Worldwide Energy & Manufacturing USA Inc. Securities Litigation Claims Administrator c/o Strategic Claims Services P.O. Box 230 600 N. Jackson Street, Ste. 3 Media, PA 19063

PROOF OF CLAIM AND RELEASE

Deadline for Submission: March 5, 2015

IF YOU BOUGHT SHARES OF WORLDWIDE ENERGY & MANUFACTURING USA, INC. ("WEMU") SOLD IN PRIVATE PLACEMENTS CLOSING ON JANUARY 26, 2010 AND FEBRUARY 9, 2010 (THE "PRIVATE PLACEMENTS"), YOU MAY BE A "CLASS MEMBER" AND MAY BE ENTITLED TO SHARE IN THE SETTLMENT PROCEEDS.

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE ("PROOF OF CLAIM") AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN MARCH 5, 2015 TO THE FOLLOWING ADDRESS:

Worldwide Energy & Manufacturing USA Inc. Securities Litigation
Claims Administrator
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Ste. 3
Media, PA 19063

YOUR FAILURE TO SUBMIT YOUR CLAIM BY MARCH 5, 2015 MAY SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

CLAIMANT'S STATEMENT

- 1. I (we) bought WEMU shares in the Private Placements. (Do not submit this Proof of Claim if you did not buy WEMU Stock during the Class Period).
- 2. By submitting this Proof of Claim, I (we) state that I (we) believe in good faith that I am (we are) a Class Member as defined above and in the Notice of Pendency and Proposed Settlement of Class Action (the "Notice"), or am (are) acting for such person(s); that I am (we are) not a Defendant in the Actions or anyone excluded from the Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund, as defined in the Notice; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion. (If you are acting in a representative capacity on

- behalf of a Class Member [e.g., as an executor, administrator, trustee, or other representative], you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)
- 3. I (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I (we) understand and agree that my (our) claim may be subject to investigation and discovery under the California Code of Civil Procedure, provided that such investigation and discovery shall be limited to my (our) status as a Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Litigation or Settlement in connection with processing of the Proof of Claim.
- 4. I (we) have set forth where requested below all relevant information with respect to each purchase I (we) have made of WEMU shares, and each sale, if any, of such securities. I (we) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.
- 5. I (we) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of WEMU shares listed below in support of my (our) claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)
- 6. I (we) understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your recognized claim. In some cases, the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives securities such as options.)
- 7. Upon the occurrence of the Court's approval of the Settlement, as detailed in the Notice, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a full and complete release, remise and discharge by me (us) and my (our) current and former heirs, executors, administrators, successors, attorneys, insurers and assigns, and any person they represent (or, if I am (we are) submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their executors, administrators, successors, attorneys, insurers and assigns, and any person they represent) of each of the "Released Parties," as defined in the Notice, of all claims that were alleged in the "Litigation," as defined in the Notice, could have been alleged in the Litigation based on or related to the allegations in the Litigation, or are otherwise in connection with my (our) having purchased, acquired, or owned WEMU Stock pursuant to the Private Placements, except that I (we) do not release the Released Parties from any claim or action to enforce the Settlement.
- 8. 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. All Claimants MUST submit a manually signed paper Proof of Claim form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-866-274-4004 or visit their website at www.strategicclaims.net to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

I. CLAIMANT INFORMATION

Name Address1 Address2 City, State Zip		incorre	re-printed information on the left is ct or out of date, please provide your name and address here:	
		City/St	ate/ZIP	
The Claims Administrator may have ac below:	lditional q	uestions, pleas	se provide your contact information	
Day Phone	Even	ing Phone		
Email				
Company/Trust/Other Entity (If Claimant Is Not an Individual)				
Contact Person (If Claimant Is Not an I	Individual)		
Account Number (If Claimant Is Not an Individual)				
Social Security Number (for individuals)			ication Number (for rporations, etc.)	
Check One				
Individual Pension Fund	Cor	poration	Trust	
Joint Owners	I	RA	Partnership	
Estate		Other (Please S	Specify)	
II. SCHEDULE OF TRANSACTIONS IN WEMU STOCK				
Beginning Holdings:A. State the total number of shares of WEMU held prior to the Private Placements at the close of trading on January 25, 2010:				
	Doc	eck Here If cumentation cnclosed		

Purchases:

B. The following is the list of WEMU shares purchased by you in the Private Placements:

Trade Date	Number of	Check Here If
(List	Shares	Documentation
Chronologically)	Purchased	Is Enclosed
(Month/Day/Year)		
1/26/2010		
2/9/2010		

2/9/2010				
Please select one of	the following boxe	es:		
I agree with the purchase information listed above.				
I disagree with the purchase information listed above.				
If you believe the purchase information is incorrect, please provide us with documentation that details your purchases during the Private Placements.				
Sales:C. Separately list each and every sale of WEMU shares after the Private Placements, whether on the open market or not, and provide the following information:				
Trade Date (List Chronologically)	Number of Shares Sold	Price Per Share	Check Here If Documentation Is Enclosed	
(Month/Day/Year))			
				-
				-
				J
Ending Holdings:D. State the total number of shares of WEMU owned at the close of trading on December 10, 2014, long or short:				
		Check Here Documentat		
Is Enclosed				

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.

III. Substitute Form W-9

Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

Social Security Number (for individuals)	or	Taxpayer Identification Number (for estates, trusts, corporations, etc.)

IV. Certification

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 I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT AND COMPLETE.

		Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign)
		(Signature)
		(Signature)
		(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)
		Check here if proof of authority to file is enclosed. (See Item 2 on Page 2 for instructions)
Date:	_	

THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN MARCH 5, 2015 AND MUST BE MAILED TO:

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Claims Administrator
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P.O. Box 230
600 N. Jackson Street, Ste 3
Media, PA 19063

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by March 5, 2015 and if a postmark is indicated on the envelope and it is mailed first class and addressed in accordance with the above instructions. In all other cases, a Proof of Claim 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 process fully all of the Proofs of Claim and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim. Please notify the Claims Administrator of any change of address.

REMINDER CHECKLIST

- o Please be sure to sign this Proof of Claim above. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
- o Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- o If you desire an acknowledgment of receipt of your claim form, please send it Certified Mail, Return Receipt requested.
- o Do NOT use highlighter on the Proof of Claim or any supporting documents.
- o If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.
- These forms and your supporting documentation must be *postmarked* no later than March 5, 2015.