

*Rhode Island Capital Access Program<sup>SM</sup>*  
*BDC CAPITAL CORPORATION*

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**EXHIBIT D-STANDARD CLAIM FORM (REV. 1/1/2016)**

**Lender Information:**

Name of Lender: \_\_\_\_\_  
Name of Borrower: \_\_\_\_\_  
Reserve Account #: \_\_\_\_\_  
Lender Loan #: \_\_\_\_\_

**Claim Filed By:**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_

Outstanding balances immediately prior to charge-off (Note: You must attach documentation of Out-of-Pocket expenses, copy of charge-off authorization and withdrawal authorization):

Principal: \$ \_\_\_\_\_  
Accrued Interest (6mos max) \$ \_\_\_\_\_  
Out-of-Pocket Expenses \$ \_\_\_\_\_  
Total Claim Amount \$ \_\_\_\_\_  
Date of Loan Charge-Off \_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Date: \_\_\_\_\_