

FAB UNIVERSAL CORP. SECURITIES LITIGATION

c/o Heffler Claims Group
P.O. Box 58970
Philadelphia, PA 19102-8970
Toll Free: 844-491-5738
www.FABUniversalSecuritiesLitigation.com

PROOF OF CLAIM AND RELEASE

Deadline for Submission: **JANUARY 18, 2016**

IF YOU PURCHASED THE COMMON STOCK AND/OR CALL OPTIONS OF FAB UNIVERSAL CORP. (“FAB”) OR SOLD (WROTE) PUT OPTIONS OF FAB DURING THE PERIOD BETWEEN JUNE 15, 2012 AND NOVEMBER 21, 2013, INCLUSIVE (THE “CLASS PERIOD”), YOU MAY BE A “CLASS MEMBER” AND ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS.

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS PROOF OF CLAIM AND RELEASE (“PROOF OF CLAIM”) FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM FORM AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN **JANUARY 18, 2016** TO HEFFLER CLAIMS GROUP, THE CLAIMS ADMINISTRATOR, AT THE FOLLOWING ADDRESS:

FAB UNIVERSAL CORP. SECURITIES LITIGATION

c/o Heffler Claims Group
P.O. Box 58970
Philadelphia, PA 19102-8970

YOUR FAILURE TO SUBMIT YOUR PROOF OF CLAIM FORM AND THE SUPPORTING DOCUMENTATION BY **JANUARY 18, 2016** WILL 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. NOTE THAT CLAIMS CALCULATING TO AN AWARD AMOUNT LESS THAN \$10.00 WILL **NOT BE PAID**.

CLAIMANT’S STATEMENT

1. I (we) purchased the common stock, call options, or sold put options in FAB and was (were) damaged thereby. (Do not submit this Proof of Claim if you did not purchase the common stock, call options, or sold put options of FAB during the designated 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 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 Action 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 Federal Rules 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 of FAB common stock and options contracts during the Class Period, and each sale, if any, of FAB common stock and options contracts. 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 FAB common stock and options contracts 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) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers and assigns (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 heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Parties" of all "Released Claims," as defined in the Stipulation of 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 844-491-5738 or the website designated for the Litigation at www.FABUniversalSecuritiesLitigation.com 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.

**MUST BE
POSTMARKED
NO LATER THAN
JANUARY 18, 2016**

**In re FAB Universal Corp. Securities Litigation
Case No.: 13:1-CV-8216 (RWS)**

FOR OFFICE USE ONLY

PROOF OF CLAIM AND RELEASE

I. CLAIMANT IDENTIFICATION

Complete either Part 1 or 2 and then proceed to Part 3.

Part 1 Complete this Section ONLY if the Investor is an individual, joint, UGMA, UTMA or IRA account. Otherwise, proceed to Part 2.

Last Name (Investor)	MI	First Name (Investor)
Last Name (Joint Beneficial Owner, if applicable)	MI	First Name (Joint Beneficial Owner)
Name of Custodian, if applicable		
If this account is an UGMA, UTMA or IRA, please include "UGMA", "UTMA", or "IRA" in the "Last Name" box above (e.g., Jones IRA).		

Part 2 - Complete this Section ONLY if the Investor is an entity; i.e., corporation, trust, estate, etc. Then, proceed to Part 3.

Entity Name
Name of Representative (Executor, administrator, trustee, corporate officer, etc.)

Part 3 – Account/Mailing Information:

Street Address:	
City:	State: Zip Code:
Foreign Province:	Foreign Postal Code:
Foreign Country:	
Area Code Telephone No. (day)	Area Code Telephone No. (evening)
Email:	
Check Appropriate Box: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Owners <input type="checkbox"/> IRA <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	
Social Security Number (for individuals)	OR Employer Identification Number (for estates, trusts, corps, etc)

Class Member ID: <<refnum>>

II. SCHEDULE OF TRANSACTIONS IN FAB COMMON STOCK

Beginning Holdings:

A. State the total number of shares of FAB common stock owned at the close of trading on June 14, 2012, long or short (*must be documented*).

