

Must be
Postmarked
No Later Than
July 16, 2016

SEC v. CR Intrinsic Investors, LLC
c/o GCG
P.O. Box 10185
Dublin, OH 43017-3185
1 (888) 599-2123
www.CRIntrinsicFairFund.com



Claim Number:

Control Number:

PROOF OF CLAIM FORM

TO BE ELIGIBLE TO SHARE IN THE PROCEEDS OF THE CR INTRINSIC FAIR FUND, YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM TO THE DISTRIBUTION AGENT BY FIRST CLASS MAIL, POSTMARKED BY **JULY 16, 2016**, TO THE ADDRESS SET FORTH AT THE TOP OF THIS PAGE.

IF YOU FAIL TO SUBMIT A TIMELY, PROPERLY ADDRESSED AND COMPLETED PROOF OF CLAIM FORM, YOUR CLAIM MAY BE REJECTED AND YOU MAY BE PRECLUDED FROM RECEIVING ANY PROCEEDS FROM THE CR INTRINSIC FAIR FUND.

SUBMIT YOUR CLAIM ONLY TO THE DISTRIBUTION AGENT AT THE ADDRESS SET FORTH ABOVE.

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Important - This form should be completed **IN CAPITAL LETTERS** using **BLACK** or **DARK BLUE** ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0



PART I - CLAIMANT IDENTIFICATION

Claimant or Representative Contact Information:

The Distribution Agent will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Distribution Agent in writing at the address above.

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

[Grid for Claimant Name(s)]

Street Address:

[Grid for Street Address]

City:

Last 4 digits of Claimant SSN/TIN¹:

[Grid for City and Last 4 digits of Claimant SSN/TIN]

Account Number:

[Grid for Account Number]

State: Zip Code: Country (if Other than U.S.):

[Grid for State, Zip Code, and Country]

Name of the Person you would like the Distribution Agent to Contact Regarding This Claim (if different from the Claimant Name(s) listed above):

[Grid for Name of the Person to Contact]

Daytime Telephone Number:

Evening Telephone Number:

[Grid for Daytime and Evening Telephone Numbers]

Email Address (Email address is not required, but if you provide it you authorize the Distribution Agent to use it in providing you with information relevant to this claim.)

[Grid for Email Address]

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request to, 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 CR Intrinsic Fair Fund website at www.CRIntrinsicFairFund.com or you may e-mail the Distribution Agent at eClaim@gardencitygroup.com. Any file not 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 Distribution Agent issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive an email within 10 days of your submission, you should contact the electronic filing department at eClaim@gardencitygroup.com to inquire about your file and confirm it was received and acceptable.

To view Garden City Group, LLC's Privacy Notice, please visit <http://www.gardencitygroup.com/privacy>

¹The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.



PART II - INSTRUCTIONS FOR FILING PROOF OF CLAIM FORM

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all portions of this Proof of Claim Form.

NOTE: The Proof of Claim Form contains purchase and sale schedules for the Eligible Securities for Elan Corporation, PLC ("Elan") and Wyeth ("Wyeth"). The term "Eligible Securities" shall mean Wyeth common stock, Wyeth put and call options, Elan American Depository Shares ("ADS"), Elan ADS put and call options, and Elan ordinary shares purchased during the period between July 21, 2008 and the close of trading at 4:00 p.m. EDT on July 29, 2008, inclusive. You must carefully complete these schedules. Do not omit any potentially relevant information regarding your purchases and sales of Elan and/or Wyeth Eligible Securities. This information is necessary to determine your share of any distributions. If you cannot list all transactions in the spaces provided in the Proof of Claim Form, or if you believe that you must or should supply additional information with respect to any transaction, attach additional sheets to the Proof of Claim Form supplying the required information. You must be properly identified on each additional sheet of paper. The date of purchase and sale is the "trade" or "contract" date, and not the "settlement" or "payment" date. The purchase price is the price paid excluding commissions or other expenses. The sale price is the price received less commissions or other expenses.

