

Sokolow v LJM Funds Management
c/o A.B. Data, Ltd.
P.O. Box 173057
Milwaukee, WI 53217

Toll-Free Number: 1-877-234-6578
Email: info@LJMFundStateLitigation.com
Website: LJMFundStateLitigation.com

CLAIM FORM AND RELEASE FORM

To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Action, you must complete and sign this Claim Form and mail it by first-class mail to the above address so that it is *received no later than April 30, 2020*.

Failure to submit your Claim Form by April 30, 2020 will subject your claim to rejection and may preclude you from being eligible to receive any money in connection with the Settlement.

Part III of this Claim Form includes separate schedules for each of the applicable funds (*i.e.* LJMAX, LJMIX, and LJMCMX)

Do not mail or deliver your Claim Form to the Court, the Parties to the Action, or their counsel. Submit your Claim Form only to the Settlement Administrator at the address set forth above.

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PART I – CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Settlement Administrator in writing at the address above. Complete names of all persons and entities must be provided.

Beneficial Owner's Name

First Name

Last Name

Joint Beneficial Owner's Name (if applicable)

First Name

Last Name

If this claim is submitted for an IRA, and if you would like any check that you MAY be eligible to receive made payable to the IRA, please include "IRA" in the "Last Name" box above (e.g., Jones IRA).

Entity Name (if the Beneficial Owner is not an individual)

Name of Representative, if applicable (executor, administrator, trustee, c/o, etc.), if different from Beneficial Owner

Last 4 digits of Social Security Number or Taxpayer Identification Number

Street Address

City

State/Province

Zip Code

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

Telephone Number (Day)

Telephone Number (Evening)

Email Address (email address is not required, but if you provide it you authorize the Settlement Administrator to use it in providing you with information relevant to this claim):

Type of Beneficial Owner:

Specify one of the following:

- Individual(s) Corporation UGMA Custodian IRA
 Partnership Estate Trust Other (describe: _____)

PART II – GENERAL INSTRUCTIONS

1. It is important that you completely read the Notice of (I) Proposed Class Action Settlement; (II) Settlement Fairness Hearing; and (III) Motion for Attorneys’ Fees and Litigation Expenses (“Notice”) that accompanies this Claim Form, including the Plan of Allocation of the Net Settlement Fund. The Notice describes the proposed Settlement, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

2. By submitting this Claim Form, you will be making a request to share in the proceeds of the Settlement described in the Notice. If you are not a Class Member (see the definition of the Class on page 4 of the Notice), or if you, or someone acting on your behalf, submitted a request for exclusion from the Class, do not submit a Claim Form. **You may not, directly or indirectly, participate in the Settlement if you are not a Class Member.** Thus, if you are excluded from the Class, any Claim Form that you submit, or that may be submitted on your behalf, will not be accepted.

3. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation or by such other plan of allocation as the Court approves.**

4. On the Schedule of Transactions in Part III of this Claim Form, provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of LJM Preservation and Growth Fund shares (including free transfers and deliveries), whether such transactions resulted in a profit or a loss. Part III of this Claim Form includes separate schedules for each of the applicable funds (*i.e.* LJMAX, LJMIX, and LJMIX). **Failure to report all transaction and holding information during the requested time period may result in the rejection of your claim.**

5. **Please note:** Only LJM Preservation and Growth Fund shares purchased or acquired during the Class Period (*i.e.*, from February 28, 2015, through February 7, 2018, inclusive) are eligible under the Settlement. However, sales of the shares during the period from February 8, 2015 through the close of trading on March 28, 2018, will be used for purposes of calculating your claim under the Plan of Allocation. Therefore, in order for the Settlement Administrator to be able to balance your claim, the requested purchase/acquisition information during this period must also be provided.

6. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of LJM Preservation and Growth Fund shares set forth in the Schedule of Transactions in Part III. Documentation may consist of copies of brokerage confirmation slips or monthly brokerage account statements, or an authorized statement from your broker containing the transactional and holding information found in a broker confirmation slip or account statement. The Parties and the Settlement Administrator do not independently have information about your investments in LJM Preservation and Growth Fund shares. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OF THE DOCUMENTS OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS.**

7. **Please keep a copy of all documents that you send to the Settlement Administrator. Also, do not highlight any portion of the Claim Form or any supporting documents.**

8. Use Part I of this Claim Form entitled “CLAIMANT INFORMATION” to identify the beneficial owner(s) of LJM Preservation and Growth Fund shares. The complete name(s) of the beneficial owner(s) must be entered. If you held the LJM Preservation and Growth Fund shares in your own name, you were the beneficial owner as well as the record owner. If, however, your shares of LJM Preservation and Growth Fund shares were registered in the name of a third party, such as a nominee or brokerage firm, you were the beneficial owner of these shares, but the third party was the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be eligible to participate in the Settlement. If there were joint beneficial owners, each must sign this Claim Form and their names must appear as “Claimants” in Part I of this Claim Form.

9. **One Claim should be submitted for each separate legal entity.** Separate Claim Forms should be submitted for each separate legal entity (*e.g.*, a Claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual’s name). Conversely, a single Claim Form should be submitted on behalf of one legal entity, including all transactions made by that entity on one Claim Form, no matter how many separate accounts that entity has (*e.g.*, a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).

10. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

- (a) expressly state the capacity in which they are acting;

- (b) identify the name, account number, Social Security Number (or taxpayer identification number), address, and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the LJM Preservation and Growth Fund shares; and
- (c) furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person's accounts.)

11. By submitting a signed Claim Form, you will be swearing that you:

- (a) own(ed) the LJM Preservation and Growth Fund shares you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

12. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

13. Payments to eligible Authorized Claimants will be made only if the Court approves the Settlement, after any appeals are resolved, and after the completion of all claims processing.

14. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her, or its *pro rata* share of the Net Settlement Fund. If the prorated payment to any Authorized Claimant calculates to less than \$10.00, it will not be included in the calculation, and no distribution will be made to that Authorized Claimant.

15. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Settlement Administrator, A.B. Data, Ltd., at the above address, by email at info@LJMFundStateLitigation.com, or by toll-free phone at 1-877-234-6578, or you can visit the website, LJMFundStateLitigation.com, where copies of the Claim Form and Notice are available for downloading.

16. **NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the *mandatory* electronic filing requirements and file layout, you may visit the settlement website at LJMFundStateLitigation.com or you may email the Settlement Administrator's electronic filing department at info@LJMFundStateLitigation.com. **Any file not in accordance with the required electronic filing format will be subject to rejection.** Only one claim should be submitted for each separate legal entity (*see* ¶ 9 above) and the *complete* name of the beneficial owner of the securities must be entered where called for (*see* ¶ 8 above). No electronic files will be considered to have been submitted unless the Settlement Administrator issues an email confirming receipt of your submission. **Do not assume that your file has been received until you receive that email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at info@LJMFundStateLitigation.com to inquire about your file and confirm it was received.**

IMPORTANT: PLEASE NOTE

YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE SETTLEMENT ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL, WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, CALL THE SETTLEMENT ADMINISTRATOR TOLL-FREE AT 1-877-234-6578.

**PART III – SCHEDULE OF TRANSACTIONS IN LJM PRESERVATION AND GROWTH FUND
TICKER: LJMAX**

1. HOLDINGS AS OF FEBRUARY 28, 2015 – State the total number of shares of LJMAX held as of the opening of trading on February 28, 2015. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Position Enclosed <input type="radio"/>	
2. PURCHASES/ACQUISITIONS FROM FEBRUARY 28, 2015 THROUGH FEBRUARY 7, 2018 – Separately list each and every purchase or acquisition (including free receipts) of LJMAX shares from after the opening of trading on February 28, 2015 through the close of trading on February 7, 2018. (Must be documented.)					
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding any taxes, commissions, and fees)	Confirm Proof of Purchase Enclosed	
/ /		\$	\$	○	
/ /		\$	\$	○	
/ /		\$	\$	○	
/ /		\$	\$	○	
3. HOLDINGS AS OF FEBRUARY 7, 2018 – State the total number of shares of LJM Funds held as of the close of trading on February 7, 2018. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Position Enclosed <input type="radio"/>	
4. PURCHASES/ACQUISITIONS FROM FEBRUARY 8, 2018 THROUGH MARCH 27, 2018 – State the total number of shares of LJMAX purchased/acquired from after the opening of trading on February 8, 2018 through and including the close of trading on March 27, 2018. If none, write “zero” or “0.” _____					
5. SALES FROM FEBRUARY 28, 2015, THROUGH MARCH 27, 2018 – Separately list each and every sale or disposition (including free deliveries) of LJMAX from after the opening of trading on February 28, 2015, through the close of trading on March 27, 2018. (Must be documented.)				IF NONE, CHECK HERE <input type="radio"/>	
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting any taxes, commissions, and fees)	Confirm Proof of Sale Enclosed	
/ /		\$	\$	○	
/ /		\$	\$	○	
/ /		\$	\$	○	
/ /		\$	\$	○	
6. HOLDINGS AS OF MARCH 28, 2018 – State the total number of shares of LJMAX held as of the opening of trading on March 28, 2018. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Position Enclosed <input type="radio"/>	
7. REDEMPTION OF SHARES AND/OR DISTRIBUTION OF FUND’S REMAINING ASSETS – State the total value of sums received from the distribution of the LJM Funds’ remaining assets related to shares of LJMAX on or after March 28, 2018. (Must be documented.) If none, write “zero” or “0.” \$ _____				Confirm Proof Enclosed <input type="radio"/>	
IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX. <input type="checkbox"/>					