Purchases:

B. Separately list each and every purchase of FAB common stock during the period from June 15, 2012 through November 21, 2013, inclusive, and provide the following information (*must be documented*):

	Trade Date (List Chronologically) <u>Month/Day/Year</u>	Number of <u>Shares Purchased</u>	Purchase Price <u>Per Share</u>	Total Cost (excluding commissions, <u>taxes and fees</u>)
1.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Total number of shares of purchased during the period from June 15, 2012 through November 21, 2013, inclusive

Sales:

C. Separately list each and every sale of FAB common stock during the period from June 15, 2012 through November 21, 2013, inclusive, and provide the following information (*must be documented*):

	Trade Date (List Chronologically) <u>Month/Day/Year</u>	Number of <u>Shares Sold</u>	Sale Price <u>Per Share</u>	Amount Received (excluding commissions, <u>taxes and fees</u>)
1.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Total number of shares of sold during the period from June 15, 2012 through November 21, 2013, inclusive

Ending Holdings:

D. State the total number of shares of FAB common stock owned at the close of trading on November 21, 2013, long or short (*must be documented*).

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.

Class Member ID: <<refnum>>

III. SCHEDULE OF TRANSACTIONS IN FAB OPTIONS

Number of FAB **Call Options** held at the close of trading on June 14, 2012: _____.

I purchased the following CALL OPTIONS of FAB during the period from June 15, 2012 - November 21, 2013, inclusive, and, if applicable, such options were exercised as follows:

Date of Purchase Month/Day/Year	Number of Contracts	Expiration Date Month/Year	Strike Price	Principal Amount

I sold the following CALL OPTIONS of FAB during the period from June 15, 2012 - November 21, 2013, inclusive, and, if applicable, such options were exercised as follows:

Date of Sale or Exercise Month/Day/Year	Number of Contracts	Expiration Date Month/Year	Strike Price	Principal Amount

Number of FAB Call Options held at the close of trading on November 21, 2013: _____.

Class Member ID: <<refnum>>

Number of FAB **Put Options** held at the close of trading on June 14, 2012: _____.

I sold the following PUT OPTIONS of FAB during the period from June 15, 2012 - November 21, 2013, inclusive, and, if applicable, such options were exercised as follows:

Date of Sale Month/Day/Year	Number of Contracts	Expiration Date Month/Year	Strike Price	Principal Amount

I purchased the following PUT OPTIONS of FAB during the period from June 15, 2012 - November 21, 2013, inclusive, and, if applicable, such options were assigned as follows:

Date of Purchase or Assignment Month/Day/Year	Number of Contracts	Expiration Date Month/Year	Strike Price	Principal Amount

Number of FAB Put Options held at the close of trading on November 21, 2013: _____.

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page. **NOTE THAT CLAIMS CALCULATING TO AN AWARD AMOUNT LESS THAN \$10.00 WILL NOT BE PAID.**

Class Member ID: <<refnum>>

IV. 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 or you may be subject to backup withholding.

□□□ - □□ - □□□□

OR

□□ - □□□□□□□□

Social Security Number (for individuals)

Employer Identification Number (for estates, trusts, corps, etc)

a. 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 UNDER THE LAWS OF THE UNITED STATES, 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 under Claimant's Statement)

Date: _____

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN JANUARY 18, 2016 AND MUST BE MAILED TO:

FAB UNIVERSAL CORP. SECURITIES LITIGATION
c/o Heffler Claims Group
P.O. Box 58970
Philadelphia, PA 19102-8970
Toll Free: (844) 491-5738

Class Member ID: <<refnum>>

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by January 18, 2016 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

- Please be sure to sign this Proof of Claim on page 5. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
- Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- Do NOT use a highlighter on the Proof of Claim or any supporting documents.
- If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.