

Must be  
Postmarked  
No Later Than  
July 31, 2018

In re Allergan, Inc. Proxy Violation Derivatives Litigation  
c/o GCG  
P.O. Box 10556  
Dublin, OH 43017-7256  
800-349-5116  
www.allganderivativessettlement.com

ALE



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 MAIL YOUR COMPLETED AND SIGNED CLAIM FORM TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTAGE PREPAID, POSTMARKED BY **JULY 31, 2018**, TO THE ADDRESS SET FORTH AT THE TOP OF THIS PAGE.

IF YOU FAIL TO SUBMIT A TIMELY, PROPERLY ADDRESSED, AND COMPLETED CLAIM FORM, YOUR CLAIM MAY BE REJECTED AND YOU MAY BE PRECLUDED FROM RECEIVING ANY PROCEEDS FROM THE SETTLEMENT.

**DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE SETTLING PARTIES 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 IDENTIFICATION**
**Beneficial Owner's Name** (First, Middle, Last):

**Joint Beneficial Owner's Name** (First, Middle, Last):

**Street Address:**


**City:** **State or Province:** **Zip Code or Postal Code:**

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

**Last 4 digits of Claimant SSN/TIN:<sup>1</sup>**

**Telephone Number (work):**
 -  - 
**Telephone Number (home):**
 -  - 
**Email Address:**

**Name of the Person you would like the Claims Administrator to Contact Regarding this Claim**
(if different from Claimant Name(s) listed above):


**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 [www.AllerganDerivativesSettlement.com](http://www.AllerganDerivativesSettlement.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 Part II, section III below) and the complete name of the beneficial owner of the securities must be entered where called for. No electronic files will be considered to have been submitted unless the Claims Administrator issues an email to that effect after processing your file with your claim numbers and respective account information. 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.

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 telephone number of the beneficial owner(s) may be used in verifying this claim.



## PART II - GENERAL INSTRUCTIONS

### I. GENERAL INSTRUCTIONS

1. To be eligible to receive a recovery from the Net Settlement Fund as a Member of the Class in the class action lawsuit entitled *In re Allergan, Inc. Proxy Violation Derivatives Litigation*, Case No. 2:17-cv-04776 DOC (KESx), pending in the United States District Court for the Central District of California, Southern Division, you must complete and, on page 9 below, sign this Proof of Claim and Release form. If you fail to submit a timely, properly completed and addressed (as set forth in paragraph 3 below) Proof of Claim, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the Settlement of the Action.

2. Submission of this Proof of Claim, however, does not ensure that you will share in the Net Settlement Fund, even if you are a Class Member.

3. **YOU MUST SUBMIT YOUR COMPLETED AND SIGNED PROOF OF CLAIM SUCH THAT IT IS POSTMARKED BY JULY 31, 2018, ADDRESSED AS FOLLOWS:**

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If you are NOT a Member of the Class (as defined below and in the Notice of Pendency of Class Action and Proposed Settlement and Motion for Attorneys' Fees and Expenses ("Notice")) DO NOT submit this Proof of Claim form. You are not entitled to a recovery.

4. If you are a member of the Class and you have not timely and validly requested to be excluded from the Class, you will be bound by the terms of the Final Order and Judgment entered by the Court, **WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM.**

### II. DEFINITIONS

1. All capitalized terms not otherwise defined herein shall have the same meaning as set forth in the Notice that accompanies this Proof of Claim and in the Stipulation and Agreement of Settlement (the "Stipulation").

### III. IDENTIFICATION OF CLAIMANT

1. You are a Class member if you transacted in derivative securities that are price-interdependent with Allergan, Inc. (AGN) publicly traded common stock ("Allergan, Inc. Derivatives") from February 25, 2014 through April 21, 2014, inclusive.

2. Excluded from the Class are Defendants, the officers and directors of Defendants during the Class Period; members of the immediate family of the individual Defendants and of the excluded officers and directors; any entity in which any Defendant, any excluded officer or director, or any member of their immediate family has or had a controlling interest; any affiliates, parents or subsidiaries of the Defendants; and the legal representatives, agents, affiliates, heirs, successors or assigns of any of the foregoing, in their capacities as such. Also excluded from the Class are Nomura Holdings, Inc., Nomura Securities International, Inc., Nomura International plc, and their affiliates, parents, subsidiaries and successors. Also excluded from the Class is any Person, including any Class Plaintiff, who would otherwise be a Class Member but who excludes himself, herself, or itself from the Class by timely and validly excludes himself, herself, or itself from the Class by submitting a valid and timely request for exclusion.

