



For Official Use Only

IN THE CIRCUIT COURT
OF THE THIRTEENTH JUDICIAL CIRCUIT OF FLORIDA
IN AND FOR HILLSBOROUGH COUNTY

MARION BARNER, TOM CARDILLO, LENORE KOHN, SIDNEY KRONICK, SYLVIA KRONICK, JAMES LACEY, ABRAHAM J. PASTMAN, ADELLE PASTMAN, ALMA D. PATTON, THE ESTATE OF FRANK PATTON, BY AND THROUGH LEE C. PATTON, ADMINISTRATOR, JOHN TODD and JEAN WOLFF,

Plaintiffs,

vs.

KPMG PEAT MARWICK LLP and WILLIAM WATHEN,

Defendants.

GENERAL CIVIL DIVISION
CASE NO. 98-7697 (DIVISION I)

PROOF OF CLAIM

DEADLINE FOR SUBMISSION: APRIL 30, 2009

You have been identified as a member of either the Preferred Shares Class or the Note Class described more fully on the first page of the accompanying Notice of Proposed Settlement of Class Action, Settlement Fairness Hearing and Motion for Attorneys' Fees and Reimbursement of Litigation Expenses ("Notice"). You should have previously received a Notice of Pendency of this Action and its certification as a class action. As described in the accompanying Notice, this case has now settled. If you have not previously sought to exclude yourself from either the Preferred Shares Class or the Note Class, you may be entitled to a distribution from the Settlement Fund.

In the Investment Data section, Part III on page 3 is listed the information we have concerning your investment(s) in either Cumulative Convertible Preferred Stock Class A of Keller Financial Services of Florida, Inc. or Secured Notes, Series AA, of Keller Financial Services of Florida, Inc., together with the amount invested. If you did not invest in either of these securities, you are not entitled to participate in the Settlement. If you did invest in these securities, you are entitled to participate in the Settlement and receive a pro-rata portion of the Net Settlement Fund, after payment of all fees and expenses of the litigation. If you are entitled to participate in the Settlement, please read the following instructions on how you can participate in the Settlement.

PART I - CLAIMANT IDENTIFICATION

(Complete only the applicable portions)

(For pre-printed information, revise only if the information is incorrect. If pre-printed information is not revised by you, then the Claims Administrator will assume that the information is correct.)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

PART II – INSTRUCTIONS FOR INVESTMENT DATA

1. If the Investment Data listed on page 3 is correct, you will need to sign, under penalty of perjury, certifying that the information is true and correct, and return this Proof of Claim form to the Claims Administrator in order to participate in the Settlement. If you confirm that the information is true and correct and you are entitled to participate in this Settlement, you will receive your pro-rata distribution from the Net Settlement Fund, as more fully described in the accompanying Notice and Plan of Distribution. After completion of the claims review process, you will automatically be sent a check.

2. If the Investment Data reflected on page 3 is incorrect, but you did purchase either Class A Preferred Stock of Keller Financial Services of Florida, Inc. or Series AA Secured Notes of Keller Financial Services of Florida, Inc. and are a member of the Class, you should cross out the incorrect information, provide the corrected information on the space provided, and sign the form below and return it to the Claims Administrator by the claims' response date shown on page 1. If you are simply providing a corrected address, you need provide no proof of change of address. However, if you are either changing the name of the investor, or the amount of funds invested, you will need to provide documentation that supports this correction. Supporting documentation to make such correction must be received by the claims' response date listed on page 1. If your supporting documentation is satisfactory to the Claims Administrator, you will receive a *pro-rata* distribution from the Settlement Fund based on this corrected data. If your supporting documentation is insufficient, your claim may be denied in its entirety.

