

Allergan Generic Drug Pricing Securities Litigation
c/o A.B. Data, Ltd.
P.O. Box 173016
Milwaukee, WI 53217

Toll-Free Number: 1-877-777-9328
Email: info@AllerganDrugPricingSecuritiesLitigation.com
Website: www.AllerganDrugPricingSecuritiesLitigation.com

PROOF OF CLAIM AND RELEASE FORM

To be eligible to receive a share of the Net Settlement Fund in connection with the proposed Settlement, you must complete and sign this Proof of Claim and Release Form (“Claim Form”) and mail it by First-Class mail to the above address, or submit it online at www.AllerganDrugPricingSecuritiesLitigation.com, **postmarked (or received) no later than December 27, 2021.**

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 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 at the address set forth above, or online at www.AllerganDrugPricingSecuritiesLitigation.com.

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PART I – GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Settlement Hearing; and (III) Motion for an Award of Attorneys' Fees and Litigation Expenses ("Notice") that accompanies this Claim Form, including the proposed Plan of Allocation set forth in Appendix A to the Notice ("Plan of Allocation"). The Notice describes the proposed Settlement, how Settlement Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement 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. This Claim Form is directed to all persons and entities who purchased or otherwise acquired Allergan plc (before June 15, 2015, known as Actavis plc) ("Allergan") common and/or preferred stock between October 29, 2013 and November 2, 2016, both dates inclusive, and were damaged thereby (the "Settlement Class"). The Settlement Class includes: (i) all persons and entities who, in connection with the merger between Actavis plc and Forest Laboratories, Inc. ("Forest Merger"), held Forest Laboratories, Inc. common stock as of May 2, 2014, and were entitled to vote on the Forest Merger, and acquired shares of Allergan (then known as Actavis plc) common stock in the Forest Merger and were damaged thereby; and (ii) all persons and entities who, in connection with the merger between Actavis plc and Allergan, Inc. ("Actavis Merger"), held Allergan, Inc. common stock as of January 22, 2015, and were entitled to vote on the Actavis Merger, and acquired shares of Allergan (then known as Actavis plc) common stock in the Actavis Merger and were damaged thereby. Certain persons and entities are excluded from the Settlement Class by definition as set forth in ¶ 26 of the Notice.

3. By submitting this Claim Form, you are making a request to share in the proceeds of the Settlement described in the Notice. **IF YOU ARE NOT A SETTLEMENT CLASS MEMBER (see definition of Settlement Class contained in ¶ 26 of the Notice), OR IF YOU SUBMITTED A REQUEST FOR EXCLUSION FROM THE SETTLEMENT CLASS, DO NOT SUBMIT A CLAIM FORM AS YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT. THUS, IF YOU ARE EXCLUDED FROM THE SETTLEMENT CLASS, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.**

4. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in Appendix A to the Notice, 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 Part III and Part IV of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in and holdings of Actavis plc/Allergan plc common and preferred stock. On these schedules, please provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of Actavis plc/Allergan plc common and preferred stock, 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. **Please note:** Only Actavis plc and Allergan plc common and preferred stock purchased or otherwise acquired during the Class Period (*i.e.*, between October 29, 2013 and November 2, 2016, both dates inclusive) are eligible under the Settlement. However, pursuant to the "90-day Look-Back Period" (described in the Plan of Allocation set forth in Appendix A to the Notice), your sales of Allergan plc common and/or preferred stock during the period from November 3, 2016 through and including the close of trading on January 31, 2017 will be used for purposes of calculating loss amounts under the Plan of Allocation. Therefore, in order for the Claims Administrator to be able to balance your claim, the requested purchase/acquisition information during the 90-day Look-Back Period must also be provided. **Failure to report all transaction and holding information during the requested time periods may result in the rejection of your claim.**

7. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of Actavis plc/Allergan plc common and preferred stock set forth in the Schedules of Transactions in Part III and Part IV 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 Parties and the Claims Administrator do not independently have information about your investments in Actavis plc/Allergan plc common and preferred stock. **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.**

8. All joint beneficial owners must sign this Claim Form and their names must appear as "Claimants" in Part II of this Claim Form. The complete name(s) of the beneficial owner(s) must be entered. If you purchased or otherwise acquired Actavis plc/Allergan plc common and/or preferred stock during the Class Period and held the shares in your name, you are the beneficial owner as well as the record owner. If you purchased or otherwise acquired Actavis plc/Allergan plc common and/or preferred stock during the Class Period and the shares were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these shares, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form.

