

**Must be
Postmarked
No Later Than
May 20, 2013**

In re Regions Morgan Keegan Closed-End Fund Litigation
c/o GCG
PO Box 9939
Dublin, Ohio 43017-5939
1 (888) 895-9227

RMK



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

To be eligible to share in the Net Settlement Fund as a Member of the Class in this Action, you must complete and sign this Proof of Claim form on or before May 20, 2013. If you fail to submit a timely and properly completed Proof of Claim, your claim is subject to rejection or your payment may be delayed. **THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN May 20, 2013 AND MUST BE MAILED TO:**

In re Regions Morgan Keegan Closed-End Fund Litigation
c/o GCG
PO Box 9939
Dublin, Ohio 43017-5939

<u>TABLE OF CONTENTS</u>	PAGE #
PART I - CLAIMANT IDENTIFICATION	2
PART II - GENERAL INSTRUCTIONS	3
PART III - SCHEDULE OF TRANSACTIONS IN RMH SHARES.....	4
PART IV - SCHEDULE OF TRANSACTIONS IN RSF SHARES	5
PART V - SCHEDULE OF TRANSACTIONS IN RMA SHARES	6
PART VI - SCHEDULE OF TRANSACTIONS IN RHY SHARES.....	7
PART VII - SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS.....	8
PART VIII - RELEASE	8
PART IX - CERTIFICATION.....	8

All capitalized terms not otherwise defined in this form shall have the same meaning as set forth in the Notice that accompanies this Proof of Claim and the Stipulation and Agreement of Settlement (the "Settlement Agreement"), dated as of October 12, 2012.

Important - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0


PART I - CLAIMANT IDENTIFICATION
LAST NAME (CLAIMANT)
FIRST NAME (CLAIMANT)
Last Name (Beneficial Owner if Different From Claimant)
First Name (Beneficial Owner)
Last Four Digits of the Beneficial Owner's Employer Identification Number or Social Security Number¹
Last Name (Co-Beneficial Owner)
First Name (Co-Beneficial Owner)
Company/Other Entity (If Claimant Is Not an Individual)
Contact Person (If Claimant is Not an Individual)
Trustee/Nominee/Other
Account Number (If Claimant Is Not an Individual)
Trust/Other Date (If Applicable)
Address Line 1
Address Line 2 (If Applicable)
City
State
Zip Code
Foreign Province
Foreign Country
Foreign Zip Code
Telephone Number (Day)
Telephone Number (Night)
Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Member of TAL Subclass (check only one box): YES NO

IDENTITY OF CLAIMANT (check only one box):

- Individual
 Joint Owners
 Estate
 Corporation
 Trust
 Partnership
- Private Pension Fund
 Legal Representative
- IRA, Keogh, or other type of individual retirement plan (indicate type of plan, mailing address, and name of current custodian)
- Other (specify, describe on separate sheet)

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the website at www.gcginc.com or you may e-mail the Claims Administrator at eClaim@gcginc.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at eClaim@gcginc.com to inquire about your file and confirm it was received and is acceptable.

¹The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.



PART II - GENERAL INSTRUCTIONS

1. To recover as a Member of the Class, you must complete and sign this Proof of Claim and Release. Even if you do not fill out this Proof of Claim and Release, any and all claims you may have against the Defendants in this Litigation are released to the full extent defined below by virtue of your participation in this Class Action as a non-excluded Class Member. If you fail to file a properly addressed (as set forth in paragraph 3 below) Proof of Claim and Release, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed Settlement of the Action.

2. Submission of this Proof of Claim and Release, however, does not assure that you will share in the proceeds of Settlement in the Action.

3. **YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE POSTMARKED ON OR BEFORE MAY 20, 2013, ADDRESSED AS FOLLOWS:**

In re Regions Morgan Keegan Closed-End Fund Litigation
c/o GCG
PO Box 9939
Dublin, Ohio 43017-5939

If you are NOT a Member of the Class, as defined in the Notice of Pendency of Class Action and Proposed Settlement and Motion for Attorneys' Fees and Expenses ("Notice"), DO NOT submit a Proof of Claim and Release form.

4. If you are a Member of the Class, you are bound by the terms of any Judgment entered in the Action, including the Release included in the Settlement Agreement, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE FORM.

CLAIMANT IDENTIFICATION

1. If you purchased or acquired shares and held the certificate(s) in your name, you are the beneficial purchaser as well as the record purchaser. If, however, the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm through which you purchased the securities, you are the beneficial purchaser and the third party is the record purchaser.

2. Use Part I of this form entitled "Claimant Identification" to identify the beneficial purchaser of shares which form the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER/ACQUIROR OR PURCHASERS/ACQUIRORS, OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER/ACQUIROR OR PURCHASERS/ACQUIRORS OF THE SHARES UPON WHICH THIS CLAIM IS BASED.**

3. All joint purchasers or acquirors must sign this claim. 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 last four digits of 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.