2. You must sign the Proof of Claim Form.

NOTE: If the securities were or are owned jointly, all joint owners must sign the Proof of Claim Form. Executors, administrators, guardians, conservators and trustees may complete and sign the Proof of Claim Form on behalf of persons or entities represented by them, but they must identify such persons or entities and provide proof of their authority (for example, currently effective letters testamentary or letters of administration) to complete and execute the Proof of Claim Form. Any Proof of Claim Form submitted by legal representatives of a claimant must be executed by all such representatives.

Separate Proof of Claim Forms should be submitted for each separate legal entity (for example, a claim form by joint owners should not include separate transactions of just one of the joint owners, an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Proof of Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity no matter how many separate accounts that entity has (for example, a corporation with multiple brokerage accounts should include all transactions made in Eligible Securities during the Recovery Period on one Proof of Claim Form, no matter how many accounts the transactions were made in).

3. You must attach to the Proof of Claim Form legible copies of broker confirmation slips, monthly brokerage statements or other satisfactory proof confirming your purchases and sales, your closing balance as of July 20, 2008 and closing balance as of July 29, 2008 of all Eligible Securities. **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.**

4. You must mail the completed and signed Proof of Claim Form and supporting documents by first-class mail, postage prepaid, postmarked no later than July 16, 2016 to:

SEC v. CR Intrinsic Investors, LLC
c/o GCG
P.O. Box 10185
Dublin OH 43017- 3185

5. Consistent with the purpose of Section 21(d)(4) of the Securities and Exchange Act of 1934, no funds distributed from the CR Intrinsic Fair Fund may be used for payment of attorneys' fees or expenses.

IF YOU FAIL TO SUBMIT A COMPLETE CLAIM POSTMARKED (OR IF NOT SENT BY U.S. MAIL, RECEIVED) BY JULY 16, 2016 YOUR CLAIM IS SUBJECT TO REJECTION OR YOUR PAYMENT MAY BE DELAYED. So that you will have a record of the date of your mailing and its receipt by the Distribution Agent, you are advised to use certified mail, return receipt requested. Please keep a copy of all documents that you send to the Distribution Agent.



PART III - TRANSACTIONS IN ELAN ADS AND ORDINARY SHARES

CODE	Security Description
OS	Elan ordinary shares
AD	Elan ADS

A. BEGINNING HOLDINGS: Number of Elan ADS held at the close of trading on July 20, 2008 (including shares held in a short position i.e., (10,000)). If none, write "zero" or "0".	<table border="1" style="width: 100%;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">Shares</td> </tr> </table>					Shares			
Shares									

B. BEGINNING HOLDINGS: Number of Elan ordinary shares held at the close of trading on July 20, 2008 (including shares held in a short position i.e., (10,000)). If none, write "zero" or "0".	<table border="1" style="width: 100%;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">Shares</td> </tr> </table>					Shares			
Shares									

C. PURCHASES/ACQUISITIONS: Purchases or Acquisitions of Elan ADS and ordinary shares from July 21, 2008 through close of trading at 4:00 p.m. EDT on July 29, 2008 , inclusive. (Must be documented.)				
Insert Code Above	Date(s) of Purchase/Acquisition (List Chronologically) (Month/Day /Year)	Number of Shares Purchased or Acquired	Purchase/Acquisition Price Per Share	Total Purchase or Acquisition Price (excluding taxes, commissions and fees)
	/ /			
	/ /			
	/ /			
	/ /			

D. SALES: Sales of Elan ADS and ordinary shares from July 21, 2008 through close of trading at 4:00 p.m. EDT on July 29, 2008 , inclusive. (Must be documented.)				
Insert Code Above	Date(s) of Sale (List Chronologically) (Month/Day /Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions and fees)
	/ /			
	/ /			
	/ /			
	/ /			

E. ENDING HOLDINGS: Number of Elan ADS held at close of trading at 4:00 p.m. EDT on July 29, 2008 (including shares held in a short position i.e., (10,000)). If none, write "zero" or "0". (Must be documented.)	<table border="1" style="width: 100%;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">Shares</td> </tr> </table>					Shares			
Shares									

F. ENDING HOLDINGS: Number of Elan ordinary shares held at close of trading at 4:00 p.m. EDT on July 29, 2008 (including shares held in a short position i.e., (10,000)). If none, write "zero" or "0". (Must be documented.)	<table border="1" style="width: 100%;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">Shares</td> </tr> </table>					Shares			
Shares									

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED



PART VI - TRANSACTIONS IN WYETH COMMON STOCK

A. BEGINNING HOLDINGS: Number of shares of Wyeth common stock held at the close of trading on **July 20, 2008** (including shares held in a short position i.e., (10,000)). If none, write "zero" or "0".

