



# **ELECTRONIC FILING INSTRUCTIONS**

## ***In re Allergan, Inc. Proxy Violation Securities Litigation***

### **I. Important Notes – PLEASE READ**

- Electronic claim submission is available to institutions filing on their own behalf or on behalf of others as well as to claim preparers filing on behalf of clients, or to individuals filing a large number of transactions who have requested or been requested to file claims electronically. **PLEASE NOTE: Claimants with over 40 transactions in Allergan, Inc. common stock during the Class Period are encouraged to submit their claims electronically.** Electronic claim submissions **MUST** be accompanied by all **required** documents as set forth in Section IV of these instructions.
- **ALL ELECTRONIC CLAIM SUBMISSIONS MUST BE ENTERED ON THE TEMPLATE THAT FOLLOWS THESE INSTRUCTIONS.** Electronic claim submissions **MUST** be submitted in the **required** format, specified in this document.
- Provide all trade dates in **US** date format (**MM/DD/YYYY**).
- Electronic filers must provide for each claim submitted the holding positions and transactions in the eligible securities as set forth in Section II.
- **NOTE: As set forth in the Proof of Claim and Release Form that you are submitting as the Master Proof of Claim for your submission (see Section IV 1. below), a separate claim should be submitted for each separate legal entity. However, if the legal entity that is the beneficial owner of the securities supporting the claim trades through multiple accounts (no matter how many separate accounts that entity has), all transactions of that beneficial owner through all of its accounts should be included in the same claim.**
- You **MUST** provide in Column W of your submission the **correct complete, unabbreviated name of the beneficial owner(s) of the security supporting each claim. Your submission may be rejected if you do not provide this information.** Do not include honorifics (e.g., Mr., Mrs., Ms., Dr., Capt., Sgt.) and do not put “FBO” or the like in front of the beneficial owner’s name. **PLEASE NOTE: A trustee, in that capacity, is not the beneficial owner of the security; the full name of the trust should be entered followed by the full name(s) of the trustee(s). A comma should separate the name of the trust and the name(s) of the trustee(s).**
- **CLAIM FILING DEADLINE:** The claim filing deadline for this settlement is **August 7, 2018**. Any claim received after that date will be late.



## II. Eligible Securities

1. **Eligible Security** Common stock of Allergan, Inc. (“Allergan”).
2. **Class Period:** February 25, 2014 through April 21, 2014, inclusive.

**Class:** All persons who sold Allergan common stock on any trading day during the period February 25, 2014 through April 21, 2014, inclusive, and were damaged thereby.

3. Electronic filers **MUST** provide for each claim submitted:
  - (i) Beginning holdings: the number of shares of Allergan common stock held as of the opening of trading on February 25, 2014.
  - (ii) Each and every purchase/acquisition (including free receipts) of Allergan common stock from after the opening of trading on February 25, 2014 through the close of trading on April 21, 2014.
    - a. If any of the provided purchases/acquisitions resulted from the exercise of an option, you must indicate that fact in column R of your spreadsheet AND include the date you acquired the option contract in column S.
  - (iii) Each and every sale (including free deliveries) of Allergan common stock from after the opening of trading on February 25, 2014 through the close of trading on April 21, 2014.
    - a. If any of the provided sales resulted from the exercise of an option, you must indicate that fact in column R of your spreadsheet AND include the date you acquired the option contract in column S.
  - (iv) Ending holdings: the number of shares of Allergan common stock held as of the close of trading on April 21, 2014.

## III. Methods of Submission

Electronic files will not be deemed submitted unless the Claims Administrator sends you an email acknowledging receipt of your file. Do not assume that your file has been received until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at [eClaim@choosegcg.com](mailto:eClaim@choosegcg.com) to inquire about your file and confirm it was received.

The following methods are available for submitting electronic claims:

### **1. INTERNET – GCG ICE<sup>®</sup> ([www.gcgice.com](http://www.gcgice.com))**

- GCG ICE<sup>®</sup> is GCG's secure and user-friendly website designed to meet the claim filing needs of institutional investors and claim preparers<sup>1</sup> in securities class actions and similar administrations. Using GCG ICE<sup>®</sup>, registered users have the ability to upload their electronic claim submissions directly and securely to GCG and the benefit of being able to view the history and status of these submissions 24 hours a day, 7 days a week. The history and status functionality features access to claim numbers and specific claim rejection reasons, with instructions on how to fix rejected claims.
- Please visit [www.gcgice.com](http://www.gcgice.com) to register today so that you can benefit from this service in this settlement as well as other, future settlements.

