

**MUST BE
POSTMARKED
NO LATER THAN
MAY 18, 2017**

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
IN RE MOLYCORP, INC. SECURITIES LITIGATION
CASE NO. 13 Civ. 5697 (PAC)**

MOLY

INSTRUCTIONS FOR COMPLETEING THE PROOF OF CLAIM AND RELEASE

I. GENERAL INSTRUCTIONS

1. To recover as a member of the Settlement Class based on your claims in the action entitled *In re Molycorp, Inc. Securities Litigation*, 13 Civ. 5697 (the "Action"), you must complete and, on page 11 hereof, sign this Proof of Claim and Release Form (the "Claim Form"). If you fail to file a properly addressed Claim Form (as set forth in section 3 below), your Claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed Settlement of the Action.¹

2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement in the Action.

3. YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM POSTMARKED ON OR BEFORE MAY 18, 2017, ADDRESSED AS FOLLOWS:

In re Molycorp, Inc. Securities Litigation
Claims Administrator
c/o Angeion Group
1801 Market Street, Suite 660
Philadelphia, PA 19103
(855) 306-1914
www.MolycorpSecuritiesLitigation.com

If you are NOT a Member of the Settlement Class, as defined in the Notice of Settlement of Class Action and Settlement Fairness Hearing, and Motion for an Award of Attorneys' Fees and Reimbursement of Litigation Expenses (the "Notice"), DO NOT submit a Claim Form.

4. If you are a Member of the Settlement Class, you are bound by the terms of any judgment entered in the Action, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

II. DEFINITIONS

1. "Settling Defendants" means Constantine E. Karayannopoulos, Mark A. Smith, Michael F. Doolan, John L. Burba, and John F. Ashburn, Jr.

2. "Released Parties" and "Settled Claims" are defined below.

III. CLAIMANT IDENTIFICATION

1. If you purchased Molycorp, Inc. ("Molycorp") securities during the Class Period (February 21, 2012 through October 15, 2013, inclusive), and held the securities in your name, you are the beneficial purchaser, as well as the record purchaser. If, however, the Molycorp securities were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

2. In Section IV below, use Part I of the form entitled "Claimant Identification" to identify each purchaser of record, if different from the beneficial purchaser of the Molycorp securities that forms the basis of this Claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S), OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OF MOLYCORP SECURITIES UPON WHICH THIS CLAIM IS BASED, **NOT** THE RECORD PURCHASER.

3. All joint purchasers must sign this Claim Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this Claim Form on behalf of Persons represented by them and their authority must accompany this Claim Form and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the Claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

1. Otherwise undefined terms have the definitions provided in the Stipulation of Settlement, dated October 21, 2016 (the "Stipulation").

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IV. CLAIM FORM

1. Use Part II of this Claim Form, entitled “Schedule of Transactions in Molycorp Common Stock,” to supply all required details of your transaction(s) in Molycorp securities. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all of the requested information with respect to *all* of your purchases and *all* of your sales of Molycorp common stock that took place during the Class Period, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your Claim.

3. List each transaction in the Class Period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

4. The date of covering a “short sale” is deemed to be the date of purchase of Molycorp securities. The date of a “short sale” is deemed to be the date of sale of Molycorp securities.

5. Broker confirmations or other documentation of your transactions in Molycorp securities *must* be attached to your Claim. Do *not* send original documents, including security certificates. If you no longer have copies of your broker’s confirmations or statements, your broker may be able to get you copies. Failure to provide this documentation could delay verification of your Claim or result in rejection of your Claim.

6. The above requests are designed to provide the minimum amount of information necessary to process the most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses. In some cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Settlement Class with the information provided, the Claims Administrator may condition acceptance of the Claim upon the production of additional information and/or the hiring of an accounting expert at the Claimant’s cost.