3. Use Part I of this form entitled "Claimant Identification" to identify each beneficial purchaser or acquirer of option units that forms the basis of this claim. **THIS CLAIM MUST BE SUBMITTED BY THE ACTUAL BENEFICIAL PURCHASER(S), OR AUTHORIZED ACQUIRER(S) OR LEGAL REPRESENTATIVE(S) OF SUCH BENEFICIAL PURCHASER(S) OR ACQUIRER(S), OF THE OPTION UNITS ON WHICH THIS CLAIM IS BASED.**

4. **Note:** Separate Proofs of Claim should be submitted for each separate legal entity. Conversely, a single Proof of Claim should be submitted on behalf of one legal entity, including all purchases made by that entity, no matter how many separate accounts that entity has.

5. All joint purchasers or acquirers must sign this claim. Executors, administrators, guardians, conservators and trustees must complete and sign this claim on behalf of Persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. Failure to provide the foregoing information could delay verification of your claim or result in rejection of your claim.

### IV. IDENTIFICATION OF OPTION UNITS

1. Use Part III of this form entitled "Schedule of Transactions" to supply all required details of your ownership in the derivatives. If you need more space or additional schedules, attach separate sheets providing all of the required information in substantially the same form. Sign and print or type your name and include your Social Security or employer identification number and the full name of the account on each additional sheet.

2. On the schedules, provide all of the requested information with respect to each transaction in Allergan, Inc. Derivatives from February 25, 2014 to April 21, 2014, including: (1) the date of the transaction; (2) the transaction symbol; (3) the type of derivative (e.g., put or call option, equity forward, etc.); (4) the expiration date; (5) the exercise price; (6) whether the transaction was a purchase or a sale; (7) the number of units; and (8) the price paid. Failure to report all such transactions may result in the rejection of your claim.

3. To be considered timely, a Proof of Claim must be submitted to the Claims Administrator so that it is **postmarked by July 31, 2018** in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

4. You should be aware that it will take a significant amount of time to process fully all of the Proofs of Claim and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim. Please notify the Claims Administrator of any change of address.















PART VI - SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim under the terms of the Stipulation and Agreement of Settlement described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Central District of California, Southern Division, with respect to my (our) claim as a Class Member and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I (we) will be bound by and subject to the terms of any Final Order and Judgment that may be entered in the Action. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so. I (We) have not submitted any other claim covering the same purchases or acquisitions of option units and know of no other Person having done so on my (our) behalf.

PART VII - RELEASE

- 1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever settle, release and discharge from the Released Claims each and all of the Defendant Released Parties as those terms and terms related thereto are defined in the accompanying Notice.
2. I (We) hereby acknowledge that I (we) will not be entitled to receive recovery in any other action against any of the Released Defendant Parties based on or arising out of the Released Claims (as these terms are defined in the accompanying Notice).
3. I (We) hereby warrant and represent that I am (we are) a Class Member as defined in the Notice, that I am (we are) not excluded from the Class, that I am (we are) not one of the "Released Defendant Parties" as defined in the accompanying Notice, and that I (we) believe that I am (we are) eligible to receive a distribution from the Net Settlement Fund under the terms and conditions of the Plan of Allocation, as set forth in the Notice.
4. This release shall be of no force or effect unless and until the Court approves the Stipulation and the Effective Date (as defined in the Stipulation) has occurred.
5. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.
6. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases or acquisitions of Option units and the number of Option units held by me (us).

Executed this \_\_\_\_ day of \_\_\_\_\_, in \_\_\_\_\_
(Month) (Year) (City, State, Country)

Signature of Claimant (if this claim is being made on behalf of Joint Claimants, then each must sign.)

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(s) signing on behalf of claimant, if other than an individual (e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

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

1. Please sign the above release and certification. If this claim is being made on behalf of joint claimants, both must sign.
2. Do not highlight the Proof of Claim form.
3. Keep a copy of your Proof of Claim form for your records.
4. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail, within 90 days. **Your claim is not deemed by the Claims Administrator to be submitted unless you receive an acknowledgement postcard.** If you do not receive an acknowledgement postcard within 90 days, please call the Claims Administrator. Also, you can submit your claim using a service that provides you with proof of mailing, such as: registered or certified mail, return receipt requested; express mail that does not waive signature; or courier service.
5. If you move and/or change your name, please inform the Claims Administrator of your new address and/or name.
6. If you have any questions regarding your Proof of Claim, please contact the Claims Administrator using the information below.

**THIS PROOF OF CLAIM FORM MUST BE POSTMARKED NO LATER THAN JULY 31, 2018, AND  
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