

CLAIM FORM

PLEASE NOTE: If you received a Notice Letter stating that you do not need to file a claim, you do NOT need to file a Claim Form for the account included in the Class Action. If you did not receive a Notice Letter, or if you have an additional account for which you did not receive a Notice Letter, or if you wish to modify your claim, you MUST file a Claim Form and supporting documentation in order to receive an award from the Fair Fund for that account.

PART I: CLAIMANT IDENTIFICATION

Beneficial Owner's First Name	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Beneficial Owner's First Name	MI	Co-Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if claimant is not an individual)

Representative or Custodian Name (if different from Beneficial Owner[s] listed above)

Address (street name and number)

Address (apartment, unit, or box number)

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country (if not USA)

Social Security Number	OR	Taxpayer Identification Number
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/>

Telephone Number (home)	Telephone Number (work)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

Claimant Account Type (check appropriate box):

- Individual (includes joint owner accounts)
- Trust/Estate
- Other _____ (please specify)
- Limited Liability Company – choose tax classification
 - C Corporation S Corporation Partnership

PART II: SCHEDULE OF TRANSACTIONS IN CLOVIS COMMON STOCK

Beginning Holdings:

A. **HOLDINGS AS OF JULY 6, 2015** – State the total number of shares of Clovis common stock held as of the close of trading on July 6, 2015. (Must be documented.) If none, write “zero” or “0.”

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Incoming Shares:

B. **PURCHASES/ACQUISITIONS FROM JULY 7, 2015 THROUGH NOVEMBER 13, 2015** – Separately list each and every purchase/acquisition (including free receipts) of Clovis common stock from July 7, 2015 through and including the close of trading on November 13, 2015. (Must be documented.)

Trade Date (MMDDYY)	Number of Shares Purchased or Acquired	Purchase Price per Share	Total Purchase Price*	Transaction Type (P/R)**

* Excluding taxes, fees, and commissions

** P=Purchase, R=Receipt (transfer in)

C. **PURCHASES FROM NOVEMBER 16, 2015 THROUGH FEBRUARY 12, 2016** - State the total number of Clovis common stock purchased from after the opening of trading on November 16, 2016 through and including the close of trading on February 12, 2016. (Must be documented.) If none, write “zero” or “0”.¹

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Outgoing Shares:

D. **SALES FROM JULY 7, 2015 THROUGH FEBRUARY 12, 2016** – Separately list each and every sale/disposition (including free deliveries) of Clovis common stock from July 7, 2015 through and including the close of trading on February 12, 2016. (Must be documented.)

Trade Date (MMDDYY)	Number of Shares Sold or Delivered	Sale Price per Share	Total Sale Price*	Transaction Type (S/D)**

* Excluding taxes, fees, and commissions

** S=Sale, D=Delivery (transfer out)

Unsold Shares:

E. **HOLDINGS AS OF FEBRUARY 12, 2016** – State the total number of shares of Clovis common stock held as of the close of trading on February 12, 2016. (Must be documented.) If none, write “zero” or “0.”

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IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY, AND CHECK THIS BOX:

¹ Please note: Information requested with respect to purchases of Clovis Common stock from after the close of trading on November 13, 2015 through and including the close of trading on February 12, 2016, (Section C) is needed in order to balance your claim. Purchases during the period, however, are not eligible under the Fair Fund and will not be used for purposes of calculating your Eligible Loss Amount under the Plan of Allocation.

PART III: CERTIFICATION

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am NOT:

- a) Any director or officer, or former director or officer, of the Defendants, or any of Defendants' past or present Affiliates who served in such capacity during the Relevant Period;
- b) Any employee or former employee of Defendants or any of its past or present Affiliates who has been terminated for cause, or has otherwise resigned, in connection with the conduct described in the Complaint or in any related Commission action;
- c) Any defendant in any action brought by the Commission related to the conduct described in the Complaint or any related Commission action, unless and until such defendant is found not liable in all such civil suits prior to the Claims Bar Date, and proof of the finding(s) is included in such defendant's timely filed Claim Form;
- d) Any Person, as of the Claims Bar Date, who has been the subject of criminal charges related to the violations alleged in the Complaint or any related Commission action, unless and until such Person is found not guilty prior to the Claims Bar Date, and proof of the finding(s) is included in such Person's timely filed Claim Form;
- e) Any purchaser or assignee of another Person's right to obtain a recovery from the Fair Fund, provided, however, that provision shall not be construed to exclude those Persons who obtained such right by gift, inheritance, devise or operation of law;
- f) The Distribution Agent, its employees, and those persons assisting the Distribution Agent in its role as the Distribution Agent; and/or
- g) Any Affiliates, assignees, creditors, heirs, distributes, spouses, parents, children, or controlled entities of any of the foregoing Persons or entities described above.

