

PART II: SCHEDULE OF TRANSACTIONS

Use the following table to identify the Ticker for the Fund and Share Class you owned during the appropriate Recovery Period:

Ticker	Fund	Share Class	CUSIP	Recovery Period
OPCHX	Champion	A	683944102	January 28, 2008 through and including December 31, 2008
OCHBX	Champion	B	683944300	
OCHCX	Champion	C	683944201	
OCHNX	Champion	N	683944409	
OCHYX	Champion	Y	683944508	
OPIGX	Core	A	683969109	November 14, 2008 through and including December 31, 2008
OIGBX	Core	B	683969208	
OPBCX	Core	C	683969307	
OPBNX	Core	N	683969703	
OPBYX	Core	Y	683969604	

Beginning Holdings:

A. For shares held before the opening of trading on the first day of that Fund's Recovery Period, please provide the Ticker and the quantity of shares held (if none, leave blank). **For Eligible Champion Securities, this is the total shares held as of the opening of trading on January 28, 2008; for Eligible Core Securities, this is the total shares held as of the opening of trading on November 14, 2008:**

Ticker:	Quantity:
<input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="text"/>	<input type="text"/> . <input type="text"/>

Incoming Shares:

B. Purchases, shares purchased through the reinvestment of dividends, or other acquisitions, including by way of exchange, conversion or otherwise from the beginning of each Fund's Recovery Period through the end of trading on December 31, 2008. Please provide all data and list each trade separately:

Ticker	Trade Date (MMDDYY)	Number of Shares Purchased or Acquired	Purchase Price per Share*	Transaction Type (P/R/C)**
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>

*Excluding taxes, fees and commissions

** P=Purchase or Dividend Reinvestment, R=Receipt (transfer in), C=Share Class Conversion (incoming converted shares)

Outgoing Shares:

C. Sales, including by way of exchange, conversion or otherwise from the beginning of each Fund's Recovery Period through the end of trading on December 31, 2008. Please provide all data and list each trade separately:

Ticker	Trade Date (MMDDYY)	Number of Shares Sold or Delivered	Sale Price per Share*	Transaction Type (S/D/X)**
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/>

*Excluding taxes, fees and commissions

** S=Sale, D=Delivery (transfer out), X=Share Class Conversion (outgoing converted shares)

Unsold Shares:

D. For shares held as of the end of trading on December 31, 2008, please provide the Ticker and the quantity of shares held (if none, leave blank):

Ticker:	Quantity:
<input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/> • <input type="text"/>

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY AND CHECK THIS BOX:

PART III: CERTIFICATION

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am NOT:
 - a) A respondent named in this action (or any respondent's Affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities);
 - b) A defendant in any class action lawsuit related to the conduct in this action (or any of such defendant's Affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities), unless I have been found to be not liable in all such civil suits prior to the Claims Bar Date, and proof of the finding(s) is included in my timely filed Proof of Claim Form;
 - c) A Person who assigned their right to obtain a recovery in the Commission's action against OppenheimerFunds, Inc.; or
 - d) An assignee of another Person's right to obtain a recovery in the Commission's action against OppenheimerFunds, Inc., provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by inheritance or device;

e) The Fund Administrator in this matter, an employee of the Fund Administrator, or a person assisting the Fund Administrator in its role as the Fund Administrator, or a person or a person's employee who has been engaged to perform services pursuant to the Distribution Plan; and

- 2. I understand that the Fund Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Fund Administrator for those purposes;
- 3. I agree that under no circumstances shall the Fund Administrator or its agents incur any liability to me or to any other person if it makes a distribution in accordance with the list of all Eligible Claimants as approved by the Commission and that I am enjoined from taking any action in contravention of this provision;
- 4. If I am a custodian, trustee, or professional investing on behalf of and representing more than one claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management; and
- 5. I attest that:

- a). The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- b). I am not subject to backup withholding because: i) I am exempt from backup withholding; or ii) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends; or iii) the IRS has notified me that I am no longer subject to backup withholding. (NOTE: If you have been notified by the IRS that you are subject to backup withholding, you must cross out this item), and
- c). I am a U.S. citizen or other U.S. person, and
- d). The Foreign Account Tax Compliant Act ("FATCA") code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

I (We) 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. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the box above, which are required to avoid backup withholding.**

Executed this _____ day of _____, in _____, _____.

(Day) (Month / Year) (City) (State / Country)

Signature of Claimant

Date

MM	DD

 -

DD	YY

 -

YY	MM

Print Name of Claimant

Date

MM	DD

 -

DD	YY

 -

YY	MM

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

PROOF OF CLAIM FORM INSTRUCTIONS

- A. This Proof of Claim Form has been sent to you because you may be a Potentially Eligible Claimant in this matter. If you have not received a Notice of Eligibility then, in order to participate, you must complete and sign this Proof of Claim Form and provide supporting documents for any eligible transactions you claim. If you fail to file a properly addressed Proof of Claim Form and supporting documents, your claim may be rejected, and you may be determined to be ineligible for any payment in this matter.
- B. Submission of this Proof of Claim Form does not assure that you will share in the proceeds of the Distribution Fund created in this matter. Your share will depend on the number of Potentially Eligible Claimants filing eligible claims and will be subject to a \$20.00 Minimum Distribution Amount.
- C. **YOU MUST COMPLETE AND SUBMIT YOUR PROOF OF CLAIM FORM BY MAIL POSTMARKED ON OR BEFORE July 20, 2014, ADDRESSED TO THE FUND ADMINISTRATOR AS LISTED BELOW.**
- D. If you are NOT a Potentially Eligible Claimant, as defined in the Distribution Plan Notice, DO NOT submit a Proof of Claim Form.
- E. Use the section of this form entitled "Claimant Information" to identify each owner of record. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S), OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S) OF SHARES UPON WHICH THIS CLAIM IS BASED.**
- F. Use the section of this form entitled "Schedule of Transactions" to supply all required details of your transaction(s). 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.
- G. Complete a separate Proof of Claim Form for each account in which you qualify.
- H. Provide all of the requested information with respect to the eligible shares that you acquired at any time during the Recovery Period for the Fund(s) you owned, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.
- I. List each transaction in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.
- J. Documentation of your transactions must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.
- K. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Fund Administrator may request additional information as required to efficiently and reliably calculate your losses.

Proof of Claim Forms must be postmarked no later than July 20, 2014 and mailed to Oppenheimer Fair Fund, Fund Administrator, PO Box 3770, Portland, OR 97208-3770.

ATTENTION NOMINEES AND BROKERAGE FIRMS: If you are filing claim(s) electronically on behalf of beneficial owners, detailed instructions are available on the website at www.oppenheimerfairfunddistribution.com along with the formatted electronic filing template. You may also send an email to info@oppenheimerfairfunddistribution.com requesting this information.

Reminder Checklist

1. Sign the Certification section of the Proof of Claim Form on page 4.
2. Remember to attach supporting documentation.
3. Do not send original documents.
4. Keep a copy of your Proof of Claim Form and all documents submitted for your records.
5. If you desire an acknowledgment of receipt of your Proof of Claim Form, send your Proof of Claim Form by Certified Mail, Return Receipt Requested.
6. If you move, please send the Fund Administrator your new address.

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