

PROOF OF CLAIM

Atonomi Securities Settlement
c/o JND Legal Administration
PO Box 91408
Seattle, WA 98111
Toll-Free Number: 877-917-0080
Email: info@AtonomiSecuritiesClass.com
Website: www.AtonomiSecuritiesClass.com

TO BE ELIGIBLE TO RECEIVE A SHARE OF THE SETTLEMENT, YOU MUST EITHER (A) MAIL A COMPLETED AND SIGNED PROOF OF CLAIM FORM TO THE ABOVE-ADDRESS VIA PREPAID, FIRST CLASS MAIL, **POSTMARKED BEFORE MAY 15, 2024** OR (B) COMPLETE AND SUBMIT THE PROOF OF CLAIM THROUGH THE SETTLEMENT WEBSITE, **WWW.ATONOMISECURITEISCLASS.COM, BEFORE MAY 15, 2024.**

FAILURE TO MAIL OR SUBMIT YOUR CLAIM FORM BY THE DATE SPECIFIED WILL SUBJECT YOUR CLAIM TO REJECTION AND MAY PRECLUDE YOU FROM BEING ELIGIBLE TO RECEIVE 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 SETTLEMENT ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE OR THROUGH THE WEBSITE AT WWW.ATONOMISECURITIESCLASS.COM.**

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I. GENERAL INFORMATION

1. All the details about the proposed Settlement are available at **WWW.ATONOMISECURITIESCLASS.COM**. The Settlement Website also explains how your share of the Net Settlement Fund will be calculated and distributed if the Settlement is approved by the Court.

2. **Only submit this form if you are a Settlement Class Member.** By submitting this Claim Form, you will be making a request to share in the proceeds of the Settlement. **IF YOU ARE NOT A SETTLEMENT CLASS MEMBER, OR IF YOU SUBMITTED A REQUEST TO BE EXCLUDED, DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A SETTLEMENT CLASS MEMBER.**

3. 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, or another plan of allocation the Court might approve.

4. **Use Part III of this form to set forth your transactions related to your purchase and sale of ATMI tokens received directly from Atonomi. Provide all requested information with respect to your holdings and transactions of ATMI. Failure to report all transaction and holding information may result in the rejection of your claim.**

5. **You are required to submit genuine and best available documentation for all your transactions in and holdings of ATMI in Part III of this Claim Form.** The Parties and the Administrator do not independently have information about your interests in ATMI. **PLEASE OBTAIN COPIES OR EQUIVALENT DOCUMENTS FROM YOUR EXCHANGES. FAILURE TO SUPPLY 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 Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.

6. 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). 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 or transactions that entity has.

7. 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 ATMI tokens; and
- (c) furnish evidence of their authority to bind the person or entity on whose behalf they are acting.

8. If the Court approves the Settlement, payments 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.

9. **PLEASE NOTE:** Each Settlement Class Member who properly and timely submits this Claim Form shall receive their *pro rata* share of the Net Settlement Fund. If the prorated payment calculates to less than \$10.00, it will not be included and no distribution will be made.

10. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Settlement Administrator, JND Legal Administration, at the above address, by email at info@AtonomiSecuritiesClass.com, by toll-free phone at 877-917-0080, or you can visit the Settlement website, www.AtonomiSecuritiesClass.com, where copies of the Claim Form and Notice are available for downloading.

IMPORTANT: PLEASE NOTE

YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT EMAIL. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY EMAIL, WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT (877) 917-0080.

The Claims Administrator will use this information for all communications regarding this Claim Form. If the information changes, you **MUST** notify the Claims Administrator at the address above.

II. CLAIMANT IDENTIFICATION

PLEASE COMPLETE THIS PART II IN ITS ENTIRETY. 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 OR YOUR PORTION OF THE NET SETTLEMENT FUND MAY NEVER REACH YOU.

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)

Owner(s) (listed above) Address 1 (street name and number)

Address 2 (apartment, unit or box number)

City

State

ZIP Code

Country

Last four digits of Social Security Number or Taxpayer Identification Number (if US resident)

Primary Phone Number

Alternate Phone Number

Email Address

Claimant Account Type

Individual(s)

Other (please specify): _____

Corporation

Payment Election Form

A. Payment by Check

Complete this section if you want to receive any potential payment via Check.

| | | | | |
|--|--------|-------|-----|---------|
| Name and Address to Appear on Checks: | Name | | | |
| | Street | | | |
| | City | State | Zip | Country |

B. Payment by Wire Transfer

Complete this section if you want to receive any potential payment via Wire transfer.

