



UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA
SEC v. MYLAN N.V.
CIVIL ACTION NUMBER: 1:19-cv-02904
**MYLAN FAIR FUND
CLAIM FORM**



Claim Forms may be submitted online by visiting the Mylan Fair Fund website. If you wish to complete and mail a paper Claim Form, please mail the Claim Form to Mylan Fair Fund, P.O. Box 6709, Syracuse, NY 13217-6709. If you need assistance in completing the Claim Form or if you have any questions, please contact our customer service department at (800) 678-0888 or visit the Mylan Fair Fund website at: mylanfairfund.com

INFORMATION ABOUT THE CLAIMANT

1. Beneficial Owner Information:

Name of Beneficial Owner: _____
First, Middle, Last or Entity Name (if the Beneficial Owner is a corporation, trust, estate, etc.)

Name of Joint Beneficial Owner, if any: _____
First, Middle, Last

If loss occurred in an IRA, name of **current** custodian: _____ Account # _____

2. Mailing / Contact Information:

Attention: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Foreign Province: _____ Foreign Postal Code: _____

Country (if other than the United States): _____

Daytime Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____ Joint/Alternate Email: _____

3. Enter Social Security Number or Tax Identification Number ("EIN") in the appropriate box below.

SSN:

Joint SSN:

EIN:

If you are not a U.S. citizen, please include a copy of your passport or other identification.

Country:

ID Type:

ID #

4. Claimant Account Type (check appropriate box below):

Account Type: ☐ Individual / IRA ☐ Partnership ☐ Estate ☐ Trust ☐ LLC
☐ Joint Owners ☐ Corporation ☐ UGMA ☐ Other: _____

If you have investments through more than one Account Type, you must complete a separate Claim Form for each Account Type.

TRANSACTION INFORMATION

YOU MUST SUBMIT DOCUMENTATION TO SUPPORT THE INFORMATION BELOW. FAILURE TO PROVIDE PROPER DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM.

5. MYLAN COMMON STOCK ("MYL") BEGINNING HOLDING ON MARCH 1, 2015: _____

Enter total number of MYL shares (CUSIP: N59465109) held as of the opening of trading on March 2, 2015. If none, write "0" or "Zero."

6. MYLAN COMMON STOCK ("MYL") PURCHASES FROM MARCH 2, 2015 THROUGH NOVEMBER 30, 2016:

List each purchase and/or acquisition of MYL made after the opening of trading on March 2, 2015 through and including November 30, 2016. Please note that transactions in MYL that were made pursuant to, or in connection with, a swap or another derivative instrument are not eligible.

| Date(s) of Purchase (Trade Date) MM/DD/YYYY | Transaction Type Purchase <u>or</u> Transfer (Received) | Number of Shares Purchased <u>or</u> Transferred (Received) | Total Purchase Price | Cover a Short position? Y / N | Option Exercised or Assigned?* E / A |
|---|---|---|-------------------------|--|---|
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7. MYLAN COMMON STOCK ("MYL") SALES FROM MARCH 2, 2015 THROUGH NOVEMBER 30, 2016:

List each sale and/or transfer of MYL made after the opening of trading on March 2, 2015 through and including November 30, 2016. Please note that transactions in MYL that were made pursuant to, or in connection with, a swap or another derivative instrument are not eligible.

| Date(s) of Sale (Trade Date) MM/DD/YYYY | Transaction Type Sale <u>or</u> Transfer (Delivered) | Number of Shares Sold <u>or</u> Transferred (Delivered) | Total Sale Price | Short Sale? Y / N | Option Exercised or Assigned?* E / A |
|---|--|---|---------------------|----------------------|---|
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* Options contracts to purchase or sell MYL shares are not securities eligible for a recovery under the Plan. However, for purchases or sales of MYL shares through the exercise of an option, the purchase/sale date is the exercise date of the call and the assignment date of the put, and the purchase/sale price is the strike price of the call at the time of exercise and the strike price of the put at the time of assignment.

8. MYLAN COMMON STOCK ("MYL") ENDING HOLDING ON NOVEMBER 30, 2016: _____

Enter total number of MYL shares held as of November 30, 2016. If none, write "0" or "Zero."

If you require additional space, please make copies of this schedule. Sign and print your name on each additional page.

