

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
*NEW JERSEY CARPENTERS HEALTH FUND V. NOVASTAR MORTGAGE, INC., ET AL.*  
CASE NO. 08-CV-5310-DAB  
WWW.NOVASTARMBSSETTLEMENT.COM

**MUST BE POSTMARKED NO LATER THAN SEPTEMBER 6, 2017**

**PROOF OF CLAIM FORM AND RELEASE**

**INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM AND RELEASE FORM**

**GENERAL**

1. To recover as a member of the Settlement Class based on your claims in the action entitled *New Jersey Carpenters Health Fund v. NovaStar Mortgage, Inc., et al.*, Case No. 08-cv-5310 (S.D.N.Y.) (DAB) (the “Action”),<sup>1</sup> you must complete and, on page 8 hereof, sign this Proof of Claim and Release form (“Proof of Claim”). If you fail to file a properly addressed (as set forth in paragraph 4 below) Proof of Claim, your claim may be rejected and you may be precluded from any recovery from the Settlement Fund created in connection with the proposed Settlement of the Action.
2. The Offerings are NovaStar Mortgage Funding Trusts, NovaStar Home Equity Loan Series (“NMFT”): 2006-3, 2006-4, 2006-5, 2006-6, 2007-1, and 2007-2.
3. Submission of this Proof of Claim, however, does not assure that you will share in the proceeds of the Settlement of the litigation.
4. **YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM, POSTMARKED ON OR BEFORE SEPTEMBER 6, 2017, ADDRESSED AS FOLLOWS:**

NovaStar MBS Litigation  
P.O. Box 4098  
Portland, OR 97208-4098

5. If you are NOT a member of the Settlement Class (as defined in the Notice of Pendency of Class Action, Preliminary Approval Order and Proposed Settlement, Settlement Fairness Hearing and Motion for Attorneys’ Fees and Reimbursement of Litigation Expenses [“Notice”]) DO NOT submit a Proof of Claim.
6. If you are a member of the Settlement Class and you did not timely and validly request exclusion in connection with the proposed Settlement, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM.**

**CLAIMANT IDENTIFICATION**

7. If you purchased or acquired Certificates and held the Certificate(s) in your name, you are the beneficial purchaser as well as the record purchaser. If, however, you purchased or acquired Certificates and the Certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.
8. Use Part I of this form entitled “Claimant Identification” to identify each purchaser of record (“nominee”), if different from the beneficial purchaser of Certificates which form the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S), OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S), OF THE CERTIFICATES UPON WHICH THIS CLAIM IS BASED.**

<sup>1</sup> All capitalized terms that are not defined herein shall have the meaning ascribed to them in the Stipulation and Agreement of Settlement (the “Stipulation”). The Stipulation can be obtained at [www.NovaStarMBSSettlement.com](http://www.NovaStarMBSSettlement.com).

9. All joint beneficial purchasers must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of beneficial purchasers represented by them, and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial purchaser(s) 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.

**IDENTIFICATION OF TRANSACTION(S)**

10. Use Part II of this form entitled “Schedule of Transactions in NMFT Certificates” to supply all required details of your transaction(s) regarding the Certificates. 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.
11. On the schedules, provide all of the requested information with respect to *all* of your purchases or acquisitions of the Certificates, and all sales and dispositions thereof, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.
12. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.
13. Copies of broker confirmations or other documentation of your transaction(s) in the Certificates should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

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**PART I: CLAIMANT IDENTIFICATION**

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

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

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 USA)

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

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

- 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 IN NMFT CERTIFICATES**

**A. Purchases and Acquisitions from the initial offering through May 9, 2017. List all purchases and acquisitions of the Certificates listed on [www.NovaStarMBSSettlement.com](http://www.NovaStarMBSSettlement.com) (also included below). Be sure to attach the required documentation:**

<u>Trade Date (List Chronologically) (MM-DD-YYYY)</u>	<u>CUSIP*</u>	<u>Face Value</u>	<u>Price**</u>	<u>Total Cost**</u>

\* As listed below or on the website: [www.NovaStarMBSSettlement.com](http://www.NovaStarMBSSettlement.com)  
 \*\* Excluding accrued interest, commissions, taxes and fees

**B. Sales and Dispositions from the initial offering through May 9, 2017. List all sales and dispositions of the Certificates listed on [www.NovaStarMBSSettlement.com](http://www.NovaStarMBSSettlement.com) (also included below). Be sure to attach the required documentation:**

<u>Trade Date (List Chronologically) (MM-DD-YYYY)</u>	<u>CUSIP*</u>	<u>Face Value</u>	<u>Price**</u>	<u>Total Cost**</u>

\* As listed below or on the website: [www.NovaStarMBSSettlement.com](http://www.NovaStarMBSSettlement.com)  
 \*\* Excluding accrued interest, commissions, taxes and fees

**C. Certificates Held: List all Certificates Held on May 9, 2017. Include documentation if available:**

<u>CUSIP</u>	<u>Face Value</u>

If you require additional space to list your transactions, use photocopies of this page and check this box.

