

WISCONSIN  
**BUSINESS DEVELOPMENT**

OPPORTUNITY FUND LLC

**CAPITAL ACCESS PROGRAM**  
**Claim Form – Exhibit 4**

1. NAME OF LENDER: \_\_\_\_\_

2. NAME OF BORROWER: \_\_\_\_\_

3. ADDRESS OF BORROWER: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

4. BORROWER ACCOUNT /LOAN #: \_\_\_\_\_ DATE OF LOAN: \_\_\_\_\_

5. PRINCIPAL BALANCE OF ENROLLED LOAN (IMMEDIATELY PRIOR TO CHARGEOFF):\$ \_\_\_\_\_

6. AMOUNT OF CLAIM: \$ \_\_\_\_\_

*I hereby certify that the above claim is accurate and justified in accordance with the Lender Participation Agreement for the Capital Access Program between FUND and the above named Lender.*

LENDER AUTHORIZED SIGNATURE \_\_\_\_\_

PRINT NAME AND TITLE \_\_\_\_\_

DATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

**NOTE: A COPY OF THE LENDER'S CHARGE-OFF MEMORANDUM MUST BE ATTACHED TO THIS FORM AND WILL BE REVIEWED BY ADMINISTRATOR.**