| | |
|---|--|
| Bank Name to Which Wires Are to be Sent: | |
| Bank Telephone Number: | |
| Bank ABA Wire Transfer Number: | |
| Account Name: | |
| Account Number: | |
| Beneficiary Address: | |
| IBAN: | |
| SWIFT Code: | |
| For Further Credit (if any): | |
| Intermediary Bank (if any): | |
| Intermediary Bank ABA Wire Transfer Number or SWIFT Code | |

C. Payment by PayPal

Complete this section if you want to receive any potential payment via PayPal transfer.

| | |
|-------------------------------------|------------------------------|
| PayPal Customer Information: | Recipient ID (Email Address) |
|-------------------------------------|------------------------------|

III. ATMI TRANSACTIONS

Complete this section if you 1) purchased ATMI tokens via a Simple Agreement for Future Tokens (SAFT) with ATONOMI in 2018.

During the Claims Process, the Administrator may e-mail you with instructions to confirm your ownership of the ETH address which made the transfer.

By submitting this Proof of Claim, you consent to the Claims Administrator sharing the information for purposes of validating your claim. You also consent to the Settling Defendants sharing information they may have concerning your contribution and/or ATMI account with the Administrator.

STEP 1A (SAFT INVESTORS ONLY):

PLEASE COMPLETE THE FOLLOWING FOR ALL ATMI TOKENS PURCHASED VIA SAFT IN 2018 USING INFORMATION FROM THE INTRODUCTORY PARAGRAPH OF YOUR SAFT(S):

| | | | |
|--|--|--|--|
| Purchaser | | | |
| ETH "Purchase Amount" | | Date of Contribution | |
| Purchase Amount in US\$ "for purposes of Section 3" (SEE YOUR SAFT) | | | |
| Address from Which ETH was Contributed | | | |
| ETH address for receipt of ATMI (if different) | | | |
| Amount of ATMI Allocated | | Do you Have Access to the Address from which ETH was Contributed? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | | |
|--|--|-----------------------------|--|
| Purchaser | | | |
| ETH "Purchase Amount" | | Date of Contribution | |
| Purchase Amount in US\$ "for purposes of Section 3" (SEE YOUR SAFT) | | | |
| Address from Which ETH was Contributed | | | |

| | | | |
|--|--|---|--|
| ETH address for receipt of ATMI (if different) | | | |
| Amount of ATMI Allocated | | Do you Have Access to the Address from which ETH was Contributed? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

STEP 2.

INDICATE HOW MANY ATMI FROM THE TOKEN SALE ARE IN THE FOLLOWING CATEGORIES:

| | |
|---|--|
| ATMI you sold before midnight PST on 4/16/ 2019 (If greater than 0, please fill out Step 3) | |
|---|--|

| | |
|--|--|
| ATMI you continued to hold as of midnight PST on 4/16/2019 (If greater than 0, enter the number of ATMI tokens held) | |
|--|--|

THE TOTAL ATMI ABOVE SHOULD EQUAL THE TOTAL ATMI DESCRIBED IN STEP 1. PROVIDE SUPPORTING DOCUMENTATION OR WALLET ADDRESS INFORMATION

STEP 3.

PLEASE PROVIDE INFORMATION INDICATING THE DATE YOU SOLD ATMI AND DOCUMENTATON OF EACH SALE OR TRANSACTION

| Date (Month/Day/Year) | Number of ATMI Sold | Currency Received (BTC, ETC, USD, other) | Total Currency Received |
|-----------------------|---------------------|--|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

IV. CERTIFICATION AND SIGNATURE

CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) certifies (certify) as follows:

1. that the claimant(s) is a (are) Settlement Class Member(s);
2. that I (we) have read and understand the contents of this Claim Form and the Notice summarizing the Settlement.
3. that the claimant has **not** submitted a request for exclusion from being a Settlement Class Member;
4. that I (we) own(ed) the ATMI tokens identified in the Claim Form and have not assigned the claim against any of the Settling Defendants 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 ATMI allocations 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 claimant's claim;
7. that I (we) agree to furnish such additional information with respect to this Claim Form as Class Counsel, the Administrator or the Court may require;
8. 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.**

Signature of Claimant

Date

Print Claimant Name Here

Signature of Joint Claimant (if any)

Date

Print Name of Joint Claimant

If the claimant is other than an individual, or is not the person completing this form, the following must also be provided:

Signature of person signing on behalf of Claimant

Date

Print name of person signing on behalf of Claimant

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.)

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before May 15, 2024, 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 Administrator.

You should be aware that it will take a significant amount of time to fully process all Claim Forms. Please be patient and notify the Administrator of any change of address.