



# **ELECTRONIC FILING INSTRUCTIONS**

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

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

**IF YOU TRANSACTED IN DERIVATIVE SECURITIES THAT ARE PRICE-INTERDEPENDENT WITH ALLERGAN, INC. PUBLICLY TRADED COMMON STOCK FROM FEBRUARY 25, 2014 THROUGH APRIL 21, 2014, INCLUSIVE, YOU MAY BE ENTITLED TO A PAYMENT FROM A CLASS ACTION SETTLEMENT.**

**IF YOU SOLD ALLERGAN, INC. COMMON STOCK DURING THE PERIOD FEBRUARY 25, 2014 THROUGH APRIL 21, 2014, INCLUSIVE, YOU SHOULD FILE A SEPARATE CLAIM AND FOLLOW INSTRUCTIONS ON THE APPLICABLE CLAIM FORM, AVAILABLE AT:  
[WWW.ALLERGANPROXYVIOLATIONSECURITIESLITIGATION.COM](http://WWW.ALLERGANPROXYVIOLATIONSECURITIESLITIGATION.COM).**

- 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.

Electronic claim submissions **MUST** be accompanied by all **required** documents as set forth in Section IV of these instructions.

- **ALL ELECTRONIC CLAIMS 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 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 AA** 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 action is **July 31, 2018**. Any claim received after that date will be late.

## **II. Eligible Securities**

1. **Eligible Security:** Derivative securities that are price-interdependent with Allergan, Inc. publicly traded common stock (“Allergan, Inc. Derivatives”).
2. **Class Period:** February 25, 2014 through April 21, 2014, inclusive.
3. Electronic filers **MUST** provide for each claim submitted:

### **For Call Options**

- (i) Beginning holdings: the number of call option contract positions as of the close of trading on February 24, 2014, including contracts held in a short position.
  - a. You must also provide the option contract expiration month and year and strike price
- (ii) All sales (writing) of call options between February 25, 2014 and the close of trading on April 21, 2014, inclusive.
- (iii) All covering transactions (repurchases) of call options that you sold before April 21, 2014.
  - a. Include all repurchases, no matter when they occurred.

### **For Put Options**

- (i) Beginning holdings: the number of put option contract positions as of the close of trading on February 24, 2014, including contracts held in a short position.
  - a. You must also provide the option contract expiration month and year and strike price
- (ii) All purchases of put option contracts between February 25, 2014 and the close of trading on April 21, 2014, inclusive.
- (iii) All sales of put option contracts which were purchased between February 25, 2014 and the close of trading on April 21, 2014, inclusive, no matter when any such sales occurred.

### **For Forwards, Futures, Swaps or other Derivatives:**

- (i) All transactions between February 25, 2014 and the close of trading on April 21, 2014, inclusive.

### **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)**

- 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**

- 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 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, Inc. Proxy Violation Securities Litigation  
c/o GCG  
Attn: Electronic Filing Department  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

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<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>.

## **IV. Documentation Requirements**

The required documentation outlined below must be submitted with your electronic file. Your electronic claims 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**

- You must complete the Claimant Information Page, (Part I, page 2) and 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. 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.

## 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 AA of your submission
J	Account Number(s) of Beneficial Owner	204	70	List the account numbers for all the accounts through which the beneficial owner trades
K	Security Identifier	274	3	<b>OC</b> = Call Options <b>OP</b> = Put Options <b>FWD</b> = Forwards <b>FUT</b> = Futures <b>SWP</b> = Swap <b>SPT</b> = Spot
L	Transaction Type	277	1	<b>B</b> = Beginning Holdings <b>P</b> = Purchase (includes purchases to cover short sales) <b>S</b> = Sale (includes short sales)  <b>Note:</b> When inputting beginning holdings, the trade date column <b>MUST</b> indicate the holding date. Price per contract and net amount columns <b>MUST</b> be left blank.
M	Trade Date	278	10	Trade date in <b>MM/DD/YYYY</b> format (including foreign entities)
N	Number of contracts	288	20	Number of contracts associated with this transaction (this value can <b>ONLY</b> be negative for short beginning holdings positions)

O	Price Per Contract/Trade Rate	308	20	Price of each Contract or trade rate associated with the transaction <ul style="list-style-type: none"> <li>This column should be blank <b>ONLY</b> when providing beginning holdings.</li> </ul>
P	Net Amount	328	20	Total value of the transaction (excluding commissions, taxes, and fees); <ul style="list-style-type: none"> <li>This column should be blank <b>ONLY</b> when providing beginning holdings.</li> </ul>
Q	Currency Type	348	3	Type of currency associated to transaction (USD, EUR, GBP, etc.)
R	Option Exercise / Assign /Expiration Flag	351	1	<b>A = Assigned, E = Exercised, X = Expired</b> <ul style="list-style-type: none"> <li>This column <b>MUST</b> be used if the option contract was exercised, assigned or expired</li> </ul>
S	Exercise/Assign date	352	10	<b>ONLY APPLIES TO OPTION TRANSACTIONS</b> The date in MM/DD/YYYY format that the call or put option was assigned. Note: This column must be populated for option transactions when E or A is in Column R.
T	Option Strike Price	362	5	<b>ONLY APPLIES TO OPTION TRANSACTIONS</b> This column must reference the strike price of the call or put option identified in Column K.
U	Option expiration month/year	367	10	<b>APPLIES TO OPTIONS/FUTURES</b> This column must reference the strike price of the call or put option identified in Column K.
V	Exchange Name	377	4	<b>ONLY APPLIES TO FUTURES</b> Name of the exchange where the trade was executed.
W	Exchange Product Code/Option Symbol	381	8	<b>ONLY APPLIES TO FUTURES</b> Product code as defined by the exchange
X	Submitting Filer's Client Name(s)	389	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>
Y	Submitting Filer's Name	409	20	Name of filer submitting electronic claim
Z	Beneficial Owner's SSN or Tax ID Number	429	4	Last four digits of Social Security Number or Tax ID Number of beneficial owner (leave column blank for foreign entities)



AA	Complete Beneficial Owner Name	433	n/a	<p>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.</p> <p><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).</p> <p><b>YOUR SUBMISSION MAY BE REJECTED IF THIS INFORMATION IS NOT INCLUDED</b></p>
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## VI. 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 Y).
- 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 X of your electronic claim submission.

### SECURITIES

- All transactions and holding positions **must** reference an appropriate security identifier in Column K of your file.
- Negative values may **only** be given for beginning (transaction type “B”). All other transactions must reflect positive values.