof of Claim Form. Executors, administrators, guardians, conservators, trustees, and attorneys-in-fact 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, letters of administration, certification of trust, power of attorney) to complete and execute the Proof of Claim Form on their behalf and to bind them in accordance with the terms thereof. A Proof of Claim Form submitted by legal representatives of a claimant must be executed by all such representatives.

3. You must attach to the Proof of Claim Form legible copies of quarterly statements from MKC and MAM, monthly brokerage statements, broker confirmation slips for purchases and/or sales, or other proof satisfactory to the Fund Administrator confirming the particulars of each position, purchase/acquisition, dividends/interest received, and/or sale/transfer of an eligible Fund made from January 1, 2007, through and including March 31, 2008. Please make sure that all supporting documentation states your account name. If you are filing on behalf of a deceased claimant, please provide a copy of the death certificate and a will/probate documents or proof of joint ownership.
4. You must mail the completed and signed Proof of Claim Form and supporting documents by First-Class Mail, postage prepaid, postmarked no later than **June 16, 2012** to:

**MORGAN KEEGAN SETTLEMENT
FUND ADMINISTRATOR
c/o A.B. DATA, LTD.
PO BOX 170500
MILWAUKEE, WI 53217-8091**

ANY PERSON WHO KNOWINGLY SUBMITS A FALSE PROOF OF CLAIM FORM IS SUBJECT TO PENALTIES FOR PERJURY AND OTHER VIOLATIONS OF FEDERAL LAW.

Submission of this Proof of Claim Form, however, does not ensure that you will share in the distribution of the Net Distribution Fund.

5. See Section II of the Notice (available for download on the website MorganKeeganSettlement.com) for more information on how your claim will be calculated.

PLEASE NOTE: It is not necessary to hire an attorney to represent you in order to file a claim or in order to participate in the States' Fund or SEC Fair Fund settlements; however, you are free to do so if you choose. Submission of a claim will not affect other legal rights you may have under federal or state law to pursue a private action.

**Must be postmarked no
later than June 16, 2012**

MORGAN KEEGAN SETTLEMENT
Proof of Claim Form
Please print or type



SECTION A: CONTACT INFORMATION

Last Name (Claimant)

First Name (Claimant)

Last Name (Beneficial Owner If Different From Claimant)

First Name (Beneficial Owner)

Last Name (Co-Beneficial Owner)

First Name (Co-Beneficial Owner)

Company/Other Entity (If Claimant Is Not an Individual)

Record Owner's Name (If Different From Beneficial Owner Listed Above, e.g., brokerage firm, bank, nominee, etc.)

Account Number (If Claimant Is Not an Individual)

Trust/Other Date (If Applicable)

Address Line 1

Address Line 2 (If Applicable)

City

State

Zip Code

Foreign Province

Foreign Zip Code

Foreign Country

☐ **Check Here to Use Alternate Address for Distribution**

OPTIONAL Distribution Address Line 1

Distribution Address Line 2 (If Applicable)

City

State

Zip Code

Foreign Province

Foreign Zip Code

Foreign Country

SECTION B: CALCULATED ELIGIBLE LOSSES FOR CLAIMANTS WITH DIRECT PURCHASES FROM MKC AND MAM

States' Fund Calculation of Eligible Loss Amount: The States' Fund Eligible Loss Amount is the amount invested as of January 1, 2007, plus all purchases/acquisitions from January 1, 2007 through and including March 31, 2008, less all cash interest or dividends received from January 1, 2007 through and including March 31, 2008, less all sales from January 1, 2007 through and including March 31, 2008, and less the value of shares owned at the end of trading on March 31, 2008.

If you agree with the Eligible Loss Amount as stated AND you only made purchases directly through MKC or MAM, check “YES” and GO DIRECTLY TO SECTION D, as you will not be required to submit documentation for your claim.

If you have questions as you are completing the Proof of Claim Form, please call the Fund Administrator for assistance at 888-208-9083.

STATES' FUND – ELIGIBLE LOSS ESTABLISHED BY RECORDS FROM MKC AND MAM			
Based on shares held as of the close of trading on December 31, 2006, purchases/acquisitions, dividends/interest received, sales, and shares held as of the close of trading on March 31, 2008.			
Invested Amount	Recovered Amount	Eligible Loss Amount	Do you agree with your Eligible Loss Amount? (check one)
\$ UNKNOWN	\$ UNKNOWN	\$ UNKNOWN	☐ YES ☐ NO

QUESTIONS? CALL 888-208-9083 OR VISIT MORGANKEEGANSETTLEMENT.COM

SEC FAIR FUND – ELIGIBLE LOSS ESTABLISHED PER RECORDS FROM MKC AND MAM			
Based on shares held as of the close of trading on December 31, 2006, purchases/acquisitions, dividends/interest received, sales, and shares held as of the close of trading on July 31, 2007.			
Invested Amount	Recovered Amount	Eligible Loss Amount	Do you agree with your Eligible Loss Amount? (check one)
\$ UNKNOWN	\$ UNKNOWN	\$ UNKNOWN	☐ YES ☐ NO

