UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Securities and Exchange Commission v. AR Capital, LLC

19 Civ. 6603 (AT)

Must Be Postmarked No Later Than November 15, 2021

A3E

PROOF OF CLAIM AND RELEASE

<u>Please Type or Print in the Boxes Below</u> Do <u>NOT</u> use Red Ink, Pencil, or Staples

THE DISTRIBUTION AGENT WILL USE THIS INFORMATION FOR ALL COMMUNICATIONS RELEVANT TO THIS CLAIM, INCLUDING THE CHECK, IF ELIGIBLE FOR PAYMENT.

IF THIS INFORMATION CHANGES, YOU MUST NOTIFY THE DISTRIBUTION AGENT IN WRITING AT THE ADDRESS LISTED BELOW ON PAGE 6.

IMPORTANT: THIS INFORMATION MUST MATCH THE SUBSTITUTE FORM W-9 INFORMATION REQUIRED ON PAGE 5 OF THIS FORM.

PART I: CLAIMANT IDENTIFICATION		
Payee Name		
Payee Name (cont'd)		
Payee Name (cont'd)		
Social Security Number	Taxpayer Identification Number	er
	or —	
Telephone Number (Primary Daytime)	Telephone Number (Alternate)
		_
Email Address		
Address MAILING INFORMATION		
Address		
City	State	ZIP Code
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
FOR CLAIMS PROCESSING OR CR	BE EM ND	FOR CLAIMS PROCESSING



PART II. SCHEDULE OF TRANSACTIONS IN ARCP COMMON STOCK												
A. Number of ARCP common stock shares held as of the opening of trading February 28, 2013:								Proof Enclosed? Y				
B. S	B. Shares of ARCP common stock purchased or acquired between February 28, 2013 and October 28, 2014, inclusive: PURCHASES											
		Trac	de Date ist Chro	(s) o					ber of Sl sed or A		Р	roof of Purchase Enclosed?
	М	M	D D	,	YY	ΥΥ						ΟY
1.		/		/								
2.		/		/								Y
3.		/		/								Y
4.		/		/								ΟY
5.		/		/								• Y
C. \$	C. Shares of ARCP common stock sold or disposed of between February 28, 2013 and October 28, 2014, inclusive: SALES											
		Tra	de Date ist Chro	e(s) o	f Share gically)	s			ber of Son Dispo			Proof of Sales Enclosed?
	М	М	D D		ΥΥ	ΥΥ	,					ΟY
1.		/		/								T T
2.		/		/								Y
3.		/		/								• Y
4.		/		/								ΟY
5.		/		/								O Y
D. Number of ARCP common stock shares held as of the close of trading October 28, 2014:												

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

IF YOU DO NOT FILL IN THIS CIRCLE, THESE ADDITIONAL PAGES MAY NOT BE REVIEWED.

YOU MUST READ AND SIGN THE CERTIFICATION ON PAGE 6. FAILURE TO SIGN THE CERTIFICATION
MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.



IMPORTANT: THE INFORMATION BELOW MUST MATCH THE INFORMATION LISTED ON PAGE 3 OF THIS CLAIM FORM

PART III. FORM W-9 Taxpayer Identification Number Certification							
Social Security Number: — — —							
or							
Taxpayer Identification Number: —							
Your name (as it appears on your federal income tax return): First and last name for individuals or entity Name for businesses, trusts, etc.							
<u>Tax Classification</u> : Fill appropriate circle for federal tax classification of the claimant below							
Olimitical							
Limited Liability Company							
Choose tax classification of LLC: C Corporation S Corporation Partnership							
Exemptions: Codes apply only to certain entities, not individuals; see www.irs.gov/pub/irs-pdf/iw9.pdf for additional information.							
Exempt Payee Code (if any) Exemption from FATCA reporting code (if any)							
Under penalties of perjury, I certify that:							
1. The number shown on this form is my correct taxpayer identification number; and							
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and							
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); and							
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.							
Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.							
Signature of U.S. Person Dated (mm/dd/yyyy)							

PART IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I submit this Proof of Claim Form under the terms of the Plan of Distribution described in the Distribution Plan Notice. I also submit to the jurisdiction of the United States District Court for the Southern District of New York with respect to my claim as a harmed investor and for purposes of enforcing the release set forth herein. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in the Fair Fund. I agree to furnish additional information to the Distribution Agent to support this claim if requested to do so.



PART V. CERTIFICATION

- 1. Defined terms used herein shall have the meaning ascribed to them in the Distribution Plan.
- 2. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in ARCP common stock shares which occurred during the Relevant Period as well as the number of shares of ARCP common stock shares held by me (us) at the close of trading on October 28, 2014.
- 3. I have not submitted any other claim in the Fair Fund covering the same purchases or acquisitions of ARCP common stock, and know of no other person having done so on my behalf.
- 4. I (We) hereby warrant and represent that we are not Excluded Parties, based on the definition in the Distribution Plan at paragraph 10.p.

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				
		(Month/Year)		(City/State/Country)		
(Sign your name here)			(Sign your nam	e here)		
(Type or print your name	here)		(Type or print ye	our name here)		
(Capacity of person(s) sig		r Administrator)		rson(s) signing, <i>e.g.</i> , naser or Acquirer, Executor or Administrator)		

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

Reminder Checklist:

- 1. Please sign the above certification.
- 2. If this claim is being made on behalf of joint Potentially Eligible Claimants, then both must sign.
- 3. Remember to attach copies of supporting documentation.
- 4. Do not send original certificates.
- 5. Keep a copy of your Proof of Claim Form and all supporting documentation for your records.
- 6. The Distribution Agent will acknowledge receipt of your Proof of Claim by mail within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please call the Distribution Agent toll-free at 1-866-727-6411.
- 7. If you move, please send your new address to the address below or via email to info@ARCapitalFairFund.com.
- 8. **Do not use red pen or highlighter** on the Proof of Claim Form or supporting documentation.

THIS PROOF OF CLAIM FORM MUST BE SUBMITTED TO THE BELOW ADDRESS POSTMARKED NO LATER THAN NOVEMBER 15, 2021:

AR Capital Fair Fund c/o KCC Class Action Services Distribution Agent P.O. Box 43138 Providence, RI 02940-3141

