

Must be
Postmarked
No Later Than
July 12, 2018

GTAT Securities Litigation
c/o GCG
P.O. Box 10463
Dublin, OH 43017-4063

GTS



1-866-562-8790
info@GTATSecuritiesLitigation.com
www.GTATSecuritiesLitigation.com



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE FORM

TO BE ELIGIBLE TO RECEIVE A SHARE OF THE NET SETTLEMENT FUND(S) IN CONNECTION WITH THE PROPOSED SETTLEMENTS, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE FORM (“CLAIM FORM”) AND MAIL IT BY PREPAID, FIRST-CLASS MAIL TO THE ABOVE ADDRESS, **POSTMARKED NO LATER THAN JULY 12, 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 RECOVER ANY MONEY IN CONNECTION WITH THE PROPOSED SETTLEMENTS.

DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE PARTIES TO THIS ACTION, OR THEIR COUNSEL. SUBMIT YOUR CLAIM FORM ONLY TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE.

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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 Names(s) (as the name(s) should appear on check, if eligible for payment; if the securities are jointly owned, the names of all beneficial owners must be provided):

Grid for Claimant Names(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:

Grid for City

State/Province:

Zip Code:

Country (if other than U.S.):

Grid for State/Province, Zip Code, and Country

Last 4 digits of Claimant Social Security/Taxpayer Identification Number:¹

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

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

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

¹ 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

1. It is important that you completely read and understand the Notice of (I) Pendency of Class Action and Certification of Settlement Classes; (II) Proposed Settlements with Individual Defendants and Underwriter Defendants; (III) Motion for an Award of Attorneys' Fees and Reimbursement of Litigation Expenses; and (IV) Settlement Fairness Hearing (the "Notice") that accompanies this Claim Form, including the proposed Plan of Allocation of the Net Settlement Funds attached to the Notice (the "Plan of Allocation"). The Notice describes the proposed Settlements, how Settlement Class Members are affected by the Settlements that apply to them, and the manner in which the Net Settlement Funds will be distributed if the Settlements and Plan of Allocation are approved by the Court. The 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 Notice, including the terms of the releases described therein and provided for herein.

2. **YOU ARE ONLY ELIGIBLE TO PARTICIPATE IN THE SETTLEMENT(S) APPLICABLE TO THE SETTLEMENT CLASS(ES) IN WHICH YOU ARE A MEMBER** (see the definition of the Individual Defendant Settlement Class and the definition of the Underwriter Defendant Settlement Class in paragraph 25 of the Notice, which set forth who is included in and who is excluded from the respective Settlement Classes). Thus, to be eligible for a payment from the proceeds of the Individual Defendant Settlement, you must be a member of the Individual Defendant Settlement Class, and to be eligible for a payment from the proceeds of the Underwriter Defendant Settlement, you must be a member of the Underwriter Defendant Settlement Class.

3. By submitting this Claim Form, you will be making a request to share in the proceeds of the Settlements described in the Notice that are applicable to you. **IF YOU ARE NOT A MEMBER OF AT LEAST ONE OF THE SETTLEMENT CLASSES, DO NOT SUBMIT A CLAIM FORM.** You may not, directly or indirectly, participate in the Individual Defendant Settlement if you are not a member of the Individual Defendant Settlement Class or if you, or someone acting on your behalf, submitted a request for exclusion from that class, and you may not, directly or indirectly, participate in the Underwriter Defendant Settlement if you are not a member of the Underwriter Defendant Settlement Class or if you, or someone acting on your behalf, submitted a request for exclusion from that class.

4. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement(s) that apply to you. The distribution of the Net Settlement Funds will be governed by the Plan of Allocation, if it is approved by the Court, or by such other plan of allocation as the Court approves.**

5. Use the Schedules of Transactions in Parts III to VI of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in and holdings of the applicable GTAT Securities. On these schedules, provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of the applicable GTAT Securities, whether such transactions resulted in a profit or a loss. **Failure to report all transaction and holding information during the requested time periods may result in the rejection of your claim.**

6. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of the applicable GTAT Securities set forth in the Schedules of Transactions in Part III to VI 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. The Settling Parties and the Claims Administrator do not independently have information about your investments in GTAT Securities. **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. **Please Note: Documentation Requirement for Shares of GTAT Common Stock purchased pursuant or traceable to the Common Stock Secondary Offering:** If you purchased GTAT Common Stock pursuant or traceable to the Common Stock Secondary Offering, which occurred on or about December 5, 2013, you must submit trade confirmations indicating that the shares were purchased directly from an underwriter as part of the Common Stock Secondary Offering at the \$8.65 issue price.