SECTION C: SPECIAL INSTRUCTIONS FOR (1) THOSE WHO PURCHASED THROUGH BANKS, BROKERS, OR OTHER NOMINEES OR (2) CLAIMANTS THAT DO NOT AGREE WITH THE ELIGIBLE LOSS CALCULATION IN SECTION B

IF THE ELIGIBLE LOSS IN SECTION B ABOVE READS “UNKNOWN,” **YOU MUST COMPLETE THIS SECTION.** IF YOU AGREED WITH THE CALCULATED AMOUNT IN SECTION B ABOVE, **DO NOT COMPLETE THIS SECTION** AND MOVE ON TO SECTION D BELOW.

Separately list each of your positions, purchases/acquisitions, dividends/interest received, and sales/transfers of the Funds during the period from January 1, 2007 through and including March 31, 2008. You may make copies of this schedule or attach additional lists of transactions in the same format as the schedules below if more space is needed. Be sure to include your name and Social Security number or employer identification number on all separate sheets.

For purposes of this schedule, you should list all transactions (including free receipts and/or free deliveries, if applicable) in addition to dividends/interest received.

The date of acquisition and sale is the “trade” or “contract” date and not the “settlement” or “payment” date. The acquisition price is the price paid without regard to commissions or other expenses. The sale price is the price received without regard to commissions or other expenses.

Use the fund numbers below to identify your transactions in the schedules that follow by fund number. These fund numbers may also appear on your statements. For your convenience, the short-form names of each eligible Fund are included in parentheses after the full name of each eligible Fund. **Only Funds listed below are eligible.** The fund numbers are provided for your use in completing the transaction and dividend/interest schedules.

Fund Names	Fund Numbers
Regions Morgan Keegan Select Intermediate Bond Fund (“Intermediate Bond Fund”)	1
Regions Morgan Keegan Select High Income Fund (“Select High Income Fund”)	2
Regions Morgan Keegan Advantage Income Fund (“Advantage Income Fund”)	3
Regions Morgan Keegan High Income Fund (“High Income Fund”)	4
Regions Morgan Keegan Multi-Sector High Income Fund (“Multi-Sector High Income Fund”)	5
Regions Morgan Keegan Strategic Income Fund (“Strategic Income Fund”)	6
Regions Morgan Keegan Select Short Term Bond Fund (“Short Term Bond Fund”)	7

OPENING POSITIONS

Enter the number of shares held prior to the opening of trading on January 1, 2007 for each of the Funds listed below; if greater than zero (0), please provide documentation.

OPENING POSITIONS IN REGIONS MORGAN KEEGAN FUNDS		Number of Shares Held on January 1, 2007	Proof enclosed?
Regions Morgan Keegan Select Intermediate Bond Fund (“Intermediate Bond Fund”)		○ Y ○ N	
Regions Morgan Keegan Select High Income Fund (“Select High Income Fund”)		○ Y ○ N	
Regions Morgan Keegan Advantage Income Fund (“Advantage Income Fund”)		○ Y ○ N	
Regions Morgan Keegan High Income Fund (“High Income Fund”)		○ Y ○ N	
Regions Morgan Keegan Multi-Sector High Income Fund (“Multi-Sector High Income Fund”)		○ Y ○ N	
Regions Morgan Keegan Strategic Income Fund (“Strategic Income Fund”)		○ Y ○ N	
Regions Morgan Keegan Select Short Term Bond Fund (“Short Term Bond Fund”)		○ Y ○ N	

ACQUISITIONS

ACQUISITIONS OF SHARES IN REGIONS MORGAN KEEGAN FUNDS			If none, check here ☐
List the fund number, date of acquisition, and number of shares acquired from January 1, 2007 through and including March 31, 2008. You should provide quarterly statements, brokerage statements, or confirmation slips to document all acquisitions; if you cannot locate such documentation, you may still list the transaction information, but you will be contacted by mail to request additional information.			
Fund Number *	Date(s) of acquisition List chronologically MM DD YYYY	Number of shares acquired (include free receipts)	Proof of acquisition enclosed?
	/ /		☐ Y ☐ N
	/ /		☐ Y ☐ N
	/ /		☐ Y ☐ N
	/ /		☐ Y ☐ N

* See the chart on Page 5 of this Proof of Claim Form for a list of Fund numbers that correspond to the eligible Fund names during the loss period.