9. **One Claim should be submitted for each separate legal entity or separately managed account.** Separate Claim Forms should be submitted for each separate legal entity (e.g., an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Generally, a single Claim Form should be submitted on behalf of one legal entity including all holdings and transactions made by that entity on one Claim Form. However, if a single person or legal entity had multiple accounts that were separately managed, separate Claims may be submitted for each such account. The Claims Administrator reserves the right to request information on all the holdings and transactions in Actavis plc/Allergan plc common and preferred stock made on behalf of a single beneficial owner.

10. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons and entities represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, last four digits of the 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 Actavis plc/Allergan plc common and/or preferred stock; 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 or entity's account(s).)

11. 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.

12. If the Court approves the Settlement, 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.

13. **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.

14. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or a copy of the Notice, you may contact the Claims Administrator, A.B. Data, Ltd., at the above address, by email at info@AllerganDrugPricingSecuritiesLitigation.com, or by toll-free phone at 1-877-777-9328, or you can visit the website for the Settlement maintained by the Claims Administrator, www.AllerganDrugPricingSecuritiesLitigation.com, where copies of the Claim Form and Notice are available for downloading.

15. **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 website for the Settlement, www.AllerganDrugPricingSecuritiesLitigation.com, or you may email the Claims Administrator's electronic filing department at info@AllerganDrugPricingSecuritiesLitigation.com. **Any file that is not submitted 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 you 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 info@AllerganDrugPricingSecuritiesLitigation.com to inquire about your file and confirm it was received.**

IMPORTANT PLEASE NOTE:

YOUR CLAIM IS NOT DEEMED SUBMITTED 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 1-877-777-9328.

PART III – SCHEDULE OF TRANSACTIONS IN ACTAVIS PLC AND ALLERGAN PLC COMMON STOCK

Complete this Part III if and only if, during the period between October 29, 2013 and November 2, 2016, both dates inclusive, you purchased or otherwise acquired Actavis plc and/or Allergan plc common stock. Before June 15, 2015, the eligible security was known as Actavis plc common stock (CUSIP: G0083B108; NYSE: ACT), and on or after June 15, 2015, the eligible security was known as Allergan plc common stock (CUSIP: G0177J108; NYSE: AGN). Please be sure to include proper supporting documentation with your Claim Form as described in detail in Part I – General Instructions, ¶ 7, above. Do not include information regarding securities other than Actavis plc or Allergan plc common stock. **Information regarding Actavis plc and Allergan plc preferred stock should be entered in PART IV of this Claim Form.**

1. HOLDINGS AS OF OCTOBER 29, 2013 – State the total number of shares of Actavis plc common stock held as of the opening of trading on October 29, 2013. (Must be documented.) If none, write “zero” or “0.” <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Confirm Proof of Holding Position Enclosed <input type="checkbox"/>
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2. PURCHASES/ACQUISITIONS FROM OCTOBER 29, 2013 THROUGH NOVEMBER 2, 2016, INCLUSIVE – Separately list each and every purchase/acquisition (including free receipts) of Actavis plc or Allergan plc common stock from after the opening of trading on October 29, 2013 through and including the close of trading on November 2, 2016. (Must be documented.)

Date of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Check box if shares were acquired in Forest Merger	Check box if shares were acquired in Actavis Merger	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)	Confirm Proof of Purchases/ Acquisitions Enclosed
/ /		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>
/ /		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>
/ /		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>
/ /		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>
/ /		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>

3. PURCHASES/ACQUISITIONS FROM NOVEMBER 3, 2016 THROUGH JANUARY 31, 2017, INCLUSIVE – State the total number of shares of Allergan plc common stock purchased/acquired (including free receipts) from after the opening of trading on November 3, 2016 through and including the close of trading on January 31, 2017. (Must be documented.) If none, write “zero” or “0.”²

4. SALES FROM OCTOBER 29, 2013 THROUGH JANUARY 31, 2017, INCLUSIVE – Separately list each and every sale/disposition (including free deliveries) of Actavis plc or Allergan plc common stock from after the opening of trading on October 29, 2013 through and including the close of trading on January 31, 2017. (Must be documented.)	IF NONE, CHECK HERE <input type="checkbox"/>
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Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting taxes, commissions, and fees)	Confirm Proof of Sales Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>

² **Please note:** Information requested with respect to your purchases/acquisitions of Allergan plc common stock from after the opening of trading on November 3, 2016 through and including the close of trading on January 31, 2017 is needed in order to perform the necessary calculations for 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.

5. HOLDINGS AS OF JANUARY 31, 2017 – State the total number of shares of Allergan plc common stock held as of the close of trading on January 31, 2017. (Must be documented.) If none, write “zero” or “0.”