2. I understand that the Distribution Agent may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Distribution Agent for those purposes;

3. I agree that under no circumstances shall the Distribution Agent or its agents incur any liability to me or to any other Person if it makes a distribution in accordance with the Plan and that I am enjoined from taking any action in contravention of this provision;

4. If I am a custodian, trustee, or professional investing on behalf of and representing more than one claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management;

5. Representatives of a third-party filing firm, submitting a claim on behalf of an investor, confirm that the Distribution Payment received will be paid for the benefit of the harmed investor and no Payment or Deduction will be taken from the Distribution Payment prior to it being sent to the investor/beneficial owner.

I (We) 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 _____, _____.
(Day) (Month/Year) (City) (State/Country)

Signature of Claimant

Date: - -
MM DD YY

Print Name of Claimant

Signature of Joint Claimant, if any

Date: - -
MM DD YY

Print Name of Joint Claimant, if any

If the Claimant is other than an individual, or is not the person completing this form such as a custodian, trustee or Third-Party Filer, the following also must be provided:

Date: - -
MM DD YY

Signature of person signing on behalf of Claimant

Print your name here

Capacity of person signing on behalf of Claimant, if other than an individual, e.g., executor, president, custodian, trustee, Third-Party Filer, etc.

PART IV: CLAIM FORM INSTRUCTIONS

- A. This Claim Form has been sent to you because you may be a Potentially Eligible Claimant in this matter OR you requested this Claim Form to modify your claim. For Potentially Eligible Claimants, in order to participate, you must complete and sign this Claim Form and provide supporting documents for any eligible transactions you claim. If you fail to file a properly addressed Claim Form and supporting documents, your claim may be rejected, and you may be determined to be ineligible for any payment in this matter.
- B. Submission of this Claim Form does not assure that you will share in the proceeds of the Fair Fund created in this matter. Your share will depend on the total Eligible Loss Amounts of all Eligible Claimants and will be subject to a \$10.00 Minimum Distribution Amount.
- C. **YOU MUST COMPLETE AND SUBMIT YOUR CLAIM FORM BY MAIL ADDRESSED TO THE DISTRIBUTION AGENT AS LISTED BELOW, SO THAT IT IS POSTMARKED OR, IF NOT SENT BY U.S. MAIL, RECEIVED ON OR BEFORE OCTOBER 6, 2021.**
- D. Use the section of this form entitled “Claimant Identification” to identify each owner of record. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S), OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S) OF SHARES UPON WHICH THIS CLAIM IS BASED.**
- E. Use the section of this form entitled “Schedule of Transactions in Clovis Common Stock” to supply all required details of your transaction(s). If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.
- F. Complete a separate Claim Form for each account that qualifies.
- G. Provide all of the requested information with respect to the shares that you acquired at any time during the Relevant Period, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.
- H. List each transaction in the Relevant Period in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.
- I. Documentation of your transactions in the Clovis common stock must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.
- J. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Distribution Agent may request additional information as required to efficiently and reliably calculate your losses. For a detailed explanation regarding how your losses will be calculated, please refer to the Plan of Allocation set forth in Distribution Plan, which can be found online at the website listed below.

Claim Forms must be postmarked or, if not sent by U.S. Mail, received no later than October 6, 2021, and mailed to Clovis Fair Fund, Distribution Agent, P.O. Box 5270, Portland, OR 97208-5270.

ATTENTION NOMINEES AND BROKERAGE FIRMS: If you are filing claim(s) electronically on behalf of beneficial owners, detailed instructions are available on the website at www.ClovisFairFundDistribution.com along with the formatted electronic filing template. You may also send an email to info@ClovisFairFundDistribution.com requesting this information.

Reminder Checklist

1. Sign the Certification section of the Claim Form on page 4.
2. Remember to attach supporting documentation.
3. Do not send original documents.
4. Keep a copy of your Claim Form and all documents submitted, for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, send your Claim Form by Certified Mail, Return Receipt Requested.
6. If you move, please send the Distribution Agent your new address.

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