### **2. EMAIL**

<sup>1</sup> Although GCG ICE<sup>®</sup> was not designed for individuals, if you are an individual with a large number of transactions who requests or is requested to file claims electronically you may use this feature to file claims. Please contact the Electronic Filing Department for further information related to using GCG ICE<sup>®</sup>.



- You may email your electronic claim submission to [eClaim@choosegcg.com](mailto:eClaim@choosegcg.com).
- If you choose to email your file, you MUST also attach all required documentation to the email as .pdf documents or equivalent.

### 3. **MAIL**

- You may send your electronic claim submission in the mail on a disk or CD along with all required documentation. Use the P.O. Box address on top of page 1 of the Proof of Claim and Release Form and add "Attn: Electronic Filing Department". If you need to send your submission via Federal Express or UPS, use the below street address:

In re Allergan Proxy Violation Securities Litigation c/o GCG  
 Attn: Electronic Filing Department  
 5151 Blazer Parkway, Suite A  
 Dublin, OH 43017

## **IV. Documentation Requirements**

The required documentation outlined below must be submitted with your electronic file. Your electronic claim(s) will not be eligible for consideration until all required documents are received. Please note that one single document may meet more than one requirement.

### 1. **ONE SIGNED PROOF OF CLAIM AND RELEASE FORM**

- You must complete the Claimant Information Page (Part I, page 2) and the Release of Claims and Signature Page (Part IV, pages 6-7) of a single Proof of Claim and Release Form, which will serve as an "umbrella" or "master" claim form for all claims in your electronic file.
- The claim form must be signed by an authorized signatory who is also listed on your signature verification document and state the capacity (job title) of the signatory.
- You may reference the term "Various Beneficial Owners" for the beneficial owner name if you are filing on behalf of multiple beneficial owners. However, as noted above, the correct complete unabbreviated name of each beneficial owner (without honorifics) **MUST** be provided for each claim in your electronic claim submission.

### 2. **SIGNATURE VERIFICATION DOCUMENT**

- If you are an institution filing on your own behalf or on behalf of other beneficial owners or a claim preparer filing on behalf of beneficial owners, you must provide a document verifying that the individual who signs the claim form and any supplemental documents is authorized to sign on your behalf. Some common types of documents that fulfill this requirement include the following (this list is not exclusive and non-US entities may have different documents that fulfill this requirement. If you are a non-US entity, you must submit an equivalent document):
  - Copy of filer's By-Laws, including signature page(s).
  - Copy of filer's Corporate Resolution, including signature page(s).
  - Notarized Affidavit signed by an officer of the filing institution or company clearly granting a specific individual(s) authorization or confirming his/her authority to sign on behalf of his/her institution or company.



### **3. DATA VERIFICATION DOCUMENT(S)**

- If you are an institution filing on your own behalf or on behalf of other beneficial owners or a claim preparer filing on behalf of beneficial owners, you must provide a notarized affidavit or signed letter on your firm's letterhead which meets the below criteria:
  - Confirms the number of distinct claims and transactions in your file.
  - Sets forth the source of the data for each claim included in your file.
  - Attests to the truth and accuracy of the data for each claim in your file.
  - Is executed by an authorized signatory who is listed on your firm's signature verification document, and specifies both the capacity and contact information of that signatory.

### **4. AUTHORIZATION DOCUMENT (IF FILING ON BEHALF OF CLIENTS OR CUSTOMERS)**

- If you are an institution or claim preparer filing on behalf of beneficial owners other than yourself, you must provide a current document verifying that you are authorized to file and sign claims on behalf of the beneficial owners of the securities. Some common types of documents that fulfill this requirement include the following (this list is not exclusive and non-US entities may have different documents that fulfill this requirement. If you are a non-US entity, you must submit an equivalent document):
  - Power of Attorney
  - Service Agreement
  - Signed/dated letter on client's company letterhead specifically granting your company authority to file/sign claims on their behalf
  - Notarized affidavit or signed letter on your company's letterhead confirming your authority to file and sign claims on behalf of each client for whom you filed a claim. It must be executed by an officer of the company who is also listed on your signature verification document and reference the capacity and contact information of the signatory.