**PART III – SCHEDULE OF TRANSACTIONS IN LJM PRESERVATION AND GROWTH FUND
TICKER: LJMIX**

1. HOLDINGS AS OF FEBRUARY 28, 2015 – State the total number of shares of LJMIX held as of the opening of trading on February 28, 2015. (Must be documented.) If none, write “zero” or “0.” _____	Confirm Proof of Position Enclosed <input type="radio"/>
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2. PURCHASES/ACQUISITIONS FROM FEBRUARY 28, 2015 THROUGH FEBRUARY 7, 2018 – Separately list each and every purchase or acquisition (including free receipts) of LJMIX shares from after the opening of trading on February 28, 2015 through the close of trading on February 7, 2018. (Must be documented.)

Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding any taxes, commissions, and fees)	Confirm Proof of Purchase Enclosed
/ /		\$	\$	<input type="radio"/>
/ /		\$	\$	<input type="radio"/>
/ /		\$	\$	<input type="radio"/>
/ /		\$	\$	<input type="radio"/>

3. HOLDINGS AS OF FEBRUARY 7, 2018 – State the total number of shares of LJM Funds held as of the close of trading on February 7, 2018. (Must be documented.) If none, write “zero” or “0.” _____	Confirm Proof of Position Enclosed <input type="radio"/>
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4. PURCHASES/ACQUISITIONS FROM FEBRUARY 8, 2018 THROUGH MARCH 27, 2018 – State the total number of shares of LJMIX purchased/acquired from after the opening of trading on February 8, 2018 through and including the close of trading on March 27, 2018. If none, write “zero” or “0.” _____

5. SALES FROM FEBRUARY 28, 2015, THROUGH MARCH 27, 2018 – Separately list each and every sale or disposition (including free deliveries) of LJMIX from after the opening of trading on February 28, 2015, through the close of trading on March 27, 2018. (Must be documented.)	IF NONE, CHECK HERE <input type="radio"/>
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Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting any taxes, commissions, and fees)	Confirm Proof of Sale Enclosed
/ /		\$	\$	<input type="radio"/>
/ /		\$	\$	<input type="radio"/>
/ /		\$	\$	<input type="radio"/>
/ /		\$	\$	<input type="radio"/>

6. HOLDINGS AS OF MARCH 28, 2018 – State the total number of shares of LJMIX held as of the opening of trading on March 28, 2018. (Must be documented.) If none, write “zero” or “0.” _____	Confirm Proof of Position Enclosed <input type="radio"/>
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7. REDEMPTION OF SHARES AND/OR DISTRIBUTION OF FUND’S REMAINING ASSETS – State the total value of sums received from the distribution of the LJM Funds’ remaining assets related to shares of LJMIX on or after March 28, 2018. (Must be documented.) If none, write “zero” or “0.” \$ _____	Confirm Proof Enclosed <input type="radio"/>
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IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX.

