

Oppenheimer Rochester Funds Securities Litigation
 Claims Administrator
 P.O. Box 3518
 Portland, OR 97208-3518

Toll Free Number: (877) 273-9532
 Website: www.oppenheimersettlement.com
 Email: info@oppenheimersettlement.com
 Objection/Exclusion Deadline: July 2, 2014
 Settlement Fairness Hearing: July 31, 2014
 Deadline to File a Claim: August 28, 2014

Before completing this form, please read the detailed instructions on page 5. When filling out this form, type or print in the boxes below in CAPITAL LETTERS; do not use red ink, pencils or staples.

PROOF OF CLAIM

PLEASE NOTE: If you received a Record of Fund Transactions (“ROFT”) and cover letter stating that you do not need to file a claim, you do NOT need to file a Proof of Claim for the account referenced on the ROFT. If you did not receive an ROFT, or if you have an additional account for which you did not receive an ROFT, you MUST file a Proof of Claim and supporting documentation in order to receive an award from the Net Settlement Funds for that account.

PART I: CLAIMANT IDENTIFICATION

Beneficial Owner’s First Name

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Beneficial Owner’s Last Name

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Co-Beneficial Owner’s First Name

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Co-Beneficial Owner’s Last Name

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Entity Name (if claimant is not an individual)

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Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

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Account Number (if filing for multiple accounts, file a separate Proof of Claim for each account)

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Address 1 (street name and number)

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Address 2 (apartment, unit or box number)

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City

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State

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Zip Code

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Foreign Country (only if not USA)

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Social Security Number

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OR

Taxpayer Identification Number

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Telephone Number (home)

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Telephone Number (work)

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Email address

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Claimant Account Type (check appropriate box):

- Individual (includes joint owner accounts) Pension Plan Trust
 Corporation Estate
 IRA/401K Other _____ (please specify)

PART II: SCHEDULE OF TRANSACTIONS

Use the following table to identify the Ticker for the Fund and Share Class you owned during the appropriate Class Period:

Ticker	Fund	Share Class	Class Period
OPTAX	AMT-Free Fund	A	between May 13, 2006 and October 21, 2008, inclusive
OTFBX	AMT-Free Fund	B	
OMFCX	AMT-Free Fund	C	
OPNYX	AMT-Free New York Fund	A	between May 21, 2006 and October 21, 2008, inclusive
ONYBX	AMT-Free New York Fund	B	
ONYCX	AMT-Free New York Fund	C	
ORNAX	National Fund	A	between March 13, 2006 and October 21, 2008, inclusive
ORNBX	National Fund	B	
ORNCX	National Fund	C	
ONJAX	New Jersey Fund	A	between April 24, 2006 and October 21, 2008, inclusive
ONJBX	New Jersey Fund	B	
ONJCX	New Jersey Fund	C	
OPATX	Pennsylvania Fund	A	between September 27, 2006 and November 26, 2008, inclusive
OPABX	Pennsylvania Fund	B	
OPACX	Pennsylvania Fund	C	
RMUNX	Rochester Fund	A	between February 26, 2006 and October 21, 2008, inclusive
RMUBX	Rochester Fund	B	
RMUCX	Rochester Fund	C	
RMUYX	Rochester Fund	Y	

Beginning Holdings:

A. For shares held before the opening of trading on the first day of that Fund's Class Period, please provide the Ticker and the quantity of shares held (if none, leave blank). **Please note that each Fund has a separate Class Period; please see above table to confirm:**

Ticker:	Quantity:
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Incoming Shares:

B. Purchases, shares purchased through the reinvestment of dividends, or other acquisitions, including by way of exchange, conversion or otherwise from the beginning of the Fund Class Period through the end of trading on December 31, 2009 (please note, shares purchased after the end of the Class Period do not contribute to your Recognized Claim, but are requested to properly balance and process your claim). Please provide all data, and list each trade separately:

Ticker	Trade Date (MMDDYY)	Number of Shares Purchased or Acquired	Purchase Price per Share*	Transaction Type (P/R/C)**
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>
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*Excluding taxes, fees and commissions

