

Longfin Fair Fund
Distribution Agent
P.O. Box 6006
Portland, OR 97228-6006

Website: www.LongfinFairFund.com
Email: info@LongfinFairFund.com
Telephone: (855) 917-3464

CLAIM FORM

This claim is being solicited pursuant to a Distribution Plan approved by the United States District Court for the Southern District of New York (the “Plan”) in the action entitled *SEC v. Longfin Corp., et al.*, 18-cv-2977-DLC (S.D.N.Y.). You can obtain a copy of the Plan at www.LongfinFairFund.com, by emailing info@LongfinFairFund.com, or by calling the Distribution Agent at (855) 917-3464. Claims may be made by individuals and entities, or their lawful successors, who purchased Longfin Class A common stock, traded on the NASDAQ under the trading symbol LFIN (“Security”) during the period June 16, 2017, through April 6, 2018, inclusive (“Recovery Period”) and who are not Excluded Parties, as defined in the Plan, paragraph 5.j.

Any and all claims must be asserted via this Claim Form. Any prior or alternative communications with the Court, the Securities and Exchange Commission (the “SEC”), the Distribution Agent, or any other person or entity, do not constitute a claim.

YOU MUST COMPLETE AND MAIL THIS CLAIM FORM POSTMARKED OR, IF NOT SENT BY U.S. MAIL, RECEIVED BY DECEMBER 14, 2020, TO BE CONSIDERED FOR ELIGIBILITY TO SHARE IN THE LONGFIN FAIR FUND.

<u>TABLE OF CONTENTS</u>	<u>PAGE NO.</u>
PART I - CLAIMANT INFORMATION	2
PART II - SCHEDULE OF TRANSACTIONS IN LONGFIN COMMON STOCK.....	3
A. BEGINNING HOLDINGS OF LFIN COMMON STOCK	3
B. INCOMING SHARES OF LFIN COMMON STOCK.....	3
C. OUTGOING SHARES OF LFIN COMMON STOCK.....	3
D. UNSOLD SHARES OF LFIN COMMON STOCK.....	3
PART III - CERTIFICATION AND SIGNATURE	4
PART IV - INSTRUCTIONS FOR FILING CLAIM FORM.....	6
REMINDER CHECKLIST	6

PART I: CLAIMANT INFORMATION

Beneficial Owner's First Name	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Beneficial Owner's First Name	MI	Co-Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if claimant is not an individual)

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

Address (street name and number)

Address (apartment, unit, or box number)

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country (if not U.S.)

Social Security Number	OR	Taxpayer Identification Number
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/>

Telephone Number (home)	Telephone Number (work)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Exemption Codes (See Instructions to IRS Form W-9 available at www.irs.gov/forms-instructions):

Exemption from FATCA reporting code (if any): Exempt Payee Code (if any):

Email Address

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

Claimant Account Type (check appropriate box):

- | | | |
|--|--|--|
| <input type="checkbox"/> Individual (includes joint owner accounts) | <input type="checkbox"/> C Corporation | <input type="checkbox"/> S Corporation |
| <input type="checkbox"/> Trust/Estate | <input type="checkbox"/> Partnership | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Other _____ (please specify) | | |
| <input type="checkbox"/> Limited Liability Company – choose tax classification | | |
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> S Corporation | <input type="checkbox"/> Partnership |

PART II: SCHEDULE OF TRANSACTIONS IN LONGFIN

Beginning Holdings:

A. List the number of LFIN shares held at the opening of trading on **June 16, 2017**. If none, write "0" or "Zero".

										•		
--	--	--	--	--	--	--	--	--	--	---	--	--

Incoming Shares:

B. List (in chronological order) all purchases, receipts, or transactions that increased your holdings of LFIN shares from the opening of trading on June 16, 2017, through the close of trading on April 6, 2018. Please provide all data and list each trade separately (must be documented).

Trade Date (MMDDYY)	Number of Shares Purchased or Acquired	Purchase Price per Share	Total Purchase Price*	Transaction Type (P/R)**

* Excluding taxes, fees, and commissions
 ** P=Purchase, R=Receipt (transfer in)

Outgoing Shares:

C. List (in chronological order) all sales, deliveries, or transactions that decreased your holdings of LFIN shares from the opening of trading on June 16, 2017, through the close of trading on April 6, 2018. Please provide all data and list each trade separately (must be documented).