8. **Please Note: Additional Documentation Requirement Regarding Purchases/Acquisitions and Sales of GTAT Senior Notes, GTAT Call Options, and GTAT Put Options on September 9, 2014 and October 6, 2014:** If you purchased/acquired GTAT Senior Notes and/or GTAT Call Options, or sold (wrote) GTAT Put Options, on September 9, 2014 or October 6, 2014, you will also be required to submit supporting documentation that shows the time of day, Eastern Standard Time, when the transaction occurred.



PART II - GENERAL INSTRUCTIONS (CONTINUED)

9. All joint beneficial owners each must sign this Claim Form and their names must appear as "Claimants" in Part I of this Claim Form. The complete name(s) of the beneficial owner(s) must be entered. If you purchased or otherwise acquired GTAT Common Stock, GTAT Senior Notes or GTAT Call Options, or sold (wrote) GTAT Put Options, during the Class Period and held the securities in your name, you are the beneficial owner as well as the record owner. If you purchased or otherwise acquired GTAT Common Stock, GTAT Senior Notes or GTAT Call Options, or sold (wrote) GTAT Put Options, during the Class Period and the securities were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these securities, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form.

10. **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).

11. 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 GTAT Securities; 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.)

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

- (a) own(ed) the GTAT Securities you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

13. 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.

14. If the Court approves the Settlement(s), 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.

15. **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(s) pertaining to the Settlement Class(es) in which he, she or it is a member. If the total 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.

16. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, GCG, at the above address, by email at info@GTATSecuritiesLitigation.com, or by toll-free phone at 1-866-562-8790, or you can visit the Settlement website, www.GTATSecuritiesLitigation.com, where copies of the Claim Form and Notice are available for downloading.



PART II - GENERAL INSTRUCTIONS (CONTINUED)

17. 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.GTATSecuritiesLitigation.com or you may email the Claims Administrator's electronic filing department at 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 paragraph 10 above) and the **complete** name of the beneficial owner of the securities must be entered where called for (see paragraph 9 above). No electronic files will be considered to have been properly 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 Claims Administrator's electronic filing department at 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, CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-866-562-8790.



PART III - SCHEDULE OF TRANSACTIONS IN GTAT COMMON STOCK (CONTINUED)

Complete this Part III if and only if you purchased or acquired publicly traded GT Advanced Technologies Inc. common stock ("GTAT Common Stock") during the period from November 5, 2013 through and including 9:40 a.m. Eastern Standard Time on October 6, 2014. Please be sure to include proper documentation with your Claim Form as described in detail in Part II – General Instructions, paragraphs 6 and 7, above. Do not include information regarding securities other than GTAT Common Stock in this section.

3. SALES FROM NOVEMBER 5, 2013 THROUGH JANUARY 2, 2015 – Separately list each and every sale/disposition (including free deliveries) of GTAT Common Stock from after the opening of trading on November 5, 2013 through and including the close of trading on January 2, 2015. (Must be documented.)

IF NONE, CHECK HERE

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)
/ /		.	.
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4. HOLDINGS AS OF OCTOBER 9, 2014 – State the total number of shares of GTAT Common Stock held as of the close of trading on October 9, 2014. (Must be documented.) If none, write "zero" or "0."

5. HOLDINGS AS OF JANUARY 2, 2015 – State the total number of shares of GTAT Common Stock held as of the close of trading on January 2, 2015. (Must be documented.) If none, write "zero" or "0."

