In re Conn's, Inc. Securities Litigation
c/o Epiq Global
P.O. Box 4087
Portland, OR 97208-4087
Toll-Free Number: (855) 804-8547
Email: info@ConnsSecuritiesLitigation.com
Settlement Website: www.ConnsSecuritiesLitigation.com

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 be a Class Member and complete and sign this Proof of Claim and Release Form ("Claim Form") and either mail it by First-Class Mail to the above address or submit it online at www.ConnsSecuritiesLitigation.com, **no later than November 10**, **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 Settlement.

Do not mail or deliver your Claim Form to the Court, the parties to the Action, or their counsel. Submit your Claim Form only to the Claims Administrator.

TABLE OF CONTENTS **PAGE #**

PART I – CLAIMANT INFORMATION **2**

PART II – GENERAL INSTRUCTIONS **3**

PART III – SCHEDULES OF TRANSACTIONS IN CONN'S PUBLICLY TRADED COMMON STOCK, CALL OPTIONS, AND PUT OPTIONS **5**

PART IV – RELEASE OF CLAIMS AND SIGNATURE **10**

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.

Beneficial Owner's First Name | MI | Beneficial Owner's Last Name

Co-Beneficial Owner's First Name | MI | Co-Beneficial Owner's Last Name

Entity Name (if Beneficial Owner is not an individual)

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

Address 1 (street name and number)

Address 2 (apartment, unit or box number)

City | State | ZIP Code

Foreign Country (only if not USA)

Last Four Digits of Social Security Number or Taxpayer Identification Number

Telephone Number (home) – – Telephone Number (work) – –

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.)

Account Number (where securities were traded)

Claimant Account Type (check appropriate box):

- ☐ Individual (includes joint owner accounts)
- ☐ Pension Plan
- ☐ Trust
- ☐ Corporation
- ☐ Estate
- ☐ IRA/401K
- ☐ Other _____ (please specify)

PART II – GENERAL INSTRUCTIONS

1. It is important that you completely read the Notice of Pendency of Class Action, Proposed Settlement, and Motion for Attorneys' Fees and Expenses (the "Notice") that accompanies this Claim Form, including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form.

2. If you are not a Class Member (*see* the definition of the Class on page 7 of the Notice), or if you, or someone acting on your behalf, submitted a request for exclusion, DO NOT SUBMIT A CLAIM FORM. **You may not participate in the Settlement if you are not a Class Member.** If you are not a Class Member, any Claim Form that is submitted for you will not be accepted.

3. **Submission of this Claim Form does not guarantee that you will receive a payment. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation approved by the Court.**

4. Use the Schedules of Transactions in Part III of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in and holdings of Conn's, Inc. ("Conn's") publicly traded common stock, call options, and put options. On these schedules, please provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales, whether such transactions resulted in a profit or a loss. **Failure to report all transaction and holding information during the requested time period may result in the rejection of your claim.**

5. **Please note:** Only Conn's publicly traded common stock and call options purchased or otherwise acquired, and put options sold or written, during the Class Period (i.e., from April 3, 2013 through December 9, 2014, inclusive) are eligible under the Settlement. However, under the "90-day look-back period" (described in the Plan of Allocation set forth in the Notice), your sales of Conn's publicly traded common stock and call options, and purchases of put options, during the period from December 11, 2014 through March 10, 2015, inclusive, will be used for purposes of calculating your claim under the Plan of Allocation. Therefore, in order for the Claims Administrator to be able to balance your claim, the requested purchase information during the 90-day look-back period must also be provided.

6. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of Conn's publicly traded common stock, call options, and put options set forth in the Schedules of Transactions in Part III 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 required transactional and holding information found in a broker confirmation slip or account statement. The parties and the Claims Administrator do not independently have information about your investments in Conn's common stock, call options, or put options. 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.

7. 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).

8. All joint beneficial owners must each sign this Claim Form and their names must appear in Part I of this Claim Form. If you purchased or otherwise acquired Conn's publicly traded common stock and/or call options, and/or sold/wrote Conn's put options, during the Class Period and held the shares in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to participate in the Settlement. If, however, you purchased or otherwise acquired Conn's publicly traded common stock and/or call options, and sold/wrote Conn's put options, during the relevant time period and the securities were registered in the name of a third party, such as a nominee or brokerage firm, you are still the beneficial owner of these shares, and the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be eligible to participate in the Settlement.

9. 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 Conn's common stock, call options, and/or call options; and

(c) furnish herewith evidence of their authority.