** P=Purchase or Dividend Reinvestment, R=Receipt (transfer in), C=Share Class Conversion (incoming converted shares)

Outgoing Shares:

C. Sales, including by way of exchange, conversion or otherwise from the beginning of the Fund Class Period through the end of trading on December 31, 2009. Please provide all data, and list each trade separately:

Ticker	Trade Date (MMDDYY)	Number of Shares Sold or Delivered	Sale Price per Share*	Transaction Type (S/D/X)**
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>
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*Excluding taxes, fees and commissions

** S=Sale, D=Delivery (transfer out), X=Share Class Conversion (outgoing converted shares)

Unsold Shares:

D. Shares held as of the end of trading on December 31, 2009. Please provide the Ticker and the quantity of shares held (if none, leave blank):

Ticker:	Quantity:
<input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="text"/>	<input type="text"/> . <input type="text"/>
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<input type="text"/>	<input type="text"/> . <input type="text"/>

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY AND CHECK THIS BOX:

PART III: CERTIFICATION

I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____, in _____, _____.
(Day) (Month / Year) (City) (State / Country)

Signature of Claimant

Print Name of Claimant

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

PROOF OF CLAIM INSTRUCTIONS

A. This Proof of Claim has been sent to you because you may be a member of a Class in this matter. If you have not received a Record of Fund Transactions (“ROFT”) then, in order to participate, you must complete and sign this Proof of Claim and provide supporting documents for any eligible transactions you claim. If you fail to file a properly addressed Proof of Claim and supporting documents, your claim may be rejected, and you may be determined to be ineligible for any payment from the Net Settlement Funds.

B. Submission of this Proof of Claim does not assure that you will share in the proceeds of the Net Settlement Funds created in the Actions. Your share will depend on the number of Class Members filing eligible claims and will be subject to a \$10.00 minimum threshold.

C. YOU MUST COMPLETE AND SUBMIT YOUR PROOF OF CLAIM BY MAIL POSTMARKED ON OR BEFORE **AUGUST 28, 2014**, ADDRESSED TO THE CLAIMS ADMINISTRATOR AS LISTED BELOW.

D. If you are NOT a member of a Class, as defined in the Notice of Pendency and Proposed Settlements of Class Actions and Notice of Motions for Awards of Attorneys’ Fees and Reimbursement of Expenses (“Notice”), DO NOT submit a Proof of Claim.

E. If you are a member of a Class and you do not timely request to be excluded from that Class, you are bound by the terms of any judgment entered in that Action, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM.

F. Use the section of this form entitled “Claimant Information” to identify each owner of record. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S), OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S) OF SHARES UPON WHICH THIS CLAIM IS BASED.

G. Use the section of this form entitled “Schedule of Transactions” to supply all required details of your transaction(s). If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

H. Complete a separate claim form for each account in which you qualify.

I. Provide all of the requested information with respect to the eligible shares that you acquired at any time during the Fund Class Period for the Fund(s) you owned, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

J. List each transaction in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.

K. Documentation of your transactions must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

L. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses.

Proof of Claim forms must be postmarked no later than August 28, 2014 and mailed to Oppenheimer Rochester Funds Securities Litigation, Claims Administrator, P.O. Box 3518, Portland, OR 97208-3518.

ATTENTION NOMINEES AND BROKERAGE FIRMS: If you are filing claim(s) electronically on behalf of beneficial owners, detailed instructions are available on the Settlement website at www.oppenheimersettlement.com along with the formatted electronic filing template. You may also send an email to info@oppenheimersettlement.com requesting this information.

Reminder Checklist

1. Sign the Certification section of the Proof of Claim on page 4.
2. Remember to attach supporting documentation.
3. Do not send original documents.
4. Keep a copy of your Proof of Claim and all documents submitted for your records.
5. If you desire an acknowledgment of receipt of your Proof of Claim, send your Proof of Claim by Certified Mail, Return Receipt Requested.
6. If you move, please send the Claims Administrator your new address.

ACCURATE CLAIMS PROCESSING CAN TAKE A SIGNIFICANT
AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.