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares					

B. PURCHASES/ACQUISITIONS: Purchases or Acquisitions of Wyeth common stock from **July 21, 2008** through close of trading at 4:00 p.m. EDT on **July 29, 2008**, inclusive. (Must be documented.)

Date(s) of Purchase/Acquisition (List Chronologically) (Month/Day /Year)	Number of Shares Purchased or Acquired	Purchase/Acquisition Price Per Share	Total Purchase or Acquisition Price (excluding taxes, commissions and fees)
<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"/>

C. SALES: Sales of Wyeth common stock from **July 21, 2008** through close of trading at 4:00 p.m. EDT on **July 29, 2008**, inclusive. (Must be documented.)

Date(s) of Sale (List Chronologically) (Month/Day /Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions and fees)
<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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D. ENDING HOLDINGS: Number of shares of Wyeth common stock held at close of trading at 4:00 p.m. EDT on **July 29, 2008** (including shares held in a short position i.e., (10,000)). If none, write "zero" or "0". (Must be documented.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares					

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED



A. BEGINNING HOLDINGS: At the close of trading on **July 20, 2008** I owned the following call option contracts (including contracts held in a short position):

Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 10/08 \$35)	Purchase or Sale Price Per Contract	Amount Paid or Received (excluding taxes, commissions and fees)	Insert an "E" if Exercised, "X" if Expired or an "A" if Assigned	Exercise/Assign Date (Month/Day/Year)	Indicate "Y" or "N" Was this an Open Sale Contract?
/	/	.	.		/	
/	/	.	.		/	
/	/	.	.		/	

B. PURCHASES/ACQUISITIONS: I made the following purchases/acquisitions of call option contracts between **July 21, 2008** and close of trading at 4:00 p.m. EDT on **July 29, 2008**, inclusive (Must be documented):

Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 10/08 \$35)	Purchase Price Per Contract	Amount Paid (excluding taxes, commissions and fees)	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)
/	/	/	.	.		/
/	/	/	.	.		/
/	/	/	.	.		/

C. SALES: I made the following sales of call option contracts between **July 21, 2008** and close of trading at 4:00 p.m. EDT on **July 29, 2008**, inclusive (Must be documented):

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 10/08 \$35)	Sale Price Per Contract	Amount Received (excluding taxes, commissions and fees)	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)
/	/	/	.	.		/
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IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU **MUST** PHOTOCOPY THIS PAGE AND CHECK THIS BOX IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL **NOT** BE REVIEWED

PART VIII - TRANSACTIONS IN WYETH PUT OPTIONS



A. BEGINNING HOLDINGS: At the close of trading on **July 20, 2008**, I was obligated on the following put option contracts (including contracts held in a short position):

Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 10/08 \$35)	Sale or Purchase Price Per Contract	Amount Received or Paid (excluding taxes, commissions and fees)	Insert an "A" if Assigned, "X" if Expired or an "E" if Exercised	Assign/Exercise Date (Month/Day/Year)	Indicate "Y" or "N" Was this an Open Purchase Contract?
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B. SALES (WRITING) OF PUT OPTIONS: I wrote (sold) put option contracts between **July 21, 2008** and close of trading at 4:00 p.m. EDT on **July 29, 2008**, inclusive, as follows (Must be documented):

Date of Writing (Sale) (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 10/08 \$35)	Sale Price Per Contract	Amount Received (excluding taxes, commissions and fees)	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)
/	/	/	.	.		/
/	/	/	.	.		/
/	/	/	.	.		/
/	/	/	.	.		/
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C. COVERING TRANSACTIONS: I made the following purchases of put option contracts that I wrote (sold) on or before the close of trading at 4:00 p.m. EDT on **July 29, 2008**, inclusive (Must be documented):

Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 10/08 \$35)	Price Paid Per Contract	Aggregate Cost (excluding taxes, commissions and fees)	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)
/	/	/	.	.		/
/	/	/	.	.		/
/	/	/	.	.		/
/	/	/	.	.		/
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PART IX - RELEASE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am (we are) not:
 - a) A director or officer, or former director or officer, of Defendants or any of its past or present Affiliates who served in such capacity during the Recovery Period (or any of his or her assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities) and was directly involved in the conduct detailed in the Complaint;
 - b) An employee or former employee of Defendants or of any of its past or present Affiliates who has been terminated for cause in connection with the violations alleged in the Commission's Amended Complaint, dated March 15, 2013 (the "Complaint"), or any related Commission action, or who was otherwise terminated or has resigned in connection with the violations alleged in the Complaint or any related Commission action (or any of such employee's Affiliates, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities);
 - c) A defendant in any action brought by the Commission or any class action lawsuit related to the conduct described in the Complaint or any related Commission action (or any of such defendant's Affiliates, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities), unless and until such defendant is found not liable in all such civil suits prior to the Claims Bar Date (July 16, 2016), and proof of the finding(s) is included in such defendant's timely filed Proof of Claim Form;
 - d) A person who, as of the Claims Bar Date (July 16, 2016), has been the subject of criminal charges related to the violations alleged in the Complaint or any related Commission action (or any of his or her Affiliates, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities);
 - e) A person who assigned his or her right to obtain recovery in the SEC's action against Defendants;
 - f) A purchaser or assignee of another person's right to obtain a recovery from the Fair Fund, provided, however, that this provision shall not be construed to exclude those persons who obtained such a right by gift, inheritance, devise, or operation of law; and/or
 - g) The Distribution Agent, its employees, and those persons assisting the Distribution Agent in its role as the Distribution Agent.
2. If signing this Proof of Claim Form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Proof of Claim Form;
3. I agree to submit to the jurisdiction of the United States District Court for the Southern District of New York for all purposes relating to this claim;
4. I understand that the Distribution Agent may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Distribution Agent for those purposes. If necessary, I authorize the Distribution Agent to obtain and review any and all trading records relevant to my transactions in Elan and/or Wyeth Eligible Securities from any brokerage firm or other entity that has possession of such records, and further consent to the release of such records by such brokerage firm or other entity to the Distribution Agent;
5. 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 list of all Eligible Claimants and their Approved Claims as approved by the Court and that I am enjoined from taking any action in contravention of this provision;
6. I agree that upon receipt and acceptance by me of a distribution from the CR Intrinsic Fair Fund, I shall be deemed to have released all claims that I may have against the Distribution Agent and its agents and shall be deemed enjoined from prosecuting or asserting any such claims; and



7. If I am a custodian, trustee, or professional investing on behalf of and representing more than one potentially eligible 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.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim Form by the undersigned is true and correct and that the documents submitted herewith are true and genuine.

PART X - CERTIFICATION

The claimant(s) certifies under penalty of perjury that they did not receive any compensation from another source (e.g., class action settlement) for the loss that resulted from the conduct described in the complaint in this case unless the specific dollar amount is disclosed in the box below.

Empty box for disclosing compensation amount

Executed this ____ day of _____ in _____
(Month) (Year) (City, State, Country)

Signature of Claimant (if this claim is being made on behalf of Joint Claimants, then each must sign.)

Signature of Claimant

Print Name of Claimant

Date

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

Date

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

Signature of Person Completing Form

Print Name of Person Completing Form

Date

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, trustee, custodian, etc.

**REMINDER CHECKLIST**

1. Please sign the Signature Section of the Proof of Claim Form.
2. If this Proof of Claim Form is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach supporting documentation.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Proof of Claim Form and all documentation submitted for your records.
6. The Distribution Agent will acknowledge receipt of your Proof of Claim Form by mail, within 60 days. **Your claim is not deemed filed until you receive an acknowledgement postcard.** If you do not receive an acknowledgement postcard within 60 days, please call the Distribution Agent.
7. If you move, please send your new address to the Distribution Agent at the address below.
8. Do not use highlighter on the Proof of Claim Form or supporting documentation.

THIS PROOF OF CLAIM FORM MUST BE POSTMARKED (OR IF NOT SENT BY U.S. MAIL, RECEIVED) NO LATER THAN JULY 16, 2016 AND MUST BE MAILED TO:

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