Trade Date (MMDDYY)	Number of Shares Sold or Delivered	Sale Price per Share	Total Sale Price*	Transaction Type (S/D)**

* Excluding taxes, fees, and commissions
 ** S=Sale, D=Delivery (transfer out)

Unsold Shares:

D. List the number of LFIN shares held at the close of trading on **April 6, 2018**. If none, write "0" or "Zero" (must be documented).

										•		
--	--	--	--	--	--	--	--	--	--	---	--	--

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:

I. I am NOT an Excluded Party. “Excluded Parties” shall mean the following entities of individuals:

- i) Any director or officer, past or present, of Longfin or any of their past or present advisers, agents, affiliate (or any of the nominees, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities of the foregoing) who served in such capacity during the Recovery Period;
- ii) The defendants in the captioned action and in *SEC v. Longfin Corp., et al.*, 19-CV-5296 (DLC) (S.D.N.Y.) (or any of such defendant’s advisers, agents, affiliates, nominees, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities);
- iii) The Distribution Agent, its employees, and those persons assisting the Distribution Agent in its role as the Distribution Agent; and
- iv) Any purchaser or assignee of another Person’s purported right to obtain a recovery from the Fair Fund for value; provided, however, that this provision shall not be construed to exclude Third-Party Filers or those Persons who obtained such a right by gift, inheritance, devise or operation of law.

II. I understand that the Distribution Agent may require additional information from me in order to validate or pay my claim, and I agree that I must provide any information requested by the Distribution Agent for those purposes in order to be considered for eligibility for a distribution.

III. I agree that under no circumstances shall the Distribution Agent or its agents incur any liability to me or to any other Person if it makes a distribution in accordance with the Plan and that I am enjoined from taking any action in contravention of this provision.

IV. 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.

V. Under penalties of perjury, I certify that:

<p>(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);</p> <p>(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);</p> <p>(c) I am a U.S. citizen or other U.S. Person (including a U.S. resident alien); and</p> <p>(d) The Foreign Account Tax Compliance Act (“FATCA”) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</p>

Note: If you are not a U.S. citizen or other U.S. Person, you should cross out the box under line 5, above, and instead complete and submit IRS Form W-8BEN, W-8BEN-E, W-8ECI, or W-8IMY. You may download these forms from the IRS website: www.irs.gov/forms-instructions.

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.

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Executed this _____ day of _____, in _____, _____.
(Day) (Month/Year) (City) (State/Country)

Signature of Claimant

Date: - -
MM DD YYYY

Print Name of Claimant

Signature of Joint Claimant, if any

Date: - -
MM DD YYYY

Print Name of Joint Claimant, if any

PART IV: CLAIM FORM INSTRUCTIONS

- A. This Claim Form has been sent to you because you may be a Potential Claimant¹ in this matter. In order to be considered for eligibility for a distribution from the Longfin Fair Fund, you must complete and sign this Claim Form and provide supporting documents for any listed transactions. If you fail to timely submit a completed and signed 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 Claim Form does not assure that you will share in the proceeds of the Fair Fund created in this matter. Your eligibility will depend on the eligibility criteria in the Plan and will be subject to a \$10.00 Minimum Distribution Amount.
- C. **YOU MUST COMPLETE AND SUBMIT YOUR CLAIM FORM BY MAIL ADDRESSED TO THE DISTRIBUTION AGENT AS LISTED BELOW, SO THAT IT IS POSTMARKED OR, IF NOT SENT BY U.S. MAIL, RECEIVED ON OR BEFORE DECEMBER 14, 2020.**
- D. If you are NOT a Potential Claimant, as defined in the Plan, DO NOT submit a Claim Form.
- E. Use the section of this form entitled “Claimant Identification” 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 Claim Form for each account that qualifies.
- H. Provide all of the requested information with respect to the shares that you acquired at any time during the Recovery Period, 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 in LFIN common 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 Distribution Agent may request additional information as required to efficiently and reliably calculate your losses. For a detailed explanation regarding how your losses will be calculated, please refer to the Distribution Methodology set forth in the Plan, which can be found online at the website listed below.

Claim Forms must be postmarked or, if not sent by U.S. Mail, received no later than December 14, 2020, and mailed to Longfin Fair Fund, Distribution Agent, P.O. Box 6006, Portland, OR 97228-6006.

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

Reminder Checklist

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

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

¹ Capitalized terms not defined herein are defined in the Distribution Plan, a copy of which you can obtain at www.LongfinFairFund.com, by emailing info@LongfinFairFund.com, or by calling the Distribution Agent at (855) 917-3464