You may also submit your claim form on-line by visiting our website: mylanfairfund.com

CERTIFICATION AND RELEASE

Each of the undersigned represents and certifies UNDER PENALTY OF PERJURY that such person or entity:

1. Has provided accurate records pertaining to **all** transactions in Mylan Common Stock ("MYL") during the period from March 2, 2015 through November 30, 2016;
2. Is not and/or has not been:
 - a. A Defendant in this or any related matter;
 - b. A Person who served at any time from January 1, 2013 through November 30, 2016 as an officer or director of Mylan, or any subsidiary or affiliate of Mylan involved in the conduct alleged in the Complaint;
 - c. A firm, trust, corporation, or other entity in which Mylan has or had a controlling interest;
 - d. Mylan's directors' and officers' liability insurance carriers, and any affiliates or subsidiaries thereof;
 - e. A current or former employee of Mylan or any of its subsidiaries or affiliates who has been terminated for cause, or has otherwise resigned, in connection with the conduct alleged in the Complaint;
 - f. A Person who, as of the Claims Bar Date, has been the subject of criminal charges related to the conduct alleged in the Complaint, unless and until such defendant is found not guilty in all such criminal actions prior to the Claims Bar Date, and proof of the finding(s) is included in such defendant's timely filed Claim Form;
 - g. The Distribution Agent, its employees, and those persons assisting the Distribution Agent in its role as Distribution Agent;
 - h. Any affiliates, assigns, creditors, heirs, distributes, spouses, parents, children or controlled entities of any of the foregoing Persons or entities described in Paragraphs a – g above; or
 - i. A purchaser or assignee of another Person's right to obtain a recovery from the Fair Fund for value; provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by bona fide gift, inheritance, devise or operation of law.
3. Has not submitted any other claim covering the same transactions and holdings in MYL and knows of no other person having done so on the claimant's (claimants') behalf;
4. Agrees to provide such additional information with respect to the Claim Form as the SEC or the Distribution Agent may require;
5. Consents to the SEC's, the Distribution Agent's, and their respective agents' use of any of the information provided here including, but not limited to, Social Security Number (or Taxpayer Identification Number), address, telephone number, brokerage account and trading information in any way deemed appropriate in order to verify the claim or the claimant's identity; acknowledges that this information will not be sold to any third parties or used for any purpose other than the processing of this Claim Form;
6. If executing this Claim Form on behalf of a beneficial owner of the shares of MYL (e.g., person, corporation, partnership, trust), possesses all requisite power and authority to execute this Claim Form, to grant the release provided below, and to do all other things necessary and appropriate in connection with the submission of this Claim Form on behalf of the beneficial owner, with the same effect as if the beneficial owner were personally present and acting; and

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 list of Eligible Claimants as approved by the SEC and the Court and that I am enjoined from taking any action in contravention of this provision.

(continued on the next page)

I (we) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned in this Claim Form is true, correct, and complete, and that all documents submitted in support of the foregoing information are true and correct copies of what they purport to be.

Executed this _____ day of _____, 202__ in _____, _____
(Date) (Month) (City) (State / Country)

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| Signature of Claimant | (Type /Print name of Claimant) |
| | |
| Signature of Joint Claimant | (Type / Print name of Joint Claimant) |
| | |
| Signature of Person signing on behalf of Claimant | (Type / print name of person signing on behalf of Claimant) |
| | |
| Capacity of person signing on behalf of Claimant (if other than an individual, e.g., Administrator, Executor, Trustee, President, Custodian, POA, etc.) | |

- ☐ For legal representatives of the beneficial owner(s), you must provide proof of your authority to act on the beneficial owner's behalf with this Claim Form. Please check this box to indicate that you have attached documentation authorizing you to complete this Claim Form on behalf of the beneficial owner named above.

*Failure to sign the **Certification and Release** may result in a delay in processing or the rejection of your claim.*

CLAIM FORM INSTRUCTIONS

Information About the Claimant (Sections 1-4)

Please make sure you complete the requested information in Sections 1-4 in their entirety. The Claim Form must be completed by the beneficial owner of the shares of MYL (or his/her authorized legal representative) with respect to which the Claim Form is being filed. If there is more than one beneficial owner of the MYL, all beneficial owners must be identified and all owners (or an authorized legal representative of such owners) must sign the Claim Form. Failure to provide any of the information requested may result in a delay in the processing of the claim or result in the rejection of the claim.

Transaction Information (Sections 5-8)

In order to accurately compute your claim, we must have the information requested in this section. Please review and complete Sections 5-8 in their entirety, entering your relevant beginning and ending holdings of MYL, as well as all of your purchases and sales of MYL during the relevant period. If any of the transactions listed in Sections 6 or 7 were short sales or cover-short purchases, or transactions pursuant to the exercise/assignment of an options contract, please identify them for us.