### **ADDITIONAL DOCUMENTATION (IF REQUESTED) - DATA INTEGRITY AUDIT**

GCG may request filers, as deemed appropriate by GCG and/or Lead Counsel, who file claims electronically to provide additional documentation to support the claims submitted. This data integrity audit is designed to verify the overall integrity of a data file. Accordingly, you must provide all the requested documentation and the documentation provided must be independent in nature.

Even if you provided a letter/affidavit attesting to the truth and accuracy of the data you initially submitted with your electronic file, we will **require** specific documentary evidence, which may include trade confirmations, monthly statements, or equivalent, to independently verify the details of transactions and/or holding positions, if your file is selected for a data integrity audit.

**\*FAILURE TO COMPLY WITH THIS AUDIT REQUEST WILL RESULT IN THE REJECTION OF  
ALL CLAIMS ON YOUR ELECTRONIC SUBMISSION\***



## V. Electronic Filing Notes

### ADDRESSES

- Claims and checks (if the claim is eligible) will be created based on the information provided on your electronic file.
- If you require checks to be made out directly to the beneficial owner but still sent to your company, please include a "c/o" before your company name in column A of your file.
- If you require checks to be mailed to some other party (i.e. directly to the custodian bank for each beneficial owner or directly to the beneficial owner), please include *their* name in the 'Company Name' field (column A) of the file, but include your name in the 'Submitting Filer's Name' field (column U).
- If you require checks be made out directly to the beneficial owner, do not include **any** company name in the 'Company Name' field (column A) of the file.
- For foreign addresses, the two character country code must be provided in column H, all address information (including full country names and provinces) must be included in the two address fields (columns B-C), and the city, state, zip fields (columns D-G) should be left blank.
- If you are a third-party claim preparer filing on behalf of clients who represent the beneficial owner of the securities, you **must** provide the complete name of your client in column T of your electronic claim submission.

### SECURITIES

- All transactions and holding positions **must** reference an appropriate security identifier (CUSIP, ISIN, or SEDOL) in column K of your file.
- Negative values may **only** be given for beginning and ending/unsold holdings (transaction types "B" and "U"). All other transactions must reflect positive values.

### TRANSFERS

- Free receipt/free delivery (transfer in/out) transactions must be included in the claim data as this information is necessary in order for the claim to balance. Please note, free receipts are **not** eligible for payment and will not be included in the calculation of the claim unless the shares received were purchased during the Class Period and you provide the original purchase information for these shares.
- A free receipt or transfer in must be reflected as a transaction type "R" and a free delivery or transfer out must be reflected as a transaction type "D" (prices and net amounts must be zero).



## VI. Required Filing Format – General Instructions

- Files should be submitted as an Excel spreadsheet.
- All fields in the below format must be included on your file.
- Any fields that do not apply to the claims you submitted must be left blank (do not delete any fields).
- Your file must include one header row with each of the column headings specified below.
- Your file must be sorted in the following order:
  - complete correct name of the beneficial owner of the securities supporting the claim
  - security identifier
  - transaction type
- If a maximum character length for any field is specified, do not exceed the limit.
- Do not leave any blank rows on your file.
- Any files not in accordance with the below format are subject to rejection.
- For Excel spreadsheets:
  - Whenever possible, your file should be limited to one tab that contains all the fields listed below.
  - The “Length” column in the below format specifies the maximum number of characters for each Excel field as to which a maximum character number applies.

