PROOF OF CLAIM AND RELEASE

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CLAIMANT INFORMATION INSTRUCTIONS

1. If you purchased MBNA Corp. ("MBNA") common stock and held the certificate(s) in your name, you are the beneficial owner as well as the record owner. If, however, you purchased MBNA common stock and the certificate(s) was (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 Section A of this form entitled "CLAIMANT INFORMATION" to identify each beneficial owner and record owner or nominee (if different from the beneficial owner) of MBNA common stock that forms the basis of this claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER OR OWNERS, OR THE LEGAL REPRESENTATIVE OF SUCH OWNER OR OWNERS, OF THE MBNA 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, and their authority must accompany this claim and their titles or capacities must be stated. The taxpayer identification number (TIN) 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 and/or result in claim rejection.

CLAIM FORM INSTRUCTIONS

1. Use Section B of this form entitled "SCHEDULE OF TRANSACTIONS IN MBNA COMMON STOCK" to supply all required details of your transaction(s) in MBNA common stock. If you need more space or additional schedules, photocopy as many copies of Page 3 of the Claim Form as you need. Print or type your name and include your TIN on each additional sheet, and check the box indicated on Page 3 of the Claim Form.

2. On the schedules, provide all requested information with respect to all of your purchases and all of your sales of MBNA common stock that took place at any time between January 20, 2005, and July 19, 2005, inclusive, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in rejection of your claim.

3. List each transaction in the Settlement Class Period1 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. Do not adjust transactions for stock splits.

4. If you acquired MBNA common stock by means of a gift, inheritance, or operation of law during the Settlement Class Period, such acquisitions do not qualify as part of the proposed Settlement. If, however, such stock was purchased during the Settlement Class Period by the donor, decedent, or transferee, then as long as the original purchaser does not submit a Claim Form with respect to the shares, the recipient's Recognized Losses will be computed by using the price of such stock on the original date of purchase.

5. You must attach copies of broker confirmations or other documentation of your transactions in MBNA common stock to your claim. Failure to provide this documentation could delay verification of your claim and/or result in claim rejection.

6. If you would like to use an alternate address for any distribution you might be eligible for, please place a check mark next to "Check Here to Use Alternate Address for Distribution" on Page 2 and fill out the Distribution Address portion of the Claim Form.

7. 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 800-949-0194 or visit mbnasecuritieslitigation.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.

8. NOTE: 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 MBNA common stock during the Class Period on one Proof of Claim, no matter how many accounts the transactions were made in.)

YOU MUST COMPLETE THIS CLAIM FORM BY SEPTEMBER 22, 2009, TO BE ELIGIBLE TO SHARE IN THE SETTLEMENT. IF YOU FAIL TO SUBMIT A COMPLETE CLAIM BY THIS DATE, YOUR CLAIM IS SUBJECT TO REJECTION OR YOUR PAYMENT MAY BE DELAYED.

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1 All capitalized terms not otherwise defined in this document shall have the meaning provided in the Proposed Settlement Agreement.
PROOF OF CLAIM AND RELEASE
Please Type or Print

SECTION A: CLAIMANT INFORMATION

Last Name (Claimant)                  First Name (Claimant)

Last Name (Beneficial Owner if Different From Claimant)  First Name (Beneficial Owner)

Last Name (Co–Beneficial Owner)        First Name (Co–Beneficial Owner)

Company/Other Entity (If Claimant Is Not an Individual) Trustee/Nominee/Other

Name of the Person the Claims Administrator Should Contact Regarding This Claim (If Different From Claimant Listed Above)

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 Zip Code  Foreign Country

Check Here to Use Alternate Address for Distribution
(Optional) Distribution Address
Distribution Address Line 1

Distribution Address Line 2 (If Applicable)

City  State  Zip Code

Foreign Province  Foreign Zip Code  Foreign Country

Telephone Number (Day)  Telephone Number (Night)
( )  -  ( )  -

Beneficial Owner’s Employer Identification Number or Social Security Number

Email Address (Not Required, but if Provided, Claims Administrator Is Authorized to Use It to Provide Information Relevant to This Claim)

QUESTIONS? CALL 800-431-9392 OR VISIT MBNASECURITIESLITIGATION.COM
IDENTITY OF CLAIMANT

- Individual
- Joint Owners
- Estate
- Corporation
- Trust
- Partnership
- Limited Liability Company
- 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)

Check here if the claimant or beneficial owner was an officer or director of MBNA at any time between January 20, 2005, and April 20, 2005, inclusive. If so, please state position(s) held and dates of employment: ________________________

SECTION B: SCHEDULE OF TRANSACTIONS IN MBNA COMMON STOCK

Persons who received MBNA common stock during the Settlement Class Period other than by purchase are not eligible to submit claims for those transactions, and all purchases must be documented.