**PART III – SCHEDULE OF TRANSACTIONS IN LJM PRESERVATION AND GROWTH FUND
TICKER: LJMCX**

1. HOLDINGS AS OF FEBRUARY 28, 2015 – State the total number of shares of LJMCX held as of the opening of trading on February 28, 2015. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Position Enclosed <input type="checkbox"/>
2. PURCHASES/ACQUISITIONS FROM FEBRUARY 28, 2015 THROUGH FEBRUARY 7, 2018 – Separately list each and every purchase or acquisition (including free receipts) of LJMCX shares from after the opening of trading on February 28, 2015 through the close of trading on February 7, 2018. (Must be documented.)				
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding any taxes, commissions, and fees)	Confirm Proof of Purchase Enclosed
/ /		\$	\$	○
/ /		\$	\$	○
/ /		\$	\$	○
/ /		\$	\$	○
3. HOLDINGS AS OF FEBRUARY 7, 2018 – State the total number of shares of LJMCX held as of the close of trading on February 7, 2018. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Position Enclosed <input type="checkbox"/>
4. PURCHASES/ACQUISITIONS FROM FEBRUARY 8, 2018 THROUGH MARCH 27, 2018 – State the total number of shares of LJMCX purchased/acquired from after the opening of trading on February 8, 2018 through and including the close of trading on March 27, 2018. If none, write “zero” or “0.” _____				
5. SALES FROM FEBRUARY 28, 2015, THROUGH MARCH 27, 2018 – Separately list each and every sale or disposition (including free deliveries) of LJMCX from after the opening of trading on February 28, 2015, through the close of trading on March 27, 2018. (Must be documented.)				IF NONE, CHECK HERE <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting any taxes, commissions, and fees)	Confirm Proof of Sale Enclosed
/ /		\$	\$	○
/ /		\$	\$	○
/ /		\$	\$	○
/ /		\$	\$	○
6. HOLDINGS AS OF MARCH 28, 2018 – State the total number of shares of LJMCX held as of the opening of trading on March 28, 2018. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Position Enclosed <input type="checkbox"/>
7. REDEMPTION OF SHARES AND/OR DISTRIBUTION OF FUND’S REMAINING ASSETS – State the total value of sums received from the distribution of the LJM Funds’ remaining assets related to shares of LJMCX on or after March 28, 2018. (Must be documented.) If none, write “zero” or “0.” \$ _____				Confirm Proof Enclosed <input type="checkbox"/>
IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX. <input type="checkbox"/>				

PART IV – RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 7 OF THIS CLAIM FORM.

I (we) hereby acknowledge that, pursuant to the terms set forth in the Settlement Agreement, without further action by anyone, upon the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) respective past and present parents, subsidiaries, affiliates, officers, directors, employees, agents, attorneys, servants, representatives (and the parents', subsidiaries', and affiliates' past and present officers, directors, employees, agents, attorneys servants, and representatives), and the predecessors, successors, heirs, executors, administrators, representatives, and assigns of each of the foregoing ("Releasors"), hereby release and forever discharge, and covenant not to sue, or to authorize anyone to sue on their behalf, or to support anyone financially or administratively in suing, or to prosecute any pending or previously filed suit against any of the LJM Defendants, and their past and present parents, subsidiaries, affiliates, officers, directors, employees, agents, attorneys, servants, representatives (and the parents', subsidiaries', and affiliates' past and present officers, directors, employees, agents, attorneys, servants, and representatives), and the predecessors, successors, heirs, executors, administrators, representatives, and assigns of each of the foregoing ("Releasees"), with respect to, in connection with, or relating to any and all past, present, or future liabilities, claims, demands, obligations, suits, damages, levies, executions, judgments, debts, charges, actions, or causes of action, at law or in equity, whether class, individual, or otherwise in nature, and whether known or unknown, arising out of or relating to the claims alleged in the operative complaint in this Action ("Released Claims"). The Released Claims include, but are not limited to, any and all claims relating to or arising out of the facts, occurrences, transactions, or other matters alleged or asserted in this Action, or that could have been alleged or asserted in this Action, or that could constitute a continuation of any of the facts, occurrences, transactions, or other matters alleged or asserted in this Action. However, this Release shall not release any claims against anyone other than the Releasees, including, but not limited to, Two Roads Shared Trust, Northern Lights Distributors, LLC, NorthStar Financial Services Group, LLC, Mark Gertsen, Mark Garbin, Neil Kaufman, Anita Krug, Andrew Rogers and James Colantino.

