

Must be  
Postmarked  
No Later Than  
August 7, 2018

Allergan Proxy Violation Securities Litigation  
c/o GCG  
P.O. Box 10436  
Dublin, OH 43017-4036



APV

Toll-Free Number: (855) 474-3851  
Email: [info@AllerganProxyViolationSecuritiesLitigation.com](mailto:info@AllerganProxyViolationSecuritiesLitigation.com)  
Website: [www.AllerganProxyViolationSecuritiesLitigation.com](http://www.AllerganProxyViolationSecuritiesLitigation.com)



Claim Number:

Control Number:

## PROOF OF CLAIM 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 Proof of Claim and Release Form ("Claim Form") and mail it by first-class mail to the above address, **postmarked no later than August 7, 2018**.

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

**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 Claims Administrator at the address set forth above.**

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**Important** - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0



PART I - CLAIMANT INFORMATION

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

**Claimant Name(s)** (as the name(s) should appear on check, if eligible for payment; if the shares were jointly owned, the names of all beneficial owners must be provided):

Grid for Claimant Name(s)

**Name of Person the Claims Administrator Should Contact Regarding this Claim Form**  
(Must Be Provided):

Grid for Name of Person to Contact

**Mailing Address – Line 1** (Street Address/P.O. Box):

Grid for Mailing Address Line 1

**Mailing Address – Line 2** (If Applicable) (Apartment/Suite/Floor Number):

Grid for Mailing Address Line 2

**City:**

**State:**

**Zip:**

Grid for City, State, and Zip

**Country** (if other than U.S.):

Grid for Country

**Last 4 digits of Claimant Social Security/Taxpayer Identification Number:**<sup>1</sup>

Grid for Last 4 digits of SSN/TIN

**Daytime Telephone Number:**

**Evening Telephone Number:**

Grid for Daytime and Evening Telephone Numbers

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

Grid for Email Address

Questions? Visit [www.AllerganProxyViolationSecuritiesLitigation.com](http://www.AllerganProxyViolationSecuritiesLitigation.com)  
or call toll-free (855) 474-3851

To view Garden City Group, LLC's Privacy Notice, please visit <http://www.choosegcg.com/privacy>

<sup>1</sup>The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and the telephone number of the beneficial owner(s) may be used in verifying this claim.



## PART II - GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of (I) Proposed Settlement and Plan of Allocation; (II) Settlement Fairness Hearing; and (III) Motion for an Award of Attorneys' Fees and Reimbursement of Litigation Expenses (the "Settlement Notice") that accompanies this Claim Form, including the proposed Plan of Allocation set forth in the Settlement Notice. The Settlement 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 Settlement 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 Settlement 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 Settlement Notice. **IF YOU ARE NOT A CLASS MEMBER** (see the definition of the Class on page 4 of the Settlement Notice, which sets forth who is included in and who is excluded from the Class), **OR IF YOU, OR SOMEONE ACTING ON YOUR BEHALF, SUBMITTED A REQUEST FOR EXCLUSION FROM THE CLASS IN CONNECTION WITH THE PREVIOUSLY DISSEMINATED CLASS NOTICE AND ARE LISTED ON APPENDIX 1 TO THE STIPULATION, 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 set forth in the Settlement Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.**

4. Use the Schedule of Transactions in Part III of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in and holdings of, Allergan common stock. On this schedule, provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of Allergan common stock, whether such transactions resulted in a profit or a loss. **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 sales of Allergan common stock during the Class Period (*i.e.*, from February 25, 2014 through April 21, 2014, inclusive) are eligible for recovery under the Settlement. However, purchases/acquisitions of Allergan common stock during the Class Period will be used for purposes of calculating the amount of your claim under the Plan of Allocation, and therefore information on purchases/acquisitions during the Class Period is also required. In addition, in order to confirm the accuracy and completeness of the purchase/acquisition and sale amounts listed, Claimants are required to provide the requested information regarding any transfers or free deliveries of Allergan common stock during the Class Period and their holdings of Allergan common stock at the beginning and end of the Class Period.

6. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of Allergan common stock set forth in the Schedule of Transactions in Part III of this Claim Form. 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. If any of your Allergan shares were purchased or sold as the result of the exercise of an option, your supporting documentation must indicate that fact and must include the date that you acquired the option. The Parties and the Claims Administrator do not independently have information about your investments in Allergan common stock. **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. Please keep a copy of all documents that you send to the Claims Administrator. Also, do not highlight any portion of the Claim Form or any supporting documents.**

7. Use Part I of this Claim Form entitled "CLAIMANT INFORMATION" to identify the beneficial owner(s) of Allergan common stock. The complete name(s) of the beneficial owner(s) must be entered. If you held the eligible Allergan common stock in your own name, you are the beneficial owner as well as the record owner. If, however, your shares of eligible Allergan common stock were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these shares, but the third party is 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 are joint beneficial owners each must sign this Claim Form and their names must appear as "Claimants" in Part I of this Claim Form.



PART II - GENERAL INSTRUCTIONS CONT'D

8. **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).

9. 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 Allergan common stock; 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.)

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

- (a) owned the Allergan common stock you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

11. 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 under the laws of the United States of America. 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.

12. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all claims processing. The claims process will take substantial time to complete fully and fairly. Please be patient.

13. **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.

14. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Settlement Notice, you may contact the Claims Administrator, GCG, at the above address, by email at [info@AllerganProxyViolationSecuritiesLitigation.com](mailto:info@AllerganProxyViolationSecuritiesLitigation.com), or by toll-free phone at 855-474-3851, or you can visit the website, [www.AllerganProxyViolationSecuritiesLitigation.com](http://www.AllerganProxyViolationSecuritiesLitigation.com), where copies of the Claim Form and Settlement Notice are available for downloading.

15. **NOTICE REGARDING ELECTRONIC FILES:** Claimants with over 40 transactions in Allergan common stock during the Class Period are encouraged to submit information regarding their transactions in electronic files. To obtain the **mandatory** electronic filing requirements and file layout, you may visit the website at [www.AllerganProxyViolationSecuritiesLitigation.com](http://www.AllerganProxyViolationSecuritiesLitigation.com) or you may email the Claims Administrator's electronic filing department at [eclaim@choosegcg.com](mailto:eclaim@choosegcg.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 ¶ 8 above) and the **complete** name of the beneficial owner of the securities must be entered where called for (see ¶ 7 above). No electronic files will be considered to have been submitted unless the Claims Administrator issues an email to that effect. **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.**

**IMPORTANT: PLEASE NOTE**

**YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL, WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT (855) 474-3851.**



**PART III - SCHEDULE OF TRANSACTIONS IN ALLERGAN COMMON STOCK**

Please be sure to include proper documentation with your Claim Form as described in detail in Part II – General Instructions, ¶ 6, above. Do not include information regarding securities other than Allergan common stock.

<b>1. HOLDINGS AS OF FEBRUARY 25, 2014:</b> State the total number of shares of Allergan common stock held as of the opening of trading on <b>February 25, 2014</b> . (Must be documented.) If none, write “zero” or “0.”	<input style="width:100%; height:100%;" type="text"/>	Confirm Proof of Position Enclosed <input style="width:20px; height:20px;" type="checkbox"/>
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**2. PURCHASES/ACQUISITIONS FROM FEBRUARY 25, 2014 THROUGH APRIL 21, 2014:** Separately list each and every purchase or 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**. (Must be documented.) If any of the listed purchases/acquisitions of Allergan common stock resulted from the exercise of an option, your supporting documentation must indicate that fact and must include the date that you acquired the option.

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

**3. SALES FROM FEBRUARY 25, 2014 THROUGH APRIL 21, 2014:** Separately list each and every sale or disposition (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**. (Must be documented.) If any of the listed sales of Allergan common stock resulted from the exercise of an option, your supporting documentation must indicate that fact and must include the date that you acquired the option.

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="checkbox"/>
/ /		.	.	<input type="checkbox"/>
/ /		.	.	<input type="checkbox"/>
/ /		.	.	<input type="checkbox"/>

<b>4. HOLDINGS AS OF APRIL 21, 2014:</b> State the total number of shares of Allergan common stock held as of the close of trading on <b>April 21, 2014</b> . (Must be documented.) If none, write “zero” or “0.”	<input style="width:100%; height:100%;" type="text"/>	Confirm Proof of Position Enclosed <input style="width:20px; height:20px;" type="checkbox"/>
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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 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 Stipulation, without further action by anyone, upon the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, and assigns, in their capacities as such, shall be deemed to have, and by operation of law and of the judgment shall have, fully, finally, and forever compromised, settled, released, resolved, relinquished, waived, and discharged each and every Released Plaintiffs' Claim (including, without limitation, any Unknown Claims) against Defendants and the other Defendants' Releasees, and shall forever be barred and enjoined from prosecuting any or all of the Released Plaintiffs' Claims against any of the Defendants' Releasees.

**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 Settlement 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 Settlement Notice, and is (are) not excluded by definition from the Class as set forth in the Settlement Notice;
3. that the claimant(s) did **not** submit a request for exclusion from the Class in connection with the previously disseminated Class Notice;
4. that I (we) owned the Allergan common stock 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 sales of Allergan common stock 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 Claims 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 waives 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.**



PART IV - RELEASE OF CLAIMS AND SIGNATURE CONT'D

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

\_\_\_\_\_  
Print Name of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
Print Name of Joint Claimant, if any

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Print Name of Person Completing Form

\_\_\_\_\_  
Date

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 ¶ 9 on page 4 of this Claim Form.)



## 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 Claims 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 Claims Administrator toll free at (855) 474-3851.**
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 Claims Administrator written notification of your new address. If you change your name, inform the Claims Administrator.
7. If you have any questions or concerns regarding your claim, contact the Claims Administrator at the address below, by email at [info@AllerganProxyViolationSecuritiesLitigation.com](mailto:info@AllerganProxyViolationSecuritiesLitigation.com), or by toll-free phone at (855) 474-3851, or you may visit [www.AllerganProxyViolationSecuritiesLitigation.com](http://www.AllerganProxyViolationSecuritiesLitigation.com). DO NOT call Allergan, the Defendants, or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTMARKED **NO LATER THAN AUGUST 7, 2018**, ADDRESSED AS FOLLOWS:

*Allergan Proxy Violation Securities Litigation*  
c/o GCG  
P.O. Box 10436  
Dublin, OH 43017-4036

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before August 7, 2018 is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

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 Claims Administrator of any change of address.

Questions? Visit [www.AllerganProxyViolationSecuritiesLitigation.com](http://www.AllerganProxyViolationSecuritiesLitigation.com)  
or call toll-free (855) 474-3851