

**UNITED STATES OF AMERICA**  
**Before the**  
**SECURITIES AND EXCHANGE COMMISSION**

In the Matter of  CREDIT SUISSE SECURITIES (USA) LLC; DLJ MORTGAGE CAPITAL, INC.; CREDIT SUISSE FIRST BOSTON MORTGAGE ACCEPTANCE CORP.; CREDIT SUISSE FIRST BOSTON MORTGAGE SECURITIES CORP.; AND ASSET BACKED SECURITIES CORPORATION,  Respondents.	ADMINISTRATIVE PROCEEDING  File No. 3-15098  First Payment Default Practice
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**PROOF OF CLAIM FORM**

**I. GENERAL INSTRUCTIONS**

1. To be potentially eligible to recover as an injured investor based on your claims in the Credit Suisse First Payment Default Practice Fair Fund (the "Fair Fund"), you must complete and, on page 5 hereof, sign this Proof of Claim Form ("Proof of Claim"). If you fail to file a properly addressed (as set forth in paragraph 4 below) Proof of Claim Form, your claim may be rejected and you may be precluded from any recovery from the Fair Fund created in connection with the proposed settlement.

2. The capitalized and defined terms used herein shall have the meanings set forth in the Plan of Distribution (the "Plan"), unless otherwise noted.

3. Submission of this Proof of Claim Form, however, does not assure that you will share in the proceeds of the Fair Fund.

4. YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM POSTMARKED ON OR BEFORE **NOVEMBER 15, 2016**, ADDRESSED AS FOLLOWS:

*Credit Suisse FPD Practice Fair Fund*  
Fund Administrator  
c/o Gilardi & Co. LLC  
P.O. Box 30226  
College Station, TX 77842-3226

Eligible Claimants of the Fair Fund is defined as all persons (other than Excluded Parties) who purchased Eligible Securities on Eligible Purchase Dates. The securities that represented the different tranches of each of the Trusts are referred to as "Certificates." "Eligible Securities" shall mean the certificates in the Harmed Trusts that are identified in Exhibit A to the Plan. Excluded certificates include those certificates identified in the relevant prospectus supplements as "Non-Offered Certificates" and those Certificates designated "A-R", "ARL" or other residual certificates with negligible initial principal value. "Eligible Purchase Dates" shall mean purchases of Eligible Securities in a Trust which were made within 30 days of the published date of the relevant prospectus supplement for that Trust. For a complete list of the Harmed Trusts, Eligible Securities and Eligible Purchase Dates for each Trust, and excluded certificates, please see Exhibit A, which is posted on the Fair Fund website, [www.CreditSuisseFPDPracticeFairFund.com](http://www.CreditSuisseFPDPracticeFairFund.com). Excluded Parties is defined as Respondents and all other entities or individuals who (a) are or have at any time been a parent, subsidiary, affiliate, partner, or member of Respondents; (b) exercised control of or were controlled by the Respondents; or (c) during the period 2005 to the present, were employed by, or served as officers or directors, or were members of the Respondents or any other entity that is deemed to be an Excluded Party pursuant to parts (a) and (b) hereof.

**IF YOU ARE NOT AN ELIGIBLE CLAIMANT DO NOT SUBMIT A PROOF OF CLAIM FORM.**

**II. CLAIMANT IDENTIFICATION**

If you held the Certificate(s) in your name, you are the beneficial purchaser as well as the record purchaser. If, however, you purchased the Certificate(s) but they 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.

Use Part I of this form entitled "CLAIMANT IDENTIFICATION" to identify each purchaser of record ("nominee"), if different from the beneficial purchaser which forms 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 CERTIFICATE(S) UPON WHICH THIS CLAIM IS BASED.

All joint purchasers must sign the Proof of Claim Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons 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 owner 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.

### III. CLAIM FORM

Use Part II of the Proof of Claim Form entitled "Schedule of Transactions" to supply all required details of your purchase(s) of the Eligible Securities on Eligible Purchase Dates. If you need more space to list your transactions, make a copy of the applicable page. Additional copies of the schedules can also be found on the Fair Fund website, [www.creditsuissebulksettlementpracticefairfund.com](http://www.creditsuissebulksettlementpracticefairfund.com). Sign and print or type your name on each additional schedule.

On the schedules, provide all of the requested information with respect to **all** of your purchases of the Eligible Securities on Eligible Purchase Dates, whether such transactions resulted in a profit or a loss. You must provide **all** purchases of the Eligible Securities that occurred during the periods as detailed in Exhibit A for each Certificate. Failure to report all such transactions may result in the rejection of your claim.

List each transaction separately, and accurately, providing the month, day, and year for each.

Copies of broker confirmations or other documentation of your 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.

**NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All claimants **MUST** submit a manually signed paper Proof of Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Fund Administrator at (844) 887-8765 to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Fund Administrator issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

Must Be Postmarked  
No Later Than  
November 15, 2016

**SCSFPD**



**CREDIT SUISSE FIRST PAYMENT DEFAULT  
PRACTICE FAIR FUND**

**PROOF OF CLAIM FORM**

Please Type or Print in the Boxes Below  
Do NOT use Red Ink, Pencil, or Staples

In the Matter of

CREDIT SUISSE SECURITIES (USA) LLC; DLJ MORTGAGE CAPITAL, INC.;  
CREDIT SUISSE FIRST BOSTON MORTGAGE ACCEPTANCE CORP.; CREDIT  
SUISSE FIRST BOSTON MORTGAGE SECURITIES CORP.; AND ASSET BACKED  
SECURITIES CORPORATION, (Administrative Proceeding #3-15098).