3. If the person who invested in the Preferred Shares Class A of Keller Financial Services of Florida, Inc. or Series AA, Secured Notes of Keller Financial Services of Florida, Inc. is deceased, you may be able to recover the deceased investor's *pro-rata* share of the Settlement Fund if you are either the Personal Representative of the investor's Estate or a lawful heir of the Estate. If you are claiming as an heir or Personal Representative of an Estate, you will need to submit sufficient documentation (*e.g.*, Death Certificate, Letters Testamentary, Letters of Administration, Trust Documents, etc.) to establish to the satisfaction of the Claims Administrator that you are entitled to recover the decedent's *pro-rata* share.

4. All joint owners must sign this claim. The Social Security (or taxpayer identification) number and telephone number of the claimant may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

5. YOUR FAILURE TO SUBMIT YOUR CLAIM POSTMARKED NOT LATER THAN APRIL 30, 2009 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. **SUBMIT YOUR CLAIM ONLY TO:**

In re Keller Audit Litigation Claims Administration
c/o Complete Claim Solutions, LLC
P.O. Box 24764
West Palm Beach, FL 33416
Tel: 1-877-465-1849



PART III – INVESTMENT DATA

Please verify the following information. Note any **CORRECTIONS** and enclose required supporting documentation with this form.

		Investment Data	
Investment Type of Keller Financial Services of Florida, Inc. (Preferred Shares or Secured Notes)		_____	
Number of Preferred Shares or Face Amount of Note Purchased:		_____	
Total Value of Investment (excluding broker’s commission and all transaction costs)		\$_____	

PART IV – CERTIFICATION

I (We) submit to the jurisdiction of the Circuit Court of the Thirteenth Judicial Circuit of Florida, in and for Hillsborough County, with respect to my (our) claim. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any order or judgment that may be entered in the Litigation. I (We) agree to furnish additional information to the Claims Administrator to support this claim if required to do so. I (We) have not submitted any other claim covering the same purchases referenced in this Claim Form and know of no other person having done so on my (our) behalf.

Upon the occurrence of the Effective Date (as defined in the Notice) my (our) signature(s) hereto will constitute a full and complete release and discharge by me (us) or, if I am (we are) submitting this Proof of Claim on behalf of a trust, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, successors and assigns, of each of the “Released Parties” of all “Settled Claims,” as defined in the Notice.

I (We) certify that the number entered on page 4 of this Claim Form is my (our) correct Tax Identification Number (“TIN”) and 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 the language that you are not subject to backup withholding in the certification above. The Internal Revenue Service does not require your consent to any provision other than the certification required to avoid backup withholding.



I (We) certify under penalty of perjury that all of the information is either true and correct, or the corrections I (we) have made are true and correct to the best of my (our) knowledge, information and belief.

(Signature of Claimant)

(Type or print your name here)

(Signature of Joint Claimant, if any)

(Type or print your name here)

Social Security Number (Individual)

OR

Tax Identification Number (Estates, Trusts, etc.)

Capacity of person signing (e.g., Beneficial Purchaser, Executor, Administrator, Trustee, etc.)

Date

Reminder Checklist:

1. Please sign the certification above.
2. Remember to attach only **copies** of acceptable supporting documentation if you make corrections to the Investment Data on page 3.
3. Do not send original or copies of stock certificates or notes.
4. Keep a copy of the completed claim form and documentation, if any, for your records.
5. If you desire an acknowledgment of receipt of your claim form, please send it via Certified Mail, Return Receipt Requested, or its equivalent. **You will bear all risks of delay or non-delivery of your claim.**
6. If your address changes in the future, please send us **written** notification of your new address.
7. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at:

In re Keller Audit Litigation Claims Administration
c/o Complete Claim Solutions, LLC
P.O. Box 24764
West Palm Beach, FL 33416
Tel: 1-877-465-1849
Email: Info@KellerAuditLitigationClaimsAdministration.com
Website: www.KellerAuditLitigationClaimsAdministration.com

**PLEASE MAIL A COMPLETED CLAIM FORM TO THE
CLAIMS ADMINISTRATOR SO THAT IT IS
POSTMARKED NO LATER THAN APRIL 30, 2009.**