Confirm Proof of
Holding Position
Enclosed

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 ACTAVIS PLC AND ALLERGAN PLC PREFERRED STOCK

Complete this Part IV if and only if, during the period between February 25, 2015 and November 2, 2016, both dates inclusive, you purchased or otherwise acquired Actavis plc and/or Allergan plc preferred stock. Before June 15, 2015, the eligible security was known as Actavis plc preferred stock (CUSIP: G0083B116; NYSE: ACT.PRA), and on or after June 15, 2015, the eligible security was known as Allergan plc preferred stock (CUSIP: G0177J116; NYSE: AGN.PRA). Please be sure to include proper supporting documentation with your Claim Form as described in detail in Part I – General Instructions, ¶ 7, above. Do not include information regarding securities other than Actavis plc or Allergan plc preferred stock. **Information regarding Actavis plc and Allergan plc common stock should be entered in PART III of this Claim Form.**

1. PURCHASES/ACQUISITIONS FROM FEBRUARY 25, 2015 THROUGH NOVEMBER 2, 2016, INCLUSIVE – Separately list each and every purchase/acquisition (including free receipts) of Actavis plc or Allergan plc preferred stock from after the opening of trading on February 25, 2015 through and including the close of trading on November 2, 2016. (Must be documented.)

Date of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)	Confirm Proof of Purchases/ Acquisitions Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>

2. PURCHASES/ACQUISITIONS FROM NOVEMBER 3, 2016 THROUGH JANUARY 31, 2017, INCLUSIVE – State the total number of shares of Allergan plc preferred stock purchased/acquired (including free receipts) from after the opening of trading on November 3, 2016 through and including the close of trading on January 31, 2017. (Must be documented.) If none, write “zero” or “0.”³

3. SALES FROM FEBRUARY 25, 2015 THROUGH JANUARY 31, 2017, INCLUSIVE – Separately list each and every sale/disposition (including free deliveries) of Actavis plc or Allergan plc preferred stock from after the opening of trading on February 25, 2015 through and including the close of trading on January 31, 2017. (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 (not deducting taxes, commissions, and fees)	Confirm Proof of Sales Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>

³ **Please note:** Information requested with respect to your purchases/acquisitions of Allergan plc preferred stock from after the opening of trading on November 3, 2016 through and including the close of trading on January 31, 2017 is needed in order to perform the necessary calculations for 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.

4. HOLDINGS AS OF JANUARY 31, 2017 – State the total number of shares of Allergan plc preferred stock held as of the close of trading on January 31, 2017. (Must be documented.) If none, write “zero” or “0.”

Confirm Proof of Holding Position Enclosed

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 V - RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 10 OF THIS CLAIM FORM.

I (we) hereby acknowledge that, pursuant to the terms set forth in the Stipulation, without further action by anyone, upon the Effective Date of the 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 shall have, fully, finally, and forever compromised, settled, released, resolved, relinquished, waived, and discharged any and all Released Plaintiffs' Claims against Defendants and the other Defendants' Releasees, and shall forever be barred and enjoined from prosecuting any and all Released Plaintiffs' Claims against any of the Defendants' Releasees.

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 Settlement and the terms of the Plan of Allocation;
2. that the claimant(s) is a (are) member(s) of the Settlement Class, as defined in the Notice, and is (are) not excluded by definition from the Settlement Class as set forth in the Notice;
3. that the claimant(s) has (have) **not** submitted a request for exclusion from the Settlement Class;
4. that I (we) own(ed) the Actavis plc common and/or preferred stock or Allergan plc common and/or preferred stock identified in the Claim Form and have not assigned the claim against Defendants or any of the other Defendants' Releasees 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/acquisitions of Actavis plc common and/or preferred stock or Allergan plc common and/or preferred stock 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 the 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
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/they is (are) 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/they is (are) no longer subject to backup withholding. **If the IRS has notified the claimant(s) that he/she/it/they is (are) 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* ¶ 10 on page 3 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 any supporting 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 submitted 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 1-877-777-9328.**
6. If your address changes in the future, 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@AllerganDrugPricingSecuritiesLitigation.com, or by toll-free phone at 1-877-777-9328 or you may visit www.AllerganDrugPricingSecuritiesLitigation.com. DO NOT call the Court, Defendants, or Defendants' Counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, OR SUBMITTED ONLINE AT WWW.ALLERGANDRUGPRICINGSECURITIESLITIGATION.COM, **POSTMARKED (OR RECEIVED) NO LATER THAN DECEMBER 27, 2021**. IF MAILED, THE CLAIM FORM SHOULD BE ADDRESSED AS FOLLOWS:

Allergan Generic Drug Pricing Securities Litigation
c/o A.B. Data, Ltd.
P.O. Box 173016
Milwaukee, WI 53217

If mailed, a Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before December 27, 2021, 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.