Respondents.

Official  
Office  
Use  
Only

**PART I: CLAIMANT IDENTIFICATION**

Last Name	M.I.	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name (Co-Beneficial Owner)	M.I.	First Name (Co-Beneficial Owner)
<input type="text"/>	<input type="text"/>	<input type="text"/>

IRA       Joint Tenancy       Employee       Individual       Other \_\_\_\_\_

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA (specify)

Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)

Account#/Fund# (Not Necessary for Individual Filers)

Social Security Number	or	Taxpayer Identification Number
<input type="text"/> — <input type="text"/> — <input type="text"/>		<input type="text"/> — <input type="text"/>

Telephone Number (Primary Daytime)	Telephone Number (Alternate)
<input type="text"/> — <input type="text"/> — <input type="text"/>	<input type="text"/> — <input type="text"/> — <input type="text"/>

Email Address

**MAILING INFORMATION**

Address

Address

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

Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR CLAIMS  
PROCESSING  
ONLY

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FOR CLAIMS  
PROCESSING  
ONLY



**PART II. SCHEDULE OF TRANSACTIONS IN THE ELIGIBLE SECURITIES**

For a complete list of Eligible Securities, their CUSIPs, and the Eligible Purchase Dates for each Eligible Securities, please see Exhibit A which can be found on the Case Documents tab of the Settlement website, [www.CreditSuisseFPDPracticeFairFund.com](http://www.CreditSuisseFPDPracticeFairFund.com). Please remember to attach copies of any relevant supporting documentation.

**A. PURCHASES/ACQUISITIONS:** List below all purchases of the Eligible Securities which occurred on Eligible Purchase Dates (November 29, 2006 - December 28, 2006, inclusive).

CUSIP	Purchase Date	Original Face Value	Price	Total Purchase Price (Excluding Commissions, Taxes and Fees)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
CUSIP	Purchase Date	Original Face Value	Price	Total Purchase Price (Excluding Commissions, Taxes and Fees)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
CUSIP	Purchase Date	Original Face Value	Price	Total Purchase Price (Excluding Commissions, Taxes and Fees)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
CUSIP	Purchase Date	Original Face Value	Price	Total Purchase Price (Excluding Commissions, Taxes and Fees)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
CUSIP	Purchase Date	Original Face Value	Price	Total Purchase Price (Excluding Commissions, Taxes and Fees)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
CUSIP	Purchase Date	Original Face Value	Price	Total Purchase Price (Excluding Commissions, Taxes and Fees)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
CUSIP	Purchase Date	Original Face Value	Price	Total Purchase Price (Excluding Commissions, Taxes and Fees)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE.  
YOU CAN ALSO PRINT ADDITIONAL SCHEDULES FROM THE WEBSITE.

WRITE YOUR NAME ON EACH ADDITIONAL SCHEDULE AND FILL THIS CIRCLE:

**YOU MUST READ AND SIGN THE CERTIFICATION ON PAGE 5. FAILURE TO SIGN THE CERTIFICATION MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.**



**PART III. CERTIFICATION**

I (We) hereby warrant and represent that I (we) have included all requested information about all of my (our) transactions in the Eligible Securities. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.

The number(s) shown on this form is (are) the correct SSN/TIN(s).

I (We) hereby certify that I (we) am (are) not an Excluded Party as defined in the Notice and Plan of Distribution.

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 AND RELEASE FORM BY THE UNDERSIGNED IS TRUE AND CORRECT.

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

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Sign your name here)

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(Type or print your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g.,  
Beneficial Purchaser, Executor or Administrator)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g.,  
Beneficial Purchaser, Executor or Administrator)

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

Reminder Checklist:

- 1. Please sign the above Certification.
- 2. If this Proof of Claim is being made on behalf of joint claimants, then both must sign.
- 3. Remember to attach copies of supporting documentation, if available.
- 4. **Do not send** originals of Eligible Securities as they will not be returned.
- 5. Keep a copy of your claim form and all supporting documentation for your records.
- 6. If you desire an acknowledgment of receipt of your Proof of Claim Form, please send it via USPS Certified Mail, Return Receipt Requested.
- 7. If you move, please send your new address via email to [info@CreditSuisseFPDPracticeFairFund.com](mailto:info@CreditSuisseFPDPracticeFairFund.com) or mail to:  
*Credit Suisse FPD Practice Fair Fund*  
Fund Administrator  
c/o Gilardi & Co. LLC  
P.O. Box 30226  
College Station, TX 77842-3226
- 8. **Do not use red pen or highlighter** on the Proof of Claim Form or supporting documentation.

**THIS PROOF OF CLAIM FORM MUST BE POSTMARKED NO LATER THAN NOVEMBER 15, 2016  
AND MUST BE MAILED TO:**

*Credit Suisse FPD Practice Fair Fund*  
Fund Administrator  
c/o Gilardi & Co. LLC  
P.O. Box 30226  
College Station, TX 77842-3226

[www.CreditSuisseFPDPracticeFairFund.com](http://www.CreditSuisseFPDPracticeFairFund.com)



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