For a listing of eligible CUSIPs, please see below. Please only use the following CUSIPs when filing:

<b>NMFT 2006-3 CERTIFICATES</b>	
<b>Class</b>	<b>CUSIP</b>
A-1A	66988WAA4
A-2A	66988WAB2
A-2B	66988WAC0
A-2C	66988WAD8
A-2D	66988WAE6
M-1	66988WAF3
M-2	66988WAG1
M-3	66988WAH9
M-4	66988WAJ5
M-5	66988WAK2
M-6	66988WAL0
M-7	66988WAM8
M-8	66988WAN6
M-9	66988WAP1
M-10	66988WAQ9

<b>NMFT 2006-4 CERTIFICATES</b>	
<b>Class</b>	<b>CUSIP</b>
A-1A	66988XAN4
A-2A	66988XAA2
A-2B	66988XAB0
A-2C	66988XAC8
A-2D	66988XAD6
M-1	66988XAE4
M-2	66988XAF1
M-3	66988XAG9
M-4	66988XAH7
M-5	66988XAJ3
M-6	66988XAK0
M-7	66988XAP9 66988XBB9
M-8	66988XAL8
M-9	66988XAM6

<b>NMFT 2006-5 CERTIFICATES</b>	
<b>Class</b>	<b>CUSIP</b>
A-1A	66988YAA0
A-2A	66988YAB8
A-2B	66988YAC6
A-2C	66988YAD4
A-2D	66988YAE2
M-1	66988YAF9
M-2	66988YAG7
M-3	66988YAH5
M-4	66988YAJ1
M-5	66988YAK8
M-6	66988YAL6
M-7	66988YAM4
M-8	66988YAN2
M-9	66988YAP7
M-10	66988YAQ5

<b>NMFT 2006-6 CERTIFICATES</b>	
<b>Class</b>	<b>CUSIP</b>
A-1A	66988RAA5
A-2A	66988RAB3
A-2B	66988RAC1
A-2C	66988RAD9
A-2D	66988RAE7
M-1	66988RAF4
M-2	66988RAG2
M-3	66988RAH0
M-4	66988RAJ6
M-5	66988RAK3
M-6	66988RAL1
M-7	66988RAM9
M-8	66988RAN7
M-9	66988RAP2
M-10	66988RAQ0
M-11	66988RAR8

<b>NMFT 2007-1 CERTIFICATES</b>	
<b>Class</b>	<b>CUSIP</b>
A-1A	669971AA1
A-2A1	669971AB9
A-2A2	669971AS2
A-2B	669971AC7
A-2C	669971AD5
A-2D	669971AE3
M-1	669971AF0
M-2	669971AG8
M-3	669971AH6
M-4	669971AJ2
M-5	669971AK9
M-6	669971AL7
M-7	669971AM5
M-8	669971AN3
M-9	669971BD4 669971AP8

<b>NMFT 2007-2 CERTIFICATES</b>	
<b>Class</b>	<b>CUSIP</b>
A-1A	66989EAA3
A-2A	66989EAB1
A-2B	66989EAC9
A-2C	66989EAD7
A-2D	66989EAE5
M-1	66989EAF2
M-2	66989EAG0
M-3	66989EAH8
M-4	66989EAJ4
M-5	66989EAK1
M-6	66989EAL9
M-7	66989EAM7
M-8	66989EAN5
M-9	66989EAP0

YOU MUST READ THE RELEASE. YOUR SIGNATURE ON PAGE 8 WILL CONSTITUTE YOUR ACKNOWLEDGMENT OF THE RELEASE.

### **PART III: SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS**

**I (WE) SUBMIT THIS PROOF OF CLAIM UNDER THE TERMS OF THE STIPULATION DESCRIBED IN THE NOTICE. I (WE) ALSO SUBMIT TO THE JURISDICTION OF THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK WITH RESPECT TO MY (OUR) CLAIM AS A CLASS MEMBER AND FOR PURPOSES OF ENFORCING THE RELEASE SET FORTH HEREIN. I (WE) FURTHER ACKNOWLEDGE THAT I AM (WE ARE) BOUND BY AND SUBJECT TO THE TERMS OF ANY JUDGMENT THAT MAY BE ENTERED IN THE ACTION. I (WE) AGREE TO FURNISH ADDITIONAL INFORMATION TO THE CLAIMS ADMINISTRATOR TO SUPPORT THIS CLAIM IF REQUESTED TO DO SO. I (WE) HAVE NOT SUBMITTED ANY OTHER CLAIM COVERING THE SAME PURCHASES OR SALES OF THE CERTIFICATES AND KNOW OF NO OTHER PERSON HAVING DONE SO ON MY (OUR) BEHALF.**