10. **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. If the 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.

11. 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.ConnsSecuritiesLitigation.com or you may email the Claims Administrator's electronic filing department at info@ConnsSecuritiesLitigation.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly 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 or processed 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 info@ConnsSecuritiesLitigation.com to inquire about your file and confirm it was received and acceptable.**

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 A POSTCARD WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL-FREE AT (855) 804-8547.

PART III – SCHEDULE OF TRANSACTIONS IN CONN'S PUBLICLY TRADED COMMON STOCK

1. HOLDINGS AS OF APRIL 3, 2013 – State the total number of shares of Conn's publicly traded common stock held as of the opening of trading on April 3, 2013. (Must be documented.) If none, write "zero" or "0."

2. PURCHASES/ACQUISITIONS FROM APRIL 3, 2013 THROUGH MARCH 10, 2015 – Separately list each and every purchase/acquisition (including free receipts) of Conn's publicly traded common stock from after the opening of trading on April 3, 2013 through and including the close of trading on March 10, 2015. (Must be documented.)[1]

Date of Purchase/Acquisition (List Chronologically) (MMDDYY)	Number of Shares Purchased/Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/Acquisition Price (excluding taxes, commissions, and fees)

3. SALES FROM APRIL 3, 2013 THROUGH MARCH 10, 2015 – Separately list each and every sale/disposition (including free deliveries) of Conn's publicly traded common stock from after the opening of trading on April 3, 2013 through and including the close of trading on March 10, 2015. (Must be documented.)

IF NONE, CHECK HERE ☐

Date of Sale (List Chronologically) (MMDDYY)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)

4. HOLDINGS AS OF MARCH 10, 2015 – State the total number of shares of Conn's publicly traded common stock held as of the close of trading on March 10, 2015. (Must be documented.) If none, write "zero" or "0."

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.

[1] **Please note:** Information requested with respect to your purchases/acquisitions of Conn's publicly traded common stock from after the opening of trading on December 11, 2014 through and including the close of trading on March 10, 2015 is needed in order to balance your claim; purchases during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

PART III – SCHEDULE OF TRANSACTIONS IN CONN'S CALL OPTIONS

1. HOLDINGS AS OF APRIL 3, 2013 – State the total number of Conn's call option contracts held as of the opening of trading on April 3, 2013. (Must be documented.) If none, write "zero" or "0."

IF NONE, CHECK HERE ☐

Strike Price of Call Option Contract	Expiration Date of Call Option Contract (MMDDYY)	Number of Call Option Contracts in Which You Had an Open Interest

2. PURCHASES/ACQUISITIONS FROM APRIL 3, 2013 THROUGH MARCH 10, 2015 – Separately list each and every purchase/acquisition (including free receipts) of Conn's call option contracts from after the opening of trading on April 3, 2013 through and including the close of trading on March 10, 2015. (Must be documented.)[2]

Date of Purchase (List Chronologically) (MMDDYY)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (MMDDYY)	Number of Call Option Contracts Purchased	Purchase Price Per Call Option Contract	Total Purchase Price (excluding taxes, commissions, and fees)	Insert an "E" if Exercised Insert an "X" if Expired	Exercise Date (MMDDYY)

[2] **Please note:** Information requested with respect to your purchases/acquisitions of Conn's call options from after the opening of trading on December 11, 2014 through and including the close of trading on March 10, 2015 is needed in order to balance your claim; purchases during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

3. SALES FROM APRIL 3, 2013 THROUGH MARCH 10, 2015 – Separately list each and every sale/disposition (including free deliveries) of Conn's call option contracts from after the opening of trading on April 3, 2013 through and including the close of trading on March 10, 2015. (Must be documented.)

IF NONE, CHECK HERE ☐

Date of Sale (List Chronologically) (MMDDYY)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (MMDDYY)	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Total Sale Price (excluding taxes, commissions, and fees)
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4. HOLDINGS AS OF MARCH 10, 2015 – State the total number of Conn's call option contracts held as of the close of trading on March 10, 2015. (Must be documented.) If none, write "zero" or "0."

IF NONE, CHECK HERE ☐

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

PART III – SCHEDULE OF TRANSACTIONS IN CONN'S PUT OPTIONS

1. HOLDINGS AS OF APRIL 3, 2013 – State the total number of Conn's put option contracts held as of the opening of trading on April 3, 2013. (Must be documented.) If none, write "zero" or "0."