BEGINNING HOLDINGS OF MBNA COMMON STOCK:

Number of shares of MBNA common stock held at the close of all trading on January 19, 2005 (if none, write “0”; if other than zero, documentation must be provided):

<table>
<thead>
<tr>
<th>Proof Enclosed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
</tr>
<tr>
<td>N</td>
</tr>
</tbody>
</table>

PURCHASES:


IF NONE, CHECK HERE

<table>
<thead>
<tr>
<th>Trade date(s) of purchases</th>
<th>Number of shares of common stock purchased</th>
<th>Purchase price per share of common stock (excluding taxes, commissions, etc.)</th>
<th>Proof of purchase enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM DD YYYY</td>
<td>$</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>/ / YYYY</td>
<td>$</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>/ / YYYY</td>
<td>$</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>/ / YYYY</td>
<td>$</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

SALES:


IF NONE, CHECK HERE

<table>
<thead>
<tr>
<th>Trade date(s) of sales</th>
<th>Number of shares of common stock sold</th>
<th>Sale price per share of common stock (excluding taxes, commissions, etc.)</th>
<th>Proof of sale enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM DD YYYY</td>
<td>$</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>/ / YYYY</td>
<td>$</td>
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</tr>
<tr>
<td>/ / YYYY</td>
<td>$</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

UNSOLD HOLDINGS OF MBNA COMMON STOCK:

Number of shares of MBNA common stock held as of the close of all trading on July 19, 2005 (if none, write “0”; if other than zero, documentation must be provided):

<table>
<thead>
<tr>
<th>Proof Enclosed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
</tr>
<tr>
<td>N</td>
</tr>
</tbody>
</table>

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.
BE SURE TO INCLUDE YOUR NAME, TIN, AND THE FULL NAME OF THE ACCOUNT ON EACH ADDITIONAL PAGE.
SECTION C: RELEASE AND SIGNATURE

1. By submitting this Proof of Claim, I state that I believe in good faith that:
   • I am a Settlement Class Member as defined in the Notice of Pendency and Proposed Settlement of Class Action (the “Notice”); or
   • I am acting for such person (Note: If you are acting in a representative capacity on behalf of a Settlement Class Member (e.g., as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Settlement Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

2. I elect to participate in the Proposed Settlement described in the Notice and have not filed a request for exclusion.

3. I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Settlement Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the litigation or settlement in connection with processing of the Proofs of Claim.

4. Where requested above, I have set forth all relevant information regarding each of my purchases and/or sales of MBNA common stock during the Class Period. I agree to furnish additional information (including transactions in other MBNA securities) to the Claims Administrator, if requested to do so.

5. In support of my claim I have enclosed photocopies of the stockbroker’s confirmation slips, stockbroker’s statements, or other documents evidencing each relevant purchase, sale or retention of MBNA common stock. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)

6. I understand that the information contained in this Proof of Claim is subject to such verification as required by the Claims Administrator or directed by the Court, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most claims. The Claims Administrator may request additional information to efficiently and reliably calculate your Recognized Claim. The Claims Administrator may condition acceptance of the claim upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities, e.g. option contracts.)

7. By operation of law, upon the Effective Date as defined in the Settlement, my decision not to exclude myself (or “opt-out”) from the settlement constitutes a full and complete release and discharge of the Released Claims as to all Defendants and Defendants’ Related Parties on behalf of me, my past or present subsidiaries, parents, successors, predecessors, officers, partners, directors, agents, employees, attorneys, advisors, investment advisors, insurers, auditors, accountants, legal representatives, heirs, executors, trustees, administrators, and assigns.

I 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

Print your name here

Signature of joint claimant, if any

Print your name here

Capacity of person(s) signing (e.g., beneficial owner, purchaser, executor, administrator, trustee, etc.)

REMEMBER CHECKLIST

1. Please fill out this form in its entirety.
2. Don’t forget to sign Page 4 of this form. If this claim is being made on behalf of joint claimants, both must sign.
3. Remember to attach copies of broker confirmations or other documentation of your transactions in MBNA common stock to your claim. Failure to provide this documentation could delay verification of your claim and/or result in claim rejection.
4. Do not use highlighter on the Claim Form or supporting documentation.
5. Please make a copy of your completed form for your records.
6. Do not send originals of any supporting documents.
7. 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 800-431-9392.
8. If you move or change your name after submitting this Claim Form, please notify the Claims Administrator of the change in your name and/or address.

THIS CLAIM FORM MUST BE POSTMARKED NO LATER THAN SEPTEMBER 22, 2009, AND MUST BE MAILED TO:

MBNA CORP. SECURITIES LITIGATION
CLAIMS ADMINISTRATOR
C/O A.B. DATA, LTD.
PO BOX 170500
MILWAUKEE, WI 53217-8042

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