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 - SCHEDULE OF TRANSACTIONS IN
GTAT 3.00% CONVERTIBLE SENIOR NOTES DUE 2020**

Complete this Part IV if and only if you purchased or acquired publicly traded GT Advanced Technologies Inc. 3.00% Convertible Senior Notes Due 2020 ("GTAT Senior Notes") during the period from the initial offering of the GTAT Senior Notes, which occurred on or about December 5, 2013, through and including 9:40 a.m. Eastern Standard Time on October 6, 2014. Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions, paragraphs 6 and 8, above. Do not include information regarding securities other than GTAT Senior Notes in this section.

1. PURCHASES/ACQUISITIONS FROM INITIAL PUBLIC OFFERING THROUGH MAY 18, 2015³ – Separately list each and every purchase/acquisition (including free receipts) of GTAT Senior Notes from the initial public offering of the GTAT Senior Notes, which occurred on or about December 5, 2013, through and including May 18, 2015. (Must be documented.)

Date of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Face Value of Notes Purchased/Acquired	Purchase/Acquisition Price Per \$1,000 Face Value	Total Purchase/Acquisition Price (excluding taxes, commissions, and fees)
/ /			
/ /			
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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.

³**Please note:** Information requested with respect to your purchases/acquisitions of GTAT Senior Notes from after 9:40 a.m. Eastern Standard Time on October 6, 2014 through and including the close of trading on May 18, 2015 is needed in order to balance your claim; purchases/acquisitions during this period, however, are not eligible transactions and will not be used for purposes of calculating Recognized Loss Amounts pursuant to the Plan of Allocation.



PART V - SCHEDULE OF TRANSACTIONS IN GTAT CALL OPTIONS (CONTINUED)

Complete this Part V if and only if you purchased or acquired publicly traded call options on GTAT Common Stock ("GTAT Call Options") during the period from November 5, 2013 through and including 9:40 a.m. Eastern Standard Time on October 6, 2014. Please include proper documentation with your Claim Form as described in detail in Part II - General Instructions, paragraphs 6 and 8, above. Do not include information regarding securities other than GTAT Call Options in this section.

3. SALES FROM NOVEMBER 5, 2013 THROUGH 9:40 A.M. EASTERN STANDARD TIME ON OCTOBER 6, 2014 - Separately list each and every sale/disposition (including free deliveries) of GTAT Call Options from after the opening of trading on November 5, 2013 through and including 9:40 a.m. Eastern Standard Time on October 6, 2014. (Must be documented.)

IF NONE, CHECK HERE

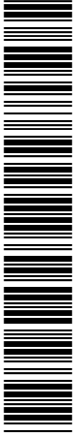
Date of Sale (List Chronologically) (Month/Day/Year)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Total Sale Price (excluding taxes, commissions, and fees)
/ /	.	/ /		.	.
/ /	.	/ /		.	.
/ /	.	/ /		.	.
/ /	.	/ /		.	.

4. HOLDINGS AS OF 9:40 A.M. EASTERN STANDARD TIME ON OCTOBER 6, 2014 - Separately list all positions in GTAT Call Option contracts in which you had an open interest as of 9:40 a.m. Eastern Standard Time on October 6, 2014. (Must be documented.)

IF NONE, CHECK HERE

Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts in Which You Had an Open Interest
.	/ /	
.	/ /	
.	/ /	
.	/ /	

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 VI - SCHEDULE OF TRANSACTIONS IN GTAT PUT OPTIONS (CONTINUED)

Complete this Part VI if and only if you sold (wrote) publicly traded put options on GTAT Common Stock ("GTAT Put Options") during the period from November 5, 2013 through and including 9:40 a.m. Eastern Standard Time on October 6, 2014. Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions, paragraphs 6 and 8, above. Do not include information regarding securities other than GTAT Put Options in this section.

3. PURCHASES/ACQUISITIONS FROM NOVEMBER 5, 2013 THROUGH 9:40 A.M. EASTERN STANDARD TIME ON OCTOBER 6, 2014 – Separately list each and every purchase and acquisition (including free receipts) of GTAT Put Option contracts from after the opening of trading on November 5, 2013 through and including 9:40 a.m. Eastern Standard Time on October 6, 2014. (Must be documented.)

