

Must be
Received
No Later Than
May 9, 2018

In re Allergan, Inc. Proxy Violation Derivatives Litigation
c/o GCG
P.O. Box 10371
Dublin, OH 43017-5571
800-349-5116
www.allganderivativesettlement.com

ALE



REQUEST FOR EXCLUSION

I. INSTRUCTIONS

- 1. You may use the attached form if you traded in any derivative securities that are price-interdependent with Allergan, Inc. publicly traded common stock (“Allergan, Inc. Derivatives”) from February 25, 2014 through April 21, 2014, inclusive, and wish to be excluded from the Class in the class action lawsuit entitled *In re Allergan, Inc. Proxy Violation Derivatives Litigation.*, Case No. 2:17-cv-04776 DOC (KESx).
- 2. Please fill out the information about yourself and your trading in Allergan, Inc. Derivatives.
- 3. **IF YOU WISH TO BE EXCLUDED, YOU MUST SUBMIT YOUR COMPLETED REQUEST FOR EXCLUSION SUCH THAT IT IS RECEIVED ON OR BEFORE MAY 9, 2018, ADDRESSED AS FOLLOWS:**

In re Allergan, Inc. Proxy Violation Derivatives Litigation
c/o GCG
P.O. Box 10556
Dublin, OH 43017-7256

Beneficial Owner’s Name (First, Middle, Last):

Street Address:

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

Country (if Other than U.S.):

Telephone Number:
 - -

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

REQUEST FOR EXCLUSION



I made the following transactions in derivative securities that are price-interdependent with Allergan, Inc. publicly traded common stock from February 25, 2014 through April 21, 2014, inclusive:

A. SALES (WRITING) OF CALL OPTIONS:

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 09/08 \$28)	Sale Price Per Contract	Amount Received (excluding taxes, commissions and fees)	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)
/ /		/		.		/ /
/ /		/		.		/ /
/ /		/		.		/ /

B. COVERING TRANSACTIONS (REPURCHASES) OF CALL OPTIONS:

Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 09/08 \$28)	Purchase Price Per Contract	Amount Paid (excluding taxes, commissions and fees)	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)
/ /		/		.		/ /
/ /		/		.		/ /
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C. PURCHASES OF PUT OPTIONS:

Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 09/08 \$28)	Price Paid Per Contract	Aggregate Cost (excluding taxes, commissions and fees)	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)
/ /		/		.		/ /
/ /		/		.		/ /
/ /		/		.		/ /

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU **MUST** PHOTOCOPY THIS PAGE AND CHECK THIS BOX IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL **NOT** BE REVIEWED



D. SALES OF PUT OPTIONS:

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 09/08 \$28)	Sale Price Per Contract	Amount Received (excluding taxes, commissions and fees)	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)
/ /						/ /
/ /						/ /
/ /						/ /

E. TRANSACTIONS IN ALLERGAN, INC. DERIVATIVES (FORWARDS, FUTURES, SWAPS OR OTHER)

Trade Date	Transaction Type (FWD, FUT, SWP, SPT)	Buy or Sell (B/S)	Exchange Name (Futures only)	Exchange Code	Number of Contracts	Trade Rate	Net Amount (unit price multiplied by number of contracts)
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I request to be excluded from the Class in In re Allergan, Inc. Proxy Violation Derivatives Litigation., Case No. 2:17-cv-04776 DOC (KESx).

Signature _____

Print Name _____

Date _____

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU **MUST** PHOTOCOPY THIS PAGE AND CHECK THIS BOX IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL **NOT** BE REVIEWED