CLAIM FORM

1. Use Part III, IV, V and VI of this form to supply all required details of your transaction(s) in the shares. 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.

2. On the schedules, provide all of the requested information with respect to all of your purchases/acquisitions and all of your sales of the shares which took place during the relevant periods whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

3. List each transaction in each of the Closed-End Funds separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.

4. Broker confirmations, brokerage statements reflecting your purchases, or other documentation of your transactions in shares should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

5. 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. In some cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information that it may, in its discretion, require to process the claim.

6. Separate Proofs of Claim should be submitted for each separate legal entity (for example, a claim from joint owners should not include separate transactions of just one of the joint owners, an Individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Proof of Claim should be submitted on behalf of one legal entity including all transactions made by that entity no matter how many separate accounts that entity has (for example, a corporation with multiple brokerage accounts should include all transactions made in the Closed-End Funds during the Class Period on one Proof of Claim, no matter how many accounts the transactions were made in).

You must submit documentation supporting the transactions listed on this Proof of Claim and Release form.



PART III - SCHEDULE OF TRANSACTIONS IN RMK HIGH INCOME FUND, INC. ("RMH") SECURITIES

A. PURCHASES: Please list all purchases or other acquisitions of RMH between **June 24, 2003 and October 12, 2009**, inclusive. (Must be documented.)¹

Trade Date List Chronologically (Month/Day /Year)	Number of Shares Purchased	Price Per Share	Total Purchase Price (Excluding taxes, fees, other commissions)	Transaction Type ((P)Purchase/ (D)Dividend/ (R)Reinvestment)
/ /				
/ /				
/ /				
/ /				

B. SALES: Sales or other deliveries of RMH shares between **June 24, 2003 and October 12, 2009**, inclusive. (Must be documented.)

Trade Date List Chronologically (Month/Day /Year)	Number of Shares Sold	Price Per Share	Total Sales Price (Excluding taxes, fees, other commissions)	Transaction Type ((S)Sold/ (D)Delivered)
/ /				
/ /				
/ /				
/ /				

C. ENDING HOLDINGS: Number of RMH shares held at the close of trading on **October 12, 2009**. If none, write "zero" or "0". (Must be documented.)

Shares				

¹Please note: Information requested with respect to purchases/acquisitions that occurred July 15, 2009, through October 12, 2009, inclusive, is needed in order to balance your claim; however, purchases/acquisitions that occurred after the close of business on July 14, 2009 are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Losses pursuant to the Plan of Allocation.

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED**



PART IV - SCHEDULE OF TRANSACTIONS IN RMK STRATEGIC INCOME FUND, INC. ("RSF") SHARES

A. PURCHASES: Please list all purchases or other acquisitions of RSF between **March 18, 2004** and **October 12, 2009**, inclusive. (Must be documented.)¹

Trade Date List Chronologically (Month/Day /Year)	Number of Shares Purchased	Price Per Share	Total Purchase Price (Excluding taxes, fees, other commissions)	Transaction Type ((P)Purchase/ (D)Dividend/ (R)Reinvestment)
/ /		.	.	
/ /		.	.	
/ /		.	.	
/ /		.	.	

B. SALES: Sales or other deliveries of RSF shares between **March 18, 2004** and **October 12, 2009**, inclusive. (Must be documented.)

Trade Date List Chronologically (Month/Day /Year)	Number of Shares Sold	Price Per Share	Total Sales Price (Excluding taxes, fees, other commissions)	Transaction Type ((S)Sold/ (D)Delivered)
/ /		.	.	
/ /		.	.	
/ /		.	.	
/ /		.	.	

C. ENDING HOLDINGS: Number of RSF shares held at the close of trading on **October 12, 2009**. If none, write "zero" or "0". (Must be documented.)

Shares				

¹Please note: Information requested with respect to purchases/acquisitions that occurred July 15, 2009, through October 12, 2009, inclusive, is needed in order to balance your claim; however, purchases/acquisitions that occurred after the close of business on July 14, 2009 are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Losses pursuant to the Plan of Allocation.

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED**



PART V - SCHEDULE OF TRANSACTIONS IN RMK ADVANTAGE INCOME FUND, INC. ("RMA") SHARES

A. PURCHASES: Please list all purchases or other acquisitions of RMA between **November 8, 2004** and **October 12, 2009**, inclusive. (Must be documented.)¹

Trade Date List Chronologically (Month/Day /Year)	Number of Shares Purchased	Price Per Share	Total Purchase Price (Excluding taxes, fees, other commissions)	Transaction Type ((P)Purchase/ (D)Dividend/ (R)Reinvestment)
/ /				
/ /				
/ /				
/ /				

B. SALES: Sales or other deliveries of RMA shares between **November 8, 2004** and **October 12, 2009**, inclusive. (Must be documented.)

