

**MICHIGAN STRATEGIC FUND**  
**SMALL BUSINESS CAPITAL ACCESS PROGRAM**

**Exhibit 4 – Claim Form**

<b><u>Lender Information:</u></b>
<b>Name of Lender:</b>
<b>Lender ID:</b>
<b><u>Borrower/Loan Information:</u></b>
<b>Name of Borrower/Loan:</b>
<b>Original Amount of Enrolled Loan:</b>
<b>Outstanding Balance of Loan (Immediately prior to charge-off):</b>
<b><u>Claim Details:</u></b>
<b>a) Principal:</b>
<b>b) Accrued Interest (up to 90 days):</b>
<b>Total Amount of Claim (Principal + Interest):</b>
<b><u>Lender Authorization:</u></b>
<b>Authorized Signature:</b>
<b>Name and Title (printed):</b>
<b>Date:</b>

The completed Claim Form, along with proof that the above loan has been charged off, should be submitted to [CAP@michigan.org](mailto:CAP@michigan.org) as a scanned PDF attachment (preferred). You may also fax the form to (517) 335-0198 or mail to the address listed below:

ATTN: Finance  
The Capital Access Program  
Michigan Strategic Fund  
300 N. Washington Square  
Lansing, MI 48913

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