### **PART IV: RELEASE**

- 1. I (WE) HEREBY ACKNOWLEDGE FULL AND COMPLETE SATISFACTION OF, AND DO HEREBY FULLY, FINALLY, AND FOREVER SETTLE, RELEASE, AND DISCHARGE FROM THE RELEASED CLAIMS EACH AND ALL OF THE “RELEASED PARTY” AND “RELEASED PARTIES,” DEFINED AS (I) EACH DEFENDANT AND HIS, HER OR ITS PARENTS, SUBSIDIARIES, AND AFFILIATES AND ALL OF THEIR RESPECTIVE PAST, CURRENT, AND FUTURE RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, PARTNERS, INSURERS, CO-INSURERS, REINSURERS, AGENTS, CONTROLLING SHAREHOLDERS, SHAREHOLDERS, ATTORNEYS, ACCOUNTANTS, AUDITORS, ADVISORS, INVESTMENT ADVISORS, PERSONAL OR LEGAL REPRESENTATIVES, PREDECESSORS, SUCCESSORS, DIVISIONS, JOINT VENTURES, ASSIGNS, SPOUSES, HEIRS, RELATED OR AFFILIATED ENTITIES, AND (II) ANY ENTITY IN WHICH ANY DEFENDANT HAS A CONTROLLING INTEREST, AND ALL OF THEIR RESPECTIVE PROPERTY.**
- 2. “RELEASED CLAIMS” MEANS ANY AND ALL CLAIMS (INCLUDING “UNKNOWN CLAIMS,” AS DEFINED BELOW), DEMANDS, RIGHTS, LIABILITIES, AND CAUSES OF ACTION OF EVERY NATURE AND DESCRIPTION, KNOWN OR UNKNOWN, SUSPECTED OR UNSUSPECTED, CONTINGENT OR NON-CONTINGENT, MATURED OR UNMATURED, WHETHER OR NOT CONCEALED OR HIDDEN, WHICH NOW EXIST, OR HERETOFORE HAVE EXISTED, OR CAN, SHALL OR MAY EXIST, WHETHER ARISING UNDER FEDERAL, STATE, COMMON OR FOREIGN LAW OR AT EQUITY, THAT PLAINTIFFS OR ANY SETTLEMENT CLASS MEMBER (A) ASSERTED IN THIS ACTION, OR (B) COULD HAVE ASSERTED IN THE ACTION OR IN ANY OTHER PROCEEDING OR FORUM ARISING FROM OR RELATED IN ANY WAY TO THE OFFERINGS, THE CERTIFICATES OR TO THE ACTS, FAILURES TO ACT, TRANSACTIONS, FACTS, EVENTS, MATTERS, DISCLOSURES, STATEMENTS, OCCURRENCES, REPRESENTATIONS, OR OMISSIONS ASSERTED OR THAT COULD HAVE BEEN ASSERTED IN THE ACTION AGAINST ANY RELEASED PARTY; PROVIDED, HOWEVER, THAT “RELEASED CLAIMS” SHALL NOT INCLUDE A CLAIM, IF ANY, FILED IN COURT PRIOR TO DECEMBER 20, 2016, SOLELY AND EXCLUSIVELY TO THE EXTENT SUCH CLAIM ASSERTED CONTRACTUAL REPURCHASE RIGHTS WITH RESPECT TO ANY RESIDENTIAL MORTGAGE LOAN INCLUDED IN ANY OF THE OFFERINGS.**
- 3. “UNKNOWN CLAIMS” MEANS ANY AND ALL RELEASED CLAIMS THAT PLAINTIFFS AND/OR ANY SETTLEMENT CLASS MEMBER DOES NOT KNOW OR SUSPECT TO EXIST IN HIS, HER OR ITS FAVOR AT THE TIME OF THE RELEASE OF THE RELEASED PARTIES, WHICH IF KNOWN BY HIM, HER OR IT MIGHT HAVE AFFECTED HIS, HER OR ITS SETTLEMENT WITH AND RELEASE OF THE RELEASED PARTIES, OR MIGHT HAVE AFFECTED HIS, HER OR ITS DECISION NOT TO OBJECT TO THIS SETTLEMENT OR NOT EXCLUDE HIMSELF, HERSELF OR ITSELF FROM THE SETTLEMENT CLASS.**

