

**Must be Postmarked
No Later Than
April 16, 2009**

**Edward E. Gatz, et al.v. William R. Ponsoldt, Sr., et al.
PO Box 9000 #6508
Merrick, NY 11566-9000
1-866-396-5584**

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Claim Number:

Control Number:

CLAIM FORM

IF YOU OWNED SHARES OF REGENCY AFFILIATES, INC. COMMON STOCK ON OCTOBER 17, 2002, YOU MAY BE ELIGIBLE TO RECEIVE A SHARE OF THE \$3,000,000 SETTLEMENT.

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SECTION A - CLAIMANT INFORMATION

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

Last 4 digits of Claimant Social Security Number/Taxpayer ID Number:

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above):

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Street Address:

City:

State and Zip Code:

Country (Other than U.S.):

Daytime Telephone Number: () -

Evening Telephone Number: () -

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.)

IF YOU FAIL TO SUBMIT A COMPLETE CLAIM BY APRIL 16, 2009 YOUR CLAIM IS SUBJECT TO REJECTION OR YOUR PAYMENT MAY BE DELAYED.

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All Claimants **MUST** submit a manually signed paper Claim Form listing all their transactions, whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-866-396-5584, or visit its website at www.gatzsettlement.com, to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.



SECTION B - SHARE OWNERSHIP

Number of shares of Regency Affiliates, Inc. common stock owned by you on October 17, 2002:

[Empty box for share count]

YOU MUST SUPPLY SUPPORTING DOCUMENTATION TO VERIFY THE ABOVE INFORMATION OR YOUR CLAIM WILL BE SUBJECT TO REJECTION.

SECTION C - CERTIFICATION AND SIGNATURE

_____ (print name of individual or entity) hereby certifies under penalty of perjury that he, she, or it:

(a) (i) is a member of the Class as defined in the accompanying Notice and owned the number of shares of Regency Affiliates, Inc. common stock on October 17, 2002, or (ii) is a successor in interest, predecessor, representative, trustee, beneficiary, executor, administrator, immediate or remote heir, or person or entity acting for or on behalf of, or claiming under any of them, and each of them, but (iii) is not a defendant, a member of a defendant's family, a defendant's affiliate, or an individual or entity that solely held securities convertible into Regency common stock or options to purchase to Regency common stock on October 17, 2002; and

(b) hereby submits to the jurisdiction of the Court of Chancery of the State of Delaware in and for Sussex County for all purposes related to this claim.

(Sign your name here)

(Type or print your name here)

(Joint owner sign your name here)

(Joint owner type or print your name here)

(Capacity of persons signing, e.g., Beneficial Purchaser, Executor or Administrator)



**ACCURATE CLAIM PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

REMINDER CHECKLIST

1. Please sign the Certification Section of the Claim Form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Claim Form and all documentation submitted for your records.
6. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 45 days. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 45 days, please call the Claims Administrator toll free at 1-866-396-5584.
7. If you move, please send us your new address.
8. **Do not use highlighter on the Claim Form or supporting documentation.**

**THIS CLAIM FORM MUST BE POSTMARKED NO LATER THAN
APRIL 16, 2009 AND MUST BE MAILED TO:**

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