*Please continue to next page for Required File Layout.*



### REQUIRED FILE LAYOUT

COL	FIELD	START POSITION	LENGTH	NOTES
A	Company Name	1	40	Name of Company for Mailing of Checks (see Address Notes below) <ul style="list-style-type: none"> <li>• Include a “c/o” before your company name if you require checks made out to the beneficial owner c/o your company.</li> <li>• Include an “FBO” (or similar ownership acronym) after your company name if you require checks to be made out to your company for the benefit of the beneficial owner.</li> </ul>
B	Address 1	41	40	Address 1 Information for Mailing of Checks (see Address Notes below)
C	Address 2	81	40	Address 2 Information for Mailing of Checks (see Address Notes below)
D	City	121	30	City for Mailing of Checks (see Address Notes below)
E	State	151	2	2 Character State Abbreviation for Mailing of Checks (see Address Notes below)
F	Zip5	153	5	5 Digit Zip for Mailing of Checks (see Address Notes below)
G	Zip4	158	4	4 Digit Zip for Mailing of Checks (see Address Notes below)
H	Country Code	162	2	2 character Country abbreviation ( <b>only</b> for foreign addresses)
I	Short beneficial owner name	164	40	Short Name of Beneficial Owner, for printing/mailing purposes You <b>MUST</b> also provide the correct, complete, unabbreviated name of the beneficial owner in Column W of your submission.
J	Account Number(s) of Beneficial Owner	204	70	List the account numbers for all of the accounts through which the beneficial owner trades.
K	Security Identifier Number	274	14	CUSIP, ISIN, or SEDOL Number of the Security
L	Transaction Type	288	2	<b>B</b> = Beginning Holdings <b>P</b> = Purchase (includes purchases to cover short sales) <b>S</b> = Sale (includes short sales) <b>U</b> = Unsold (Ending) Holdings <b>R</b> = Free Receipt (transfer in) <b>D</b> = Free Deliver (transfer out)  <b>Note:</b> When inputting beginning and unsold holdings, the trade date column <b>MUST</b> indicate the holding date. Price per share and net amount columns <b>MUST</b> be left blank.
M	Trade Date	290	10	Trade date in <b>MM/DD/YYYY</b> format (including foreign entities)



N	Quantity	300	20	Number of shares associated with this transaction (this value can <u>ONLY</u> be negative for short beginning or ending holdings positions).
O	Price Per Share	320	20	Price of each Share <ul style="list-style-type: none"> <li>This column should be blank <u>ONLY</u> when providing beginning or ending holdings or shares involved in a receipt or deliver.</li> </ul>
P	Aggregate Cost / Amount Received	340	20	Total value of the transaction (excluding commissions, taxes, and fees); <ul style="list-style-type: none"> <li>This column should be blank <u>ONLY</u> when providing beginning or ending holdings or shares involved in a receipt or deliver.</li> </ul>
Q	Currency Type	360	3	Type of currency associated to transaction (USD, EUR, GBP, etc.)
R	Option Exercise / Assign Flag	363	1	<b>A = Assigned, E = Exercised</b> <ul style="list-style-type: none"> <li>This column <b>MUST</b> be used if the common stock transaction is the result of the exercise or assignment of an option.</li> </ul>
S	Option Acquisition Date	364	10	For any transaction where an A or E is indicated in column R, you <u>MUST</u> provide the acquisition date of the option contract.
T	Submitting Filer's Client Name(s)	374	20	<b>If you are a third-party claim preparer filing on behalf of clients either: (i) for the client as beneficial owner (in which case the entry in this field will be the same as the entry in Field I); or (ii) for a client which represents the beneficial owner(s), provide the complete name of your client in this column.</b>
U	Submitting Filer's Name	394	20	Name of filer submitting electronic claim
V	Beneficial Owner's SSN or Tax ID Number	414	4	Last four digits of Social Security Number or Tax ID Number of beneficial owner (leave column blank for foreign entities)
W	Complete Beneficial Owner Name	418	n/a	Full Name of Beneficial Owner <b>MUST</b> be the correct, complete, unabbreviated name of the beneficial owner. Do not include honorifics, e.g., Mr., Mrs., Ms., Dr., Capt., Sgt.  <b>Please note:</b> A trustee, in that capacity, is not the beneficial owner of the security; the full name of the trust should be entered followed by the name(s) of the trustee(s). A comma should separate the name of the trust and the name(s) of the trustee(s).  <b>YOUR SUBMISSION MAY BE REJECTED IF THIS INFORMATION IS NOT INCLUDED.</b>