In addition, each Releasor expressly waives and releases the Releasees, upon the Effective Date, from any and all provisions, rights, and/or benefits conferred by § 1542 of the California Civil Code, which reads:

Section 1542. General Release; extent. A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor;

or by any law of any state or territory of the United States, or principle of common law or foreign law, which is similar, comparable or equivalent to § 1542 of the California Civil Code. Each Releasor may hereafter discover facts other than or different from those which he, she or it knows or believes to be true with respect to the claims that are the subject matter of the Action. Nonetheless, upon the Effective Date, each Releasor expressly waives and fully, finally and forever settles and releases against the Releasees, any known or unknown, suspected or unsuspected, contingent or non-contingent claim that was the subject matter of the Action, whether or not concealed or hidden, without regard to the subsequent discovery or existence of such different or additional facts.

CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) agree(s) to the release above and certifies (certify) as follows:

1. that I (we) have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;
2. that the claimant(s) is a (are) Class Member(s), as defined in the Notice, and is (are) not excluded by definition from the Class as set forth in the Notice;
3. that the claimant(s) did *not* submit a request for exclusion from the Class;
4. that I (we) own(ed) the LJM Fund shares identified in the Claim Form and have not assigned the claim against any of the Defendants or any of the other Defendants' Releasees to another, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
5. that the claimant(s) has (have) not submitted any other claim covering the same purchases of LJM Fund shares and knows (know) of no other person having done so on the claimant's (claimants') behalf;
6. that the claimant(s) submit(s) to the jurisdiction of the Court with respect to claimant's (claimants') claim and for purposes of enforcing the releases set forth herein;
7. that I (we) agree to furnish such additional information with respect to this Claim Form as Lead Counsel, the Settlement Administrator, or the Court may require;
8. that the claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the determination by the Court of the validity or amount of this Claim, and waive(s) any right of appeal or review with respect to such determination;

9. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and

10. that the claimant(s) is (are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (i) the claimant(s) is (are) exempt from backup withholding, or (ii) the claimant(s) has (have) not been notified by the IRS that he, she, or it is subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified the claimant(s) that he, she, or it is no longer subject to backup withholding. **If the IRS has notified the claimant(s) that he, she, it, or they is (are) subject to backup withholding, please strike out the language in the preceding sentence indicating that the claim is not subject to backup withholding in the certification above.**

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of claimant

Date

Print claimant name here

Signature of joint claimant, if any

Date

Print joint claimant name here

If the claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of person signing on behalf of claimant

Date

Print name of person signing on behalf of claimant here

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, trustee, custodian, etc. (Must provide evidence of authority to act on behalf of claimant – see ¶ 10 on page 4 of this Claim Form.)

Sokolow LJM Fund State Litigation
c/o A.B. Data, Ltd.
P.O. Box 173057
Milwaukee, WI 53217

COURT-APPROVED LEGAL NOTICE
Sokolow v. LJM Funds Management, Ltd., et al

DATED MATERIAL – OPEN IMMEDIATELY

REMINDER CHECKLIST

1. Sign the above release and certification. If this Claim Form is being made on behalf of joint claimants, then both must sign.
2. Attach only *copies* of acceptable supporting documentation as these documents will not be returned to you.
3. Do not highlight any portion of the Claim Form or any supporting documents.
4. Keep copies of the completed Claim Form and documentation for your own records.
5. The Settlement Administrator will acknowledge receipt of your Claim Form 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 Settlement Administrator toll-free at 1-877-234-6578.**
6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, you must send the Settlement Administrator written notification of your new address. If you change your name, inform the Settlement Administrator.
7. If you have any questions or concerns regarding your claim, contact the Settlement Administrator at the address below, by email at info@LJMFundStateLitigation.com, or by toll-free phone at 1-877-234-6578, or you may visit LJMFundStateLitigation.com. DO NOT call the Court, Defendant or its counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE SETTLEMENT ADMINISTRATOR BY FIRST-CLASS MAIL, *SO THAT IT IS RECEIVED BY APRIL 30, 2020*, ADDRESSED AS FOLLOWS:

Sokolow v LJM Funds Management
c/o A.B. Data, Ltd.
P.O. Box 173057
Milwaukee, WI 53217

1-877-234-6578
LJMFundStateLitigation.com

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Settlement Administrator of any change of address.