

Massachusetts Capital Access Program^(SM)
MASSACHUSETTS BUSINESS DEVELOPMENT CORPORATION
500 EDGEWATER DRIVE SUITE 555
WAKEFIELD, MA 01880
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EXHIBIT D - STANDARD CLAIM FORM (Rev. 2021)

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 (6 mos. max): \$ _____
Out-of-Pocket Expenses: \$ _____
Total Claim Amount: \$ _____
Date of Loan Charge-Off: _____
Authorized Signature: _____
Date: _____