IF NONE, CHECK HERE ☐

Strike Price of Put Option Contract	Expiration Date of Put Option Contract (MMDDYY)	Number of Put Option Contracts in Which You Had an Open Interest

2. SALES FROM APRIL 3, 2013 THROUGH MARCH 10, 2015 – Separately list each and every sale (including free receipts) of Conn's put option contracts from after the opening of trading on April 3, 2013 through and including the close of trading on March 10, 2015. (Must be documented.)[3]

Date of Sale (Writing) (List Chronologically) (MMDDYY)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (MMDDYY)	Number of Put Option Contracts Sold (Written)	Sale Price Per Put Option Contract	Total Sale Price (excluding taxes, commissions, and fees)	Insert an "E" if Exercised Insert an "X" if Expired	Exercise Date (MMDDYY)

[3] **Please note:** Information requested with respect to your sales of Conn's put options from after the opening of trading on December 11, 2014 through and including the close of trading on March 10, 2015 is needed in order to balance your claim; sales during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

3. PURCHASES FROM APRIL 3, 2013 THROUGH MARCH 10, 2015 – Separately list each and every purchase (including free deliveries) of Conn's put option contracts from after the opening of trading on April 3, 2013 through and including the close of trading on March 10, 2015. (Must be documented.)

IF NONE, CHECK HERE ☐

Date of Purchase (List Chronologically) (MMDDYY)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (MMDDYY)	Number of Put Option Contracts Purchased	Purchase Price Per Put Option Contract	Total Purchase Price (excluding taxes, commissions, and fees)
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4. HOLDINGS AS OF MARCH 10, 2015 – State the total number of Conn's put option contracts held as of the close of trading on March 10, 2015. (Must be documented.) If none, write "zero" or "0."

IF NONE, CHECK HERE ☐

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

PART IV – RELEASE OF CLAIMS AND SIGNATURE

YOU MUST SIGN ON THIS PAGE OF THE CLAIM FORM

I (we) hereby acknowledge that as of the Effective Date of the Settlement, pursuant to the terms set forth in the Stipulation, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, trustees, administrators, predecessors, successors, and assigns in their capacities as such, shall be deemed to have fully, finally, and forever waived, released, discharged, and dismissed each and every one of the Released Plaintiffs' Claims against each and every one of the Released Defendant Parties, and shall forever be barred and enjoined from commencing, instituting, prosecuting, or maintaining any and all of the Released Plaintiffs' Claims against any and all of the Released Defendant Parties.

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 the contents of the Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;

2. that the claimant(s) is a (are) Class Member(s), as defined in the Notice, and is (are) not excluded by definition from the Class as set forth in the Notice;

3. that the claimant has **not** submitted a request for exclusion from the Class;

4. that I (we) own(ed) the Conn's publicly traded common stock and/or call options and/or put options identified in the Claim Form and have not assigned the claim against any of the Defendants or any of the other Released Defendant Parties 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 of Conn's publicly traded common stock and/or call options and/or sales of Conn's put options and knows (know) of no other person having done so on the claimant's (claimants') behalf;

6. that I (we) agree to furnish such additional information with respect to this Claim Form as Class Counsel, the Claims Administrator, or the Court may require; and

7. 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.**

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 ___ – ___ – ___ (MM – DD – YY)

Print your name here _____

Signature of joint claimant, if any _____ Date ___ – ___ – ___ (MM – DD – YY)

Print your name here _____

If the claimant is an entity 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 ___ – ___ – ___ (MM – DD – YY)

Print your name 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 9 on page 4 of this Claim Form.)

_____

REMINDER CHECKLIST:

1. Please sign above. If this Claim Form is submitted on behalf of joint claimants, then both must sign.

2. Do not highlight any portion of the Claim Form or any supporting documents.

3. Attach only **copies** of supporting documentation. Do not send original security certificates or documentation. These items cannot be returned to you by the Claims Administrator.

4. Keep copies of the completed Claim Form and documentation for your own records.

5. 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 (855) 804-8547.**

6. If your address changes, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please 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@ConnsSecuritiesLitigation.com, toll-free at (855) 804-8547, or visit www.ConnsSecuritiesLitigation.com. Please DO NOT call Conn's or any of the other Defendants or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE **POSTMARKED OR SUBMITTED ONLINE NO LATER THAN NOVEMBER 10**, **2018**, AS FOLLOWS:

In re Conn's, Inc. Securities Litigation
c/o Epiq Global
P.O. Box 4087
Portland OR, 97208-4087

www.ConnsSecuritiesLitigation.com

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.