DIVIDENDS/INTEREST PAYMENTS RECEIVED

DIVIDENDS/INTEREST RECEIVED FOR SHARES IN REGIONS MORGAN KEEGAN FUNDS List the fund number, date of dividend/interest payment, and amount received from January 1, 2007 through and including March 31, 2008. You should provide quarterly statements, brokerage statements, or IRS Forms 1099-DIV or 1099-INT to document all payments received; if you cannot locate such documentation, you may still list the transaction information, but you will be contacted by mail to request additional information.			If none, check here ☐
Fund Number *	Date(s) of dividend/interest payment List chronologically MM DD YYYY	Amount received	Proof of payment enclosed?
			☐ Y ☐ N
			☐ Y ☐ N
			☐ Y ☐ N
			☐ Y ☐ N

* See the chart on Page 5 of this Proof of Claim Form for a list of Fund numbers that correspond to the eligible Fund names during the loss period.

SALES

SALES OF SHARES IN REGIONS MORGAN KEEGAN FUNDS List the fund number, date, and number of shares sold from January 1, 2007 through and including March 31, 2008. You should provide quarterly statements, brokerage statements, or confirmation slips to document all sales; if you cannot locate such documentation, you may still list the transaction information, but you will be contacted by mail to request additional information.			If none, check here ☐
Fund Number *	Date(s) of sale List chronologically MM DD YYYY	Number of shares sold (include free deliveries)	Proof of sale enclosed?
			☐ Y ☐ N
			☐ Y ☐ N
			☐ Y ☐ N
			☐ Y ☐ N

* See the chart on Page 5 of this Proof of Claim Form for a list of Fund numbers that correspond to the eligible Fund names during the loss period.

CLOSING POSITIONS

Enter the number of shares held at the close of trading on March 31, 2008 for each of the Funds listed below; if greater than zero (0), please provide documentation.

CLOSING POSITIONS IN REGIONS MORGAN KEEGAN FUNDS	Number of Shares Held on March 31, 2008	Proof enclosed?
Regions Morgan Keegan Select Intermediate Bond Fund ("Intermediate Bond Fund")		☐ Y ☐ N
Regions Morgan Keegan Select High Income Fund ("Select High Income Fund")		☐ Y ☐ N
Regions Morgan Keegan Advantage Income Fund ("Advantage Income Fund")		☐ Y ☐ N
Regions Morgan Keegan High Income Fund ("High Income Fund")		☐ Y ☐ N
Regions Morgan Keegan Multi-Sector High Income Fund ("Multi-Sector High Income Fund")		☐ Y ☐ N
Regions Morgan Keegan Strategic Income Fund ("Strategic Income Fund")		☐ Y ☐ N
Regions Morgan Keegan Select Short Term Bond Fund ("Short Term Bond Fund")		☐ Y ☐ N

SECTION D: SUBSTITUTE FORM W-9

Employer Identification Number (for estates, trusts, corporations, etc.)

		-							
--	--	---	--	--	--	--	--	--	--

Social Security Number (for individuals)

			-			-			
--	--	--	---	--	--	---	--	--	--

Check appropriate box for federal tax classification (required): ☐ Individual/Sole proprietor ☐ C Corporation

☐ Partnership

☐ Trust/Estate

☐ Limited Liability Company. Enter the tax classification C=C corporation, S=S corporation, P=partnership _____

☐ Other _____

☐ Exempt payee

Enter U.S. taxpayer identification number (TIN) on the appropriate line, if applicable. For individuals, this is your Social Security number (SSN). If you are not an individual or you are an individual who is an employer or who is engaged in a U.S. trade or business as a sole proprietor, you must enter an employer identification number (EIN). If you are a disregarded entity claiming treaty benefits as a hybrid entity, enter your EIN. If you are a non-United States citizen and have no SSN or EIN, please check "Not Applicable" below and review the instructions that follow.

☐ Not Applicable

If you are a U.S. citizen or other U.S. person, you are subject to the Substitute Form W-9 certifications, which are set forth in Verifications 7, 8, and 9 below. Please see the definition of “U.S. person” at www.irs.gov/pub/irs-pdf/fw9.pdf.

In the event you are not a U.S. citizen or other U.S. person, please cross out Verifications 7, 8, and 9 and complete an appropriate Form W-8. The various options for Form W-8 are available for download at www.irs.gov/pub/irs-pdf/fw8ben.pdf (most common), www.irs.gov/pub/irs-pdf/fw8eci.pdf, www.irs.gov/pub/irs-pdf/fw8exp.pdf, or www.irs.gov/pub/irs-pdf/fw8imy.pdf. If you are not a U.S. citizen or other U.S. person, you must submit a completed Form W-8 along with this Proof of Claim Form or your claim will be deemed deficient, which may result in rejection of your claim.

