

**Must Be
Postmarked
No Later Than
March 11, 2017**

**Hampden Bancorp, Inc. Shareholder Litigation
c/o Garden City Group, LLC
Claims Administrator
PO Box 9349
Dublin, OH 43017-4249
1-888-601-4868**

HMD



ID Number:

Control Number:

PROOF OF CLAIM AND RELEASE

IF YOU OWNED COMMON STOCK OF HAMPDEN BANCORP, INC. ("HAMPDEN") AT ANY TIME DURING THE PERIOD FROM AND INCLUDING NOVEMBER 4, 2014 AND CONTINUED TO HOLD SUCH STOCK UNTIL THE CLOSING OF THE MERGER OF HAMPDEN WITH AND INTO BERKSHIRE HILLS BANCORP, INC. ("BERKSHIRE") ON APRIL 17, 2015 (OR SUCH SHARES WERE TRANSFERRED TO YOU BY SOMEONE WHO OWNED HAMPDEN COMMON STOCK FROM AND INCLUDING NOVEMBER 4, 2014 AND YOU CONTINUED TO HOLD SUCH STOCK UNTIL APRIL 17, 2015 (THE "SETTLEMENT CLASS"), YOU ARE A "SETTLEMENT CLASS MEMBER," AND YOU MAY BE ENTITLED TO SETTLEMENT PROCEEDS.

DEFENDANTS AND THEIR AFFILIATES, WITH AFFILIATES INCLUDING ANY PERSON, FIRM, TRUST, CORPORATION OR OTHER ENTITY RELATED TO OR AFFILIATED WITH ANY DEFENDANT ARE EXCLUDED FROM THE SETTLEMENT CLASS.

IF YOU ARE A SETTLEMENT CLASS MEMBER, IN ORDER TO BE ELIGIBLE TO RECEIVE ANY MONEY, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE AND MAIL IT BY PRE-PAID, FIRST CLASS MAIL, POSTMARKED NO LATER THAN MARCH 11, 2017 TO:

**HAMPDEN BANCORP, INC. SHAREHOLDER LITIGATION
C/O GARDEN CITY GROUP, LLC
CLAIMS ADMINISTRATOR
PO BOX 9349
DUBLIN, OH 43017-4249**

YOUR FAILURE TO SUBMIT YOUR CLAIM **POSTMARKED BY MARCH 11, 2017** MAY SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. **SUBMIT YOUR CLAIM ONLY TO THE HAMPDEN CLAIMS ADMINISTRATOR.**

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

If you are a Settlement Class Member, you will be bound by the terms of any judgment entered in the Action, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE.

If you are NOT a Settlement Class Member DO NOT submit a Proof of Claim and Release.

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

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.

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

Street Address:

City:

Last 4 digits of Claimant SSN/TIN:¹

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State: **Zip Code:** **Country (if Other than U.S.):**

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Record Owner's Name (if different from the Claimant Name(s) listed above:):

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Daytime Telephone Number:

Evening Telephone Number:

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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.)

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IDENTITY OF CLAIMANT (check only one box - please review #3 of General Instructions for documentation requirements):

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Owners	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Private Pension Fund	<input type="checkbox"/> Legal Representative	<input type="checkbox"/> Limited liability company			
<input type="checkbox"/> IRA, Keogh, or other type of individual retirement plan (indicate type of plan, mailing address, and name of current custodian)			<input type="checkbox"/> 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 Settlement website at www.Hampdensescuritieslitigation.com or you may email the Claims Administrator's electronic filing department at eClaim@gardencitygroup.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@gardencitygroup.com to inquire about your file and confirm it was received and acceptable.

To view GCG's Privacy Notice, please visit <http://www.gardencitygroup.com/privacy>

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 – HAMPDEN COMMON STOCK

State the total number of shares of Hampden common stock held as of **April 17, 2015** (*Must be documented*).

Shares

YOU MUST ALSO READ, SIGN, AND SUBMIT THE SUBMISSION TO JURISDICTION AND RELEASE WHICH FOLLOWS

PART III - SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim and Release (“Proof of Claim”) under the terms of the Stipulation of Settlement (the “Stipulation”) described in the Notice of Pendency and Proposed Settlement of Class Action (the “Notice”). I(We) acknowledge receiving and reading the Notice. I(We) understand that all capitalized terms used in this Proof of Claim and Release, unless otherwise expressly defined herein, shall have the meaning ascribed to such terms in the Notice. By submitting this Proof of Claim, I (we) state that I (we) believe in good faith that I am (we are) a Settlement Class Member as defined above and in the Notice, or I am (we are) acting for such Person; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund; and that I (we) elect to participate in the Settlement described in the Notice.

