

Oppenheimer California Municipal Fund Securities Litigation  
 Claims Administrator  
 P.O. Box 3719  
 Portland, OR 97208-3719

Toll Free Number: (888) 299-1179  
 Website: www.OppenheimerCalMuniLitigation.com  
 Email: info@OppenheimerCalMuniLitigation.com  
 Objection Deadline: October 18, 2017  
 Settlement Fairness Hearing: November 6, 2017  
 Deadline to File a Claim: February 28, 2018

Before completing this form, please read the detailed instructions on page 5. When filling out this form, type or print in the boxes below in CAPITAL LETTERS; do not use red ink, pencils, or staples.

**PROOF OF CLAIM**

**PLEASE NOTE:** If you received a Record of Fund Transactions (“ROFT”) and cover letter stating that you do not need to file a claim, you do NOT need to file a Proof of Claim for the account referenced on the ROFT. If you did not receive an ROFT, or if you have an additional account for which you did not receive an ROFT, you MUST file a Proof of Claim and supporting documentation in order to receive an award from the Net Settlement Fund for that account.

**PART I: CLAIMANT IDENTIFICATION**

Beneficial Owner’s First Name	Beneficial Owner’s Last Name
<input type="text"/>	<input type="text"/>

Co-Beneficial Owner’s First Name	Co-Beneficial Owner’s Last Name
<input type="text"/>	<input type="text"/>

Entity Name (if claimant is not an individual)

Representative or Custodian Name (if different from Beneficial Owner[s] listed above)

Account Number (if filing for multiple accounts, file a separate Proof of Claim for each account)

Address 1 (street name and number)

Address 2 (apartment, unit or box number)

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Country (only if not U.S.)

Social Security Number	OR	Taxpayer Identification Number
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/>

Telephone Number (home)	Telephone Number (work)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address

Claimant Account Type (check appropriate box):

<input type="checkbox"/> Individual (includes joint owner accounts)	<input type="checkbox"/> Pension Plan	<input type="checkbox"/> Trust
<input type="checkbox"/> Corporation	<input type="checkbox"/> Estate	
<input type="checkbox"/> IRA/401K	<input type="checkbox"/> Other _____ (please specify)	

**PART II: SCHEDULE OF TRANSACTIONS**

Use the following table to identify the Ticker for the Share Class you owned during the Class Period:

Ticker	Fund	Share Class	Class Period
OPCAX	California Municipal Fund	A	Between September 27, 2006, and November 28, 2008.
OCABX	California Municipal Fund	B	
OCACX	California Municipal Fund	C	

**Beginning Holdings:**

A. For shares held before the opening of trading on the first day of the Class Period, please provide the Ticker and the quantity of shares held (if none, leave blank):

Ticker	Quantity
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**Incoming Shares:**

B. Purchases, shares purchased through the reinvestment of dividends, or other acquisitions, including by way of exchange, conversion, or otherwise, from the beginning of the Class Period through the end of trading on December 1, 2014 (please note, shares purchased after the end of the Class Period do not contribute to your Recognized Loss, but are requested to properly balance and process your claim). Please provide all data, and list each trade separately:

Ticker	Trade Date (MMDDYY)	Number of Shares Purchased or Acquired	Purchase Price per Share*	Transaction Type (P/R/C)**
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\*Excluding taxes, fees, and commissions

\*\*P=Purchase or Dividend Reinvestment, R=Receipt (transfer in), C=Share Class Conversion (incoming converted shares)

**Outgoing Shares:**

C. Sales, including by way of exchange, conversion, or otherwise, from the beginning of the Class Period through the end of trading on December 1, 2014. Please provide all data, and list each trade separately:

Ticker	Trade Date (MMDDYY)	Number of Shares Sold or Delivered	Sale Price per Share*	Transaction Type (S/D/X)**
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/>
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\*Excluding taxes, fees, and commissions

\*\*S=Sale, D=Delivery (transfer out), X=Share Class Conversion (outgoing converted shares)

**Unsold Shares:**

D. Shares held as of the end of trading on December 1, 2014. Please provide the Ticker and the quantity of shares held (if none, leave blank):

Ticker	Quantity
<input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/> • <input type="text"/>
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<input type="text"/>	<input type="text"/> • <input type="text"/>

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY, AND CHECK THIS BOX:**

**PART III: CERTIFICATION**

I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, in \_\_\_\_\_,  
(Day) (Month/Year) (City)

\_\_\_\_\_  
(State/Country)

Signature of Claimant

Print Name of Claimant

Date: 

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MM DD YY

Signature of Joint Claimant, if any

Print Name of Joint Claimant

Date: 

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MM DD YY

## PROOF OF CLAIM INSTRUCTIONS

- A. This Proof of Claim has been sent to you because you may be a member of the Class in this matter. If you have not received a Record of Fund Transactions (“ROFT”), then, in order to participate, you must complete and sign this Proof of Claim and provide supporting documents for any eligible transactions you claim. If you fail to file a properly addressed Proof of Claim and supporting documents, your claim may be rejected, and you may be determined to be ineligible for any payment from the Net Settlement Fund.
- B. Submission of this Proof of Claim does not assure that you will share in the proceeds of the Net Settlement Fund created in this Action. Your share will depend on the number of Class Members filing eligible claims and will be subject to a \$10.00 minimum threshold.
- C. **YOU MUST COMPLETE AND SUBMIT YOUR PROOF OF CLAIM BY MAIL POSTMARKED ON OR BEFORE FEBRUARY 28, 2018, ADDRESSED TO THE CLAIMS ADMINISTRATOR AS LISTED BELOW.**
- D. If you are NOT a member of the Class, as defined in the Notice of Proposed Settlement of Class Action and Notice of Motion for Award of Attorneys’ Fees and Reimbursement of Expenses (“Notice”), DO NOT submit a Proof of Claim.
- E. If you are a member of the Class and did not timely request to be excluded from the Class, you are bound by the terms of any judgment entered in the Action, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM.
- F. Use the section of this form entitled “Claimant Information” to identify each owner of record. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S), OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S) OF SHARES UPON WHICH THIS CLAIM IS BASED.
- G. Use the section of this form entitled “Schedule of Transactions” to supply all required details of your transaction(s). If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.
- H. Complete a separate Proof of Claim form for each account in which you qualify.
- I. Provide all of the requested information with respect to the eligible shares that you acquired at any time during the Class Period, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.
- J. List each transaction in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.
- K. Documentation of your transactions must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.
- L. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses.

***Proof of Claim forms must be postmarked no later than February 28, 2018, and mailed to Oppenheimer California Municipal Fund Securities Litigation, Claims Administrator, P.O. Box 3719, Portland, OR 97208-3719.***

ATTENTION NOMINEES AND BROKERAGE FIRMS: If you are filing claim(s) electronically on behalf of beneficial owners, detailed instructions are available on the Settlement website at [www.OppenheimerCalMuniLitigation.com](http://www.OppenheimerCalMuniLitigation.com) along with the formatted electronic filing template. You may also send an email to [info@OppenheimerCalMuniLitigation.com](mailto:info@OppenheimerCalMuniLitigation.com) requesting this information.

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### Reminder Checklist

- 1. Sign the Certification section of the Proof of Claim on page 4.
- 2. Remember to attach supporting documentation.
- 3. Do not send original documents.
- 4. Keep a copy of your Proof of Claim and all documents submitted for your records.
- 5. If you desire an acknowledgment of receipt of your Proof of Claim form, send your Proof of Claim by Certified Mail, Return Receipt Requested.
- 6. If you move, please send the Claims Administrator your new address.

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