IF NONE, CHECK HERE

Date of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Number of Put Option Contracts Purchased/Acquired	Purchase/Acquisition Price Per Put Option Contract	Total Purchase/Acquisition Price (excluding taxes, commissions, and fees)
/ /	.	/ /			
/ /	.	/ /			
/ /	.	/ /			
/ /	.	/ /			

4. HOLDINGS AS OF 9:40 A.M. EASTERN STANDARD TIME ON OCTOBER 6, 2014 – Separately list all positions in GTAT Put Option contracts in which you had an open interest as of 9:40 a.m. Eastern Standard Time on October 6, 2014. (Must be documented.)

IF NONE, CHECK HERE

Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Number of Put Option Contracts in Which You Had an Open Interest
.	/ /	
.	/ /	
.	/ /	
.	/ /	

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 VII - RELEASE OF CLAIMS AND SIGNATURE**

**YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW
AND SIGN ON PAGE 15 OF THIS CLAIM FORM.**

Release of Claims by Individual Defendant Settlement Class Members:

I (we) hereby acknowledge that, pursuant to the terms set forth in the Individual Defendant Stipulation, upon the Effective Date of the Individual Defendant 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 entered with respect to the Individual Defendant Settlement, shall have, fully, finally, and forever compromised, settled, released, resolved, relinquished, waived, discharged and dismissed each and every Individual Defendant Released Plaintiffs' Claim (as defined in the Individual Defendant Stipulation and the Notice) against the Individual Defendants and the other Individual Defendant Releases, and shall forever be barred and enjoined from prosecuting any or all of the Individual Defendant Released Plaintiffs' Claims against any of the Individual Defendant Releases.

Release of Claims by Underwriter Defendant Settlement Class Members:

I (we) hereby acknowledge that, pursuant to the terms set forth in the Underwriter Defendant Stipulation, upon the Effective Date of the Underwriter Defendant 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 entered with respect to the Underwriter Defendant Settlement shall have, fully, finally, and forever compromised, settled, released, resolved, relinquished, waived, discharged and dismissed each and every Underwriter Defendant Released Plaintiffs' Claim (as defined in the Underwriter Defendant Stipulation and the Notice) against the Settling Underwriter Defendants and the other Settling Underwriter Defendants' Releases, and shall forever be barred and enjoined from prosecuting any or all of the Underwriter Defendant Released Plaintiffs' Claims against any of the Settling Underwriter Defendants' Releases.

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 Notice and this Claim Form, including the releases provided for in the respective Settlements and the terms of the Plan of Allocation;
2. that the claimant(s) is a (are) member(s) of one or more of the Settlement Classes, as defined in the Notice, and is (are) not excluded by definition from such Settlement Class(es) as set forth in the Notice;
3. that the claimant has **not** submitted request(s) for exclusion from the Settlement Class(es) in which he, she or it would otherwise be a member;
4. that I (we) owned the GTAT Securities identified in the Claim Form and have not assigned the claims with respect to those securities 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 purchases or sales of GTAT Securities 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, 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



PART VII - RELEASE OF CLAIMS AND SIGNATURE (CONTINUED)

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 (a) the claimant(s) is (are) exempt from backup withholding or (b) the claimant(s) has (have) not been notified by the IRS that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the claimant(s) that he/she/it is no longer subject to backup withholding. If the IRS has notified the claimant(s) that he/she/it is 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.

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

Date

Print claimant name here

Signature of joint claimant, if any

Date

Print joint claimant name here

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

Signature of person signing on behalf of claimant

Date

Print name of person signing on behalf of claimant here

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 paragraph 11 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 1-866-562-8790.**
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, please contact the Claims Administrator at the address below, by email at info@GTATSecuritiesLitigation.com, or by toll-free phone at 1-866-562-8790, or you may visit www.GTATSecuritiesLitigation.com. DO NOT call GTAT or any of 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 JULY 12, 2018**, ADDRESSED AS FOLLOWS:

GTAT Securities Litigation
c/o GCG
P.O. Box 10463
Dublin, OH 43017-4063

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before July 12, 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.