

VIST FINANCIAL CORP. ATM FEE SETTLEMENT CLAIM FORM

Mail to: CARLSON LYNCH LTD. PO Box 367, Sewickley, PA 15143

Name: _____

Address: _____

Phone: _____

CHECK THE APPROPRIATE BOX BELOW:

I have included with this Claim Form one or more ATM receipts, or relevant portions of my bank statement(s), illustrating that I was charged an ATM fee by VIST Financial Corp. between June 7, 2009 and February 4, 2011.

I have NOT included with this Claim Form a receipt or bank statement but I certify that I was charged a transaction fee at the VIST Financial Corp. ATM located at _____ on _____ (approximate date of visit) and the last four digits of the account number on the card used were _____.

I understand that the foregoing information may be used for purposes of verifying my claim, and I certify, under penalty of perjury, that the statements and information contained herein is truthful and accurate.

ALL CLAIM FORMS MUST BE POSTMARKED BY: JUNE 15, 2011