SECTION E: VERIFICATION

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I (We) am (are) not (a) a past or present director of MKC or MAM, or an officer of MKC or MAM who had authority, supervision, compliance or due diligence responsibilities in connection with any aspect of the seven proprietary funds that are the subject of the States' Consent Orders, and served in such capacity at any point during the period from January 1, 2007 through and including March 31, 2008 or any of their past or present affiliates (or an heir, distributee, spouse, minor child, or controlled entity of such person or MKC or MAM); (b) an employee of MKC or MAM or any of its past or present affiliates who has been terminated for cause in connection with the violations alleged in this action or any related States' or Commission action(s) or who was otherwise terminated or has resigned in connection with the violations alleged in this action or any related States' or Commission action(s) (or any of such employee's affiliates, heirs, distributees, spouses, minor children, or controlled entities); or (c) the Fund Administrator, its immediate family members, and those persons assisting it in its role as Fund Administrator, and its employees.

2. If signing this Proof of Claim Form on behalf of a corporation, partnership, or other business entity, I (we) have the legal authority to act on its behalf and execute this Proof of Claim Form and have indicated my (our) authority to sign below and/or am (are) providing documentation of such authority if I am (we are) acting on behalf of a trust, estate, or under terms of an assignment of interest from the original shareholder.

3. I (we) understand that the Fund Administrator may require additional information from me (us) in order to validate or pay my (our) claim, and I (we) agree to provide any information requested by the Fund Administrator for those purposes. If necessary, I (we) authorize the Fund Administrator to obtain and review any and all trading records relevant to my (our) transactions in Regions Morgan Keegan Funds 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 Fund Administrator.

4. I (we) agree that under no circumstances shall the Fund Administrator or its agents incur any liability to me (us) 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 States and the Commission and that I am (we are) enjoined from taking any action in contravention of this provision.

5. I (we) agree that upon receipt and acceptance by me (us) of a distribution from the States' Fund and/or the SEC Fair Fund, as we are deemed eligible under the respective eligible periods, I (we) shall be deemed to have released all claims that I (we) may have against the Fund Administrator and its agents and shall be deemed enjoined from prosecuting or asserting any such claims.

6. If I am (we are) 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 (we) 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.

7. The number shown on this form is my (our) correct taxpayer identification number (either Social Security number or employer identification number).

8. I (we) certify that I am (we are) United States citizen(s), resident(s), or entity(s).

9. I (we) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

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. **The Internal Revenue Service does not require your consent to any provision other than the certification required to avoid backup withholding listed in Paragraph 9 of the Verification section above.**

Signature of Owner	Date	Print name here
--------------------	------	-----------------

Signature of Joint Owner (if any)	Date	Print name here
-----------------------------------	------	-----------------

If the claimant is other than an individual (e.g., trust, estate, company, or other business entity) or if the claimant is not the person completing this form (e.g., attorney-in-fact, third-party claim-filing service, nominee), the following must also be provided:

Signature of Claimant	Date	Print name here
-----------------------	------	-----------------

Capacity/title of person signing (Executor, President, CEO, Trustee, etc.)

CLAIMS MUST BE POSTMARKED BY JUNE 16, 2012.

ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.

REMINDER CHECKLIST

1. PLEASE SIGN THE ABOVE RELEASE AND DECLARATION; IF THIS CLAIM IS BEING MADE ON BEHALF OF JOINT OWNERS, BOTH MUST SIGN.
2. IF REQUIRED, REMEMBER TO ATTACH SUPPORTING DOCUMENTATION. DO NOT USE A HIGHLIGHTER ON THIS FORM OR ANY SUPPORTING DOCUMENTS.
3. DO NOT SEND ORIGINAL CERTIFICATES OR OTHER ORIGINAL DOCUMENTATION; PLEASE SEND ONLY COPIES.
4. KEEP A COPY OF YOUR PROOF OF CLAIM FORM AND SUPPORTING DOCUMENTATION FOR YOUR RECORDS; ORIGINALS CANNOT BE RETURNED TO YOU ONCE THE DOCUMENTS ARE SUBMITTED.
5. IF YOU DESIRE AN ACKNOWLEDGMENT OF RECEIPT OF YOUR PROOF OF CLAIM FORM, PLEASE SEND IT CERTIFIED MAIL, RETURN RECEIPT REQUESTED.
6. IF YOU MOVE OR CHANGE YOUR NAME AFTER SUBMITTING THIS PROOF OF CLAIM FORM, PLEASE NOTIFY THE FUND ADMINISTRATOR; FAILURE TO HAVE A CORRECT ADDRESS ON FILE WITH THE FUND ADMINISTRATOR MAY RESULT IN FORFEITURE OF ANY PAYMENT FROM THE NET DISTRIBUTION FUND THAT IS RETURNED TO THE FUND ADMINISTRATOR AS UNDELIVERABLE BY THE UNITED STATES POSTAL SERVICE.