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PROOF OF CLAIM AND RELEASE

Please Type or Print

PART I: CLAIMANT IDENTIFICATION

Beneficial Owner's Name (First, Middle, Last OR Name of Entity)

Please Provide Joint Owners Name, if Applicable (First, Middle, Last)

Street Address

City

State or Province

Zip Code or Postal Code

Country

Social Security Number or Taxpayer Identification Number

Individual

Corporation/Other

Telephone Number (work)

 - -

Telephone Number (home)

 - -

Record Owner's Name (if different from beneficial owner listed above)

PROCEED TO NEXT PAGE



PART II: SCHEDULE OF TRANSACTIONS IN MOLYCORP COMMON STOCK

A. BEGINNING HOLDINGS: Number of shares of Molycorp common stock held at the beginning of trading on February 21, 2012. If none, write "zero" or "0"; if other than zero, must be documented):

B. COMMON STOCK PURCHASES OR ACQUISITIONS: Purchases or acquisitions of Molycorp common stock during the period February 21, 2012 through January 13, 2014, inclusive (excluding short sales):²

Identify if shares acquired pursuant to: (1) sale of put options; (2) corporate merger or acquisition; (3) employee shares; (4) cover of short position; or (5) exercise of call option during Class Period³

	Trade Date (Mo. / Day / Year) List Chronologically	Number of Shares Purchased or Acquired	Purchase or Acquisition Price Per Share	Net Purchase or Acquisition Price (less commissions and fees)	
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. COMMON STOCK SALES: Sales from February 21, 2012 through January 13, 2014, inclusive (excluding short sales):

	Trade Date (Mo. / Day / Year) List Chronologically	Number of Shares Sold	Sales Price Per Share	Net Sale Price less commissions and fees)	Share Sold Short (Y/N)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D. Number of shares of Molycorp common stock held at close of trading on January 13, 2014: (If none write "zero" or "0"; if other than zero, must be documented):

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

2. Information requested with respect to your purchases of Molycorp securities from October 16, 2013 through and including January 13, 2014 is needed in order to balance your claim; purchases during this period, however, are not eligible for recovery under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

3. If you indicate that the purchase or sale was the result of the exercise or assignment of an options contract, you must provide documentation to support both the options purchase or sale and the exercise or assignment to purchase common stock.

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

MOLY

Reminder Checklist:

- Please sign the above release.
- Remember to attach supporting documentation, if available.
- Do not send original Molycorp securities certificates or originals of any supporting documents.
- Keep a copy of your Claim Form and all documentation submitted for your records.
- If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.

If you move, please send your new address to the Claims Administrator at the address below:

Email:

MolyCorp@AdministratorClassAction.com

OR

Mailing Address:

In re Molycorp, Inc. Securities Litigation
Claims Administrator
c/o Angeion Group
1801 Market Street, Suite 660
Philadelphia, PA 19103
(855) 306-1914
www.MolycorpSecuritiesLitigation.com

SUBSTITUTE FORM W-9

MOLY

Request for Taxpayer Identification Number (“TIN”) and Certification

PART I

Name: _____

Check appropriate box:

Individual/Sole Proprietor

Pension Plan

Corporation

Partnership

Trust

IRA

Other

Enter TIN on appropriate line.

- o For individuals, this is your Social Security Number (“SSN”).
- o For sole proprietors, you must show your individual name, but you may also enter your business or “doing business as” name. You may enter either your SSN or your Employer Identification Number (“EIN”).
- o For other entities, it is your EIN.

____-____-____-____-____-____
Social Security Number

OR

____-____-____-____-____-____
Employer Identification Number

PART II

For Payees Exempt from Backup Withholding

If you are exempt from backup withholding, enter your correct TIN in Part I and write “exempt” on the following line: _____

PART III

Certification

UNDER THE PENALTY OF PERJURY, I (WE) CERTIFY THAT:

1. The number shown on this form is my correct TIN; and
2. I (we) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(C) of the Internal Revenue Code because: (a) I am (we are) exempt from backup withholding; or (b) I (we) have not been notified by the Internal Revenue Service that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the Internal Revenue Service has notified me (us) that I am (we are) no longer subject to backup withholding.



NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you must cross out Item 2 above.

SEE ENCLOSED FORM W-9 INSTRUCTIONS

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____,
(Month/Year)

in _____,
(City) (State/Country)

(Sign your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor, or Administrator)