Note: A Potential Claimant's Eligible Loss Amount will be reduced by the amount of any compensation for the loss that resulted from the conduct described in the complaint in this case that was received from another source (*e.g.*, class action settlement) to the extent it is known to the Distribution Agent. In addition, the Mylan Fair Fund cannot reimburse claimants for attorneys' fees or expenses incurred in connection with recovering their losses.

Supporting Documentation

Attach to your Claim Form documentation verifying the information provided in the Claim Form. Acceptable supporting documentation may include: (a) monthly account statements; (b) trade confirmation slips; (c) applicable year-end statement(s); (d) a signed letter from your broker on firm letterhead verifying the information you are providing; (e) a deposit or escrow receipt showing your holdings; or (f) other equivalent proof of your transactions.

Please be sure that the documentation confirms the details of your beginning and ending holdings in MYL (*i.e.*, your full March 2015 brokerage statement showing all activity in your account and holding position in MYL at the end of the statement period; and your full September 2016 and November 2016 brokerage statement showing all activity in your account and holding position in MYL at the end of the statement period), and all purchases and/or sales of MYL during the relevant period. Adequate identifying information (*i.e.*, your name and account number) must appear on all documentation submitted; handwritten modifications to the documentation or self-generated schedules or statements are not acceptable. Failure to provide full documentation for all requested holdings and transactions may delay the processing of or the invalidation of your claim.

Certification and Release (Pages 3-4)

You must read the Certification and Release and sign and date the signature page of the Claim Form. Your signature serves as a certification that the information provided in the Claim Form and any documentation provided in support of the Claim Form are true, accurate and complete.

- A legal representative of the beneficial owner(s) of MYL (*e.g.*, executor, guardian, trustee, conservator, etc.) may sign the Certification and Release on behalf of the beneficial owner(s), as long as adequate proof of the representative's authority to act on behalf of the beneficial owner of MYL is provided with the Claim Form.
- If the shares of MYL were jointly owned, all beneficial owners (or an authorized legal representative of such owners) must sign the Certification and Release.
- If the shares of MYL were owned by an entity (*e.g.*, trust, estate, corporation, partnership, etc.) the Certification and Release must be signed by an individual authorized by such entity to execute the Claim Form, grant the certification and release provided, and to do all other things necessary in connection with the submission of the Claim Form. Please provide documentary evidence of the signer's authority with the Claim Form.

THIS CLAIM FORM MUST BE POSTMARKED ON OR BEFORE MARCH 9, 2022.

REMINDER CHECKLIST

Before mailing your Claim Form, please read these reminders.

- 1)** Your Claim Form must be submitted on-line or with a postmark on or before March 9, 2022. We cannot accept Claim Forms via email or fax. If you are submitting a paper Claim Form by mail, please direct the Claim Form to: **Mylan Fair Fund, P.O. Box 6709, Syracuse, NY 13217-6709**. If you wish to send your Claim Form via FedEx, UPS or a similar service, please direct the Claim Form to: **Mylan Fair Fund, c/o RCB Fund Services LLC, 17 Technology Place, Suite 1, East Syracuse, NY 13057**.

If you require proof of delivery, please use a service that provides tracking and delivery confirmation or submit your claim on our website.

- 2)** If you submit your Claim electronically on our website, you **do not** need to mail us a hard copy.
- 3)** Remember to carefully review and sign the Certification and Release beginning on page 3. If this Claim Form is being submitted on behalf of joint owners of MYL, then both owners must sign.
- 4)** Remember to supply your Social Security Number or Tax Identification Number (or the foreign equivalents of such identifying information) and each joint owner's Social Security Number, if applicable. If you are not a U.S. citizen, please include a copy of your passport or other identification.
- 5)** Be sure the required documentation is attached. All documentation must be legible and include your name, the account number, date of transaction, quantity, total transaction amount and security name or CUSIP. Do not send originals of any supporting documentation; **send copies**.
- 6)** Be sure to keep copies of the completed Claim Form and supporting documentation for your records; we may not be able to supply them to you in the future.
- 7)** You are responsible for notifying us of any changes in the information you submit, including changes of address or contact information. Please call us at (800) 678-0888 or email **info@mylanfairfund.com** with your new contact information. Please include the Claim ID on any correspondence.

A Note about Providing your Social Security Number or Tax Identification Number:

We recognize the importance of keeping your personal information secure, and we do everything under our control to ensure this data is protected. We use the personal information that is collected only as necessary to administer your claim during the claim administration process. Your SSN or Tax ID is required before we are able to complete payments to eligible claimants.