I (We) also submit to the jurisdiction of the Superior Court of Massachusetts, Hampden County, with respect to my (our) claim as a Settlement Class Member and for purposes of enforcing the Release set forth herein and any judgment that may be entered in the Litigation. I (We) further acknowledge that I am (we are) bound by, and subject to, the terms of any judgment that may be entered in the Litigation.

I (We) have set forth, where requested above, all relevant information with respect to my (our) ownership of Hampden common stock at any time during the period from and including November 4, 2014 and I (we) continued to hold such stock until the closing of the Merger of Hampden with and into Berkshire on April 17, 2015. I (We) have also enclosed photocopies of the stockbroker’s confirmation slips, stockbroker’s statements, or other documents evidencing such ownership of Hampden stock in support of my (our) claim. [NOTE: IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR. THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.] I (We) agree to furnish additional information to the Claims Administrator and/or Plaintiff’s Counsel or their agents to support this claim if required to do so.

PART IV - RELEASE

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and covenant not to sue with respect to, the Settled Claims against each and all of the Released Parties (as those terms are defined in the Notice).

2. 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.

3. I (We) hereby warrant and represent that I (we) have included information about all of my (our) holdings in Hampden common stock requested in this Proof of Claim.

4. I (We) have not submitted any other claim covering the same purchases or sales of Hampden common stock during the Settlement Class Period and know of no other Person having done so on my (our) behalf.

I (We) declare under penalty of perjury, under the laws of the State/Commonwealth of _____ and the United States of America, that the foregoing information supplied by the undersigned is true and correct and that this Proof of Claim and Release form was executed this ____ day of _____, 2016, at _____ (City, State, Country)

(Signature of Claimant)

(Signature of Joint Claimant)

(Type or print your name here)

(Type or print your name here)

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



PART V - GENERAL INSTRUCTIONS

All terms herein are as defined in the Notice of Pendency and Proposed Settlement of Class Action (which has been sent to you with this Proof of Claim and Release) and the Stipulation of Settlement on file with the Court.

1. If you owned shares of Hampden Bancorp, Inc. ("Hampden") at any time during the period from and including November 4, 2014 and continued to hold such stock until the closing of the Merger of Hampden with and into Berkshire on April 17, 2015 (the "Settlement Class Period"), and held the certificate(s) in your name, you are the beneficial owner as well as the record owner. If, however, you purchased or otherwise acquired Hampden shares and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner and the third party is the record owner.

2. Use the page of this form entitled "Claimant Identification" to identify each beneficial owner and, if different, each record owner, of Hampden stock during the Settlement Class Period, which form the basis of this claim, and state the number of shares of Hampden common stock owned at the close of trading on that date.

THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER OR OWNERS, OR THE LEGAL REPRESENTATIVE OF SUCH OWNER OR OWNERS, OF THE HAMPDEN COMMON STOCK UPON WHICH THIS CLAIM IS BASED.

3. All joint owners must sign this claim. Executors, administrators, guardians, conservators and trustees must complete and sign this claim on behalf of Persons represented by them, documentation establishing their authority must accompany this claim, and their titles or capacities must be stated.

4. 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 this information could delay verification of your claim or result in rejection of the claim.

REMINDER CHECKLIST

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

1. Remember to sign the above Proof of Claim and Release Form.
2. Remember to attach only **copies** of acceptable supporting documentation, a complete list of which can be found on our website.
3. DO NOT SEND ORIGINALS OF SECURITIES CERTIFICATES OR ANY SUPPORTING DOCUMENTS.
4. Keep copies of your completed Proof of Claim and all documentation submitted for your records.
5. If you desire an acknowledgment of receipt of your claim form, please send it Certified Mail, Return Receipt Requested, or its equivalent. **You will bear all risks of delay or non-delivery of your claim.** The Claims Administrator will acknowledge receipt of your Proof of Claim by mail within 60 days. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at **1-888-601-4868**.
6. If your address changes or if these documents were sent to an old or incorrect address, you must send the Claims Administrator **written** notification of your new address. Otherwise, any funds allocated to your claim are subject to forfeiture.
7. Do not use highlighter on the Proof of Claim or supporting documentation.
8. If you have any questions or concerns regarding your Proof of Claim, please contact the Claims Administrator at the address listed below or at **1-888-601-4868**.

**THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN MARCH 11, 2017
AND MUST BE MAILED TO:**

**Hampden Bancorp, Inc. Shareholder Litigation
c/o Garden City Group, LLC
Claims Administrator
PO Box 9349
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