

Jefferies Group LLC

Employee Contribution & Request for Matching Contribution

Name: _____ Phone: _____

Office: _____ Dept: _____

I represent that the following contribution to an eligible charity was made by me during the calendar year 20___. I hereby request that Jefferies Group LLC match my contribution, as shown below, up to an aggregate amount of \$3,000 per year, according to the terms and provisions of the Jefferies' Matching Contribution Program.

Please provide the following:

- 1) Copy of proof of payment in the form of canceled check, edited credit card statement, or a transfer of stock certificate.
- 2) Copy of an acknowledgement letter, memo, or receipt for your contribution from the Charitable Organization.

Please list only one qualified charitable organization per form. Include the complete mailing address with zip code printed or typed neatly so your request may be processed correctly.

Date: _____ Contribution Amount: _____ 50% Match Request: _____

Total match request/s submitted by employees may not exceed \$3,000 per year.

Charity Name: _____

Street Address: _____
City, State Zip: _____

Signature: _____ Today's Date: _____

Email this completed form and required documents to: Charitable_Matching_Request@Jefferies.com

For additional information you may contact: Regina de Wetter at 212.323.3959 or rdewette@jefferies.com

Submission deadline for all contributions made in the prior year is February 28.