Trade Date List Chronologically (Month/Day /Year)	Number of Shares Sold	Price Per Share	Total Sales Price (Excluding taxes, fees, other commissions)	Transaction Type ((S)Sold/ (D)Delivered)
/ /				
/ /				
/ /				
/ /				

C. ENDING HOLDINGS: Number of RMA shares held at the close of trading on **October 12, 2009**. If none, write "zero" or "0". (Must be documented.)

Shares					

¹Please note: Information requested with respect to purchases/acquisitions that occurred July 15, 2009, through October 12, 2009, inclusive, is needed in order to balance your claim; however, purchases/acquisitions that occurred after the close of business on July 14, 2009 are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Losses pursuant to the Plan of Allocation.

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX**
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED



PART VI - SCHEDULE OF TRANSACTIONS IN RMK MULTI-SECTOR HIGH INCOME FUND, INC. ("RHY") SHARES

A. PURCHASES: Please list all purchases or other acquisitions of RHY between **January 19, 2006** and **October 12, 2009**, inclusive. (Must be documented.)¹

Trade Date List Chronologically (Month/Day /Year)	Number of Shares Purchased	Price Per Share	Total Purchase Price (Excluding taxes, fees, other commissions)	Transaction Type ((P)Purchase/ (D)Dividend/ (R)Reinvestment)
/ /		.	.	
/ /		.	.	
/ /		.	.	
/ /		.	.	

B. SALES: Sales or other deliveries of RHY shares between **January 19, 2006** and **October 12, 2009**, inclusive. (Must be documented.)

Trade Date List Chronologically (Month/Day /Year)	Number of Shares Sold	Price Per Share	Total Sales Price (Excluding taxes, fees, other commissions)	Transaction Type ((S)Sold/ (D)Delivered)
/ /		.	.	
/ /		.	.	
/ /		.	.	
/ /		.	.	

C. ENDING HOLDINGS: Number of RHY shares held at the close of trading on **October 12, 2009**. If none, write "zero" or "0". (Must be documented.)

Shares				

¹Please note: Information requested with respect to purchases/acquisitions that occurred July 15, 2009, through October 12, 2009, inclusive, is needed in order to balance your claim; however, purchases/acquisitions that occurred after the close of business on July 14, 2009 are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Losses pursuant to the Plan of Allocation.

YOU ARE NOT FINISHED YET. YOU MUST READ THE RELEASE AND SIGN ON PAGE 8. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

1 (888) 895-9227 | www.rmkclosedendfundsettlement.com

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED**



PART VII - SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim under the terms of the Stipulation and Agreement of Settlement described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Western District of Tennessee, Western Division, with respect to my (our) claim as a Class Member and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I (we) will be bound by and subject to the terms of the Final Judgment and Order of Dismissal that may be entered in the Action. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so. I (We) have not submitted any other claim in this Settlement covering the same purchases, acquisitions and sales of shares in the Closed-End Funds during the relevant period and know of no other Person having done so on my (our) behalf.

PART VIII - RELEASE

- 1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever settle, release and discharge from the Released Claims each and all of the Released Defendant Parties as those terms and terms related thereto are defined in the accompanying Notice.
2. This release shall be of no force or effect unless and until the Court approves the Settlement Agreement and the Effective Date (as defined in the Settlement Agreement) has occurred.
3. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.
4. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions, and sales of shares in the Closed-End Funds requested above and that occurred during the relevant time periods and the number of shares held by me (us) at the relevant time periods.
5. I (We) hereby warrant and represent that I (we) am (are) not excluded from the Class as defined herein, in the Notice, and in the Settlement Agreement.
6. The number(s) shown on this form is (are) the correct SSN/TIN.

PART IX - 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 ___ (Month) (Year) (City, State, Country)

Signature of Claimant

Date

Print your name here

Signature of joint claimant, if any

Date

Print your name here

If the Claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of person signing on behalf of claimant

Date

Print your name here

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, custodian, etc.

REMINDER CHECKLIST

1. Please sign the Certification on page 8.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents. (Supporting documents include trade confirmations, official monthly, quarterly or annual brokerage statements).
4. DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.
5. If you aggregated accounts, be sure to include supporting documents for all accounts.
6. Keep a copy of your Proof of Claim and Release form and all documentation submitted for your records.
7. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail, within 60 days. **Your claim is not deemed by the Claims Administrator to be submitted unless you receive an acknowledgement postcard.** If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator at **1 (888) 895-9227**. Also, you can submit your claim using a service that provides you with proof of mailing, such as: registered or certified mail, return receipt requested; express mail that does not waive signature; or courier service.
8. If you move, you must send us your new address.
9. **Do not use highlighter on the Claim Form or supporting documentation.**
10. If you have any questions or concerns regarding your Proof of Claim, please contact the Claims Administrator at the contact information below or visit **www.rmkclosedendfundsettlement.com**.

THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN
MAY 20, 2013 AND MUST BE MAILED TO:

In re Regions Morgan Keegan Closed-End Fund Litigation
c/o GCG
PO Box 9939
Dublin, Ohio 43017-5939

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

