

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

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Chris J. Conanan, et al., )  
 )  
 )  
 Plaintiffs, )  
 )  
 v. ) Civil Action No. 00-CV-3091 (ESH)  
 )  
 Donna Tanoue, Chairperson, )  
 )  
 Federal Deposit Insurance )  
 Corporation, )  
 )  
 Defendant. )

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**NOTICE OF INDIVIDUAL MONETARY AWARD  
UNDER PROPOSED CONSENT DECREE**

This Notice is to inform you that the Claims Administrator in the above Class Action has determined the following pursuant to the Notice of Monetary Distribution Formula, set forth in Exhibit 6 to the Proposed Consent Decree.

\_\_\_\_\_ The Claims Administrator did not receive a Claim Form from you by the due date. Therefore, you are not eligible to receive any monetary relief.

\_\_\_\_\_ The Claims Administrator received your written request to opt out of the Class Action by the due date. Therefore, the Court will treat you as opted out and you are not eligible to receive any monetary relief under the Consent Decree.

\_\_\_\_\_ The Claims Administrator received your Claim Form by the due date. In applying the Distribution Formula that has been preliminarily approved by the Court, the Plaintiffs' Expert has determined that you are eligible to receive:  
\$\_\_\_\_\_ (gross)<sup>1</sup>

This amount comes from:

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<sup>1</sup> This amount is subject to change on the basis of the Plaintiffs' Expert's making adjustments after all individual appeals have been considered, pursuant to the Notice of Monetary Distribution Formula Under Proposed Consent Decree, attached as Exhibit 6 to the Consent Decree.

\$ \_\_\_\_\_ Backpay Fund<sup>2\*</sup> (back pay, front pay, benefits,  
and interest)

\$ \_\_\_\_\_ Damages Fund<sup>3\*</sup>

If you believe that there has been an error in calculating your monetary award under the Notice of Monetary Distribution Formula set forth in Exhibit 6 to the Consent Decree, you must write to the Claims Administrator at the address below, explaining the nature of your inquiry or concern. Your letter must be post marked (United States Postal Service) no later than **October 15, 2001**.

**Settlement Services, Inc.**  
**P.O. Box 11190**  
**Tallahassee, Florida 32302-3190**

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<sup>2</sup> Any required employee deductions for federal, state, and local taxes, employee retirement account contributions, Medicare taxes, and any other routine payroll deduction required by law, as determined by the Claims Administrator, shall be deducted from any amounts paid to Class Members from the Backpay Fund.

<sup>3</sup> Amounts paid from the Damages Fund shall not have any such deductions taken therefrom.

\* Each recipient of a Backpay or Damages Fund payment shall be solely responsible for making payment to the appropriate taxing authorities, federal, state, and local, if any, (a) for all tax liability on Damages Fund payments, and (b) in the case of Backpay Fund payments, for tax liability resulting from any underpayment of taxes from the calculations performed by the Claims Administrator.