4. I (WE) HEREBY EXPRESSLY WAIVE, TO THE FULLEST EXTENT PERMITTED BY LAW, THE PROVISIONS, RIGHTS AND BENEFITS OF CALIFORNIA CIVIL CODE § 1542, AND OF ANY U.S. FEDERAL OR STATE LAW, OR PRINCIPLE OF COMMON LAW OR THE LAW OF ANY FOREIGN JURISDICTION, THAT IS SIMILAR, COMPARABLE, OR EQUIVALENT TO SECTION 1542 OF THE CALIFORNIA CIVIL CODE, WHICH PROVIDES, IN RELEVANT PART:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

I (WE) ACKNOWLEDGE THAT I (WE) MAY HEREAFTER DISCOVER FACTS IN ADDITION TO OR DIFFERENT FROM THOSE WHICH I (WE) NOW KNOW OR BELIEVE TO BE TRUE WITH RESPECT TO THE SUBJECT MATTER OF THE RELEASED CLAIMS, BUT I (WE) HEREBY FULLY, FINALLY, AND FOREVER SETTLE AND RELEASE ANY AND ALL RELEASED CLAIMS, KNOWN OR UNKNOWN, SUSPECTED OR UNSUSPECTED, CONTINGENT OR NON-CONTINGENT, WHETHER OR NOT CONCEALED OR HIDDEN, THAT NOW EXIST OR HERETOFORE HAVE EXISTED, UPON ANY THEORY OF LAW OR EQUITY NOW EXISTING OR COMING INTO EXISTENCE IN THE FUTURE, INCLUDING, BUT NOT LIMITED TO, CLAIMS RELATING TO CONDUCT THAT IS NEGLIGENT, RECKLESS, INTENTIONAL, WITH OR WITHOUT MALICE, OR A BREACH OF ANY DUTY, LAW OR RULE, WITHOUT REGARD TO THE SUBSEQUENT DISCOVERY OR EXISTENCE OF SUCH DIFFERENT OR ADDITIONAL FACTS. I (WE) ACKNOWLEDGE THAT THE INCLUSION OF "UNKNOWN CLAIMS" IN THE DEFINITION OF RELEASED CLAIMS WAS SEPARATELY BARGAINED FOR AND WAS A MATERIAL ELEMENT OF THE SETTLEMENT.

5. THIS RELEASE SHALL BE OF NO FORCE OR EFFECT UNLESS AND UNTIL THE COURT APPROVES THE SETTLEMENT AGREEMENT AND THE SETTLEMENT AGREEMENT BECOMES EFFECTIVE ON THE EFFECTIVE DATE (AS DEFINED IN THE SETTLEMENT AGREEMENT).
6. I (WE) HEREBY WARRANT AND REPRESENT THAT I (WE) HAVE NOT ASSIGNED OR TRANSFERRED OR PURPORTED TO ASSIGN OR TRANSFER, VOLUNTARILY OR INVOLUNTARILY, ANY MATTER RELEASED PURSUANT TO THIS RELEASE OR ANY OTHER PART OR PORTION THEREOF.
7. I (WE) HEREBY WARRANT AND REPRESENT THAT I (WE) HAVE INCLUDED INFORMATION ABOUT ALL OF MY (OUR) PURCHASES AND SALES OF THE CERTIFICATES.
8. I (WE) HEREBY WARRANT AND REPRESENT THAT I AM (WE ARE) NOT EXCLUDED FROM THE CLASS AS DEFINED HEREIN AND IN THE NOTICE.
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 THE FOREGOING INFORMATION SUPPLIED BY THE UNDERSIGNED IS TRUE AND CORRECT.**

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

(Signature of Claimant)

(Print Name of Claimant)

 -  -  -  -  - 

(Date)

(Signature of Joint Claimant, if any)

(Print Name of Joint Claimant)

 -  -  -  -  - 

(Date)

*If Claimant is other than an individual, or is not the person completing this form, the following also must be provided:*

(Signature of Person Completing Form)

(Print Name of Person Completing Form)

 -  -  -  -  - 

(Date)

(Capacity of Person Signing (Executor, President, Trustee, etc.))

**REMINDER CHECKLIST**

- 1. Please be sure to sign this Proof of Claim and Release form.
- 2. Remember to attach supporting documentation, if available.
- 3. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
- 4. Keep a copy of your claim form for your records.
- 5. If you desire an acknowledgment of receipt of your Proof of Claim and Release form, please send it as Certified Mail, Return Receipt Requested.
- 6. If you move, please send your new address to the Claims Administrator at the address below:

NovaStar MBS Litigation  
P.O. Box 4098  
Portland, OR 97208-4098

- 7. Do not use highlighter on the Proof of Claim and Release form or supporting documentation.