

**EXHIBIT 12**  
**CLAIM REQUEST**

1. Name of Lender \_\_\_\_\_
2. Lender ID # \_\_\_\_\_
3. Date loan contract entered into \_\_\_\_\_  
Loan# \_\_\_\_\_ Maturity Date of Loan or Line \_\_\_\_\_
4. Name and Address of Borrower: \_\_\_\_\_ (EIN or SSN) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Name and Location of Business: \_\_\_\_\_ (EIN or SSN) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. Original Loan Date \_\_\_\_\_ Original Enrolled Loan  
Amount \$ \_\_\_\_\_
7. \_\_\_\_\_
8. Amount of Claim
  - a. Principal.....\$ \_\_\_\_\_
  - b. Interest.....\$ \_\_\_\_\_
  - c. Documented out of pocket expenses.....\$ \_\_\_\_\_
  - Total amount of claim.....\$ \_\_\_\_\_

Bank Authorized Signature \_\_\_\_\_  
Name and Title (Printed) \_\_\_\_\_  
Date \_\_\_\_\_

NOTE: In filing this Claim for payment, the Lender represents and warrants:  
(a) this form has been filed contemporaneously with the action to charge off the specified loan as outlined in section 5.3;  
(b) that all out-of-pocket expenses are documented and maintained in accordance with the Agreement; and  
(c) its obligation to pursue collection and recovery of loan losses as outlined in section 8.12.

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**DEDA USE ONLY**

**Internal Approval Date** \_\_\_\_\_

**Amount Approved** \_\_\_\_\_

**Business Finance Director Signature** \_\_\_\_\_