

**UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT**

BOSTON RETIREMENT SYSTEM, Individually and  
On Behalf of All Others Similarly Situated,

Plaintiff,

vs.

ALEXION PHARMACEUTICALS, INC., LEONARD  
BELL, DAVID L. HALLAL, VIKAS SINHA,

Defendants.

Civ. No. 3:16-cv-02127 (AWT)  
Hon. Alvin W. Thompson

**PROOF OF CLAIM AND RELEASE FORM**

**I. GENERAL INSTRUCTIONS**

1. To recover as a member of the Class based on your claims in the action entitled *Boston Retirement System, et al. v. Alexion Pharmaceuticals, Inc., et al.*, Case No. 3:16-cv-02127 (AWT) (D. Conn.) (the "Action"), you must complete and, on page 5 below, sign this Proof of Claim and Release form ("Claim Form"). If you fail to submit a timely and properly addressed (as explained in paragraph 2 below) Claim Form, your claim may be rejected and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

2. **THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT [WWW.ALEXIONSECURITIESSETTLEMENT.COM](http://WWW.ALEXIONSECURITIESSETTLEMENT.COM) NO LATER THAN DECEMBER 15, 2023 OR, IF MAILED, BE POSTMARKED NO LATER THAN DECEMBER 15, 2023, ADDRESSED AS FOLLOWS:**

*Alexion Securities Settlement*  
c/o KCC Class Action Services  
P.O. Box 301170  
Los Angeles, CA 90030-1170  
[www.AlexionSecuritiesSettlement.com](http://www.AlexionSecuritiesSettlement.com)

3. If you are a member of the Class and you do not timely and properly request exclusion in response to the Notice dated October 3, 2023, you are bound by and subject to the terms of any judgment entered in the Action, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.**

**II. CLAIMANT IDENTIFICATION**

4. If you purchased or otherwise acquired shares of Alexion Pharmaceuticals, Inc. ("Alexion") publicly traded common stock during the period from January 30, 2014 to May 26, 2017, inclusive (the "Class Period") and held the stock in your name, you are the beneficial owner as well as the record owner. If, however, you purchased or otherwise acquired Alexion publicly traded common stock during the Class Period through a third party, such as a brokerage firm, you are the beneficial owner and the third party is the record owner.

5. Use **Part I** of this form entitled "Claimant Identification" to identify each beneficial owner of Alexion publicly traded common stock that forms the basis of this claim, as well as the owner of record if different. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNERS OR THE LEGAL REPRESENTATIVE OF SUCH OWNERS.**

6. All joint owners must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of the claim or result in rejection of the claim.

### III. IDENTIFICATION OF TRANSACTIONS

7. Use **Part II** of this form entitled "Schedule of Transactions in Alexion Publicly Traded Common Stock" to supply all required details of your transaction(s) in Alexion publicly traded common stock. If you need more space or additional schedules, attach separate sheets providing all the required information in substantially the same form. Sign and print or type your name on each additional sheet.

8. On the schedules, provide all the requested information with respect to your holdings, purchases/acquisitions, and sales of Alexion publicly traded common stock, whether the transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

9. The date of covering a "short sale" is deemed to be the date of purchase of Alexion publicly traded common stock. The date of a "short sale" is deemed to be the date of sale.

10. Copies of broker confirmations or other documentation of your transactions must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. **THE PARTIES TO THE ACTION DO NOT HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN ALEXION PUBLICLY TRADED COMMON STOCK.**

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. (This is different than the online claim portal on the Settlement website.) All such claimants **MUST** submit a manually signed paper Claim Form whether or not they also submit electronic copies. If you wish to submit your claim electronically, you must contact the Claims Administrator at (866) 573-1726 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.

Official  
Office  
Use  
Only



**Must Be Postmarked (if Mailed)  
or Received (if Submitted Online)  
No Later Than December 15, 2023**

UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT

*Boston Retirement System, et al. v. Alexion  
Pharmaceuticals, Inc., et al.,*

Case No. 3:16-cv-02127 (AWT) (D. Conn.)

**PROOF OF CLAIM AND RELEASE**

**A2X**

Please Type or Print in the Boxes Below  
Must use Black or Blue Ink or your claim  
may be deemed deficient.

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. Complete names of all persons and entities must be provided.

**PART I. CLAIMANT IDENTIFICATION**

Last Name	M.I.	First Name

Last Name (Co-Beneficial Owner)	M.I.	First Name (Co-Beneficial Owner)

Corporation  
  IRA/401K  
  Pension Plan  
  Individual  
  Estate  
  Other (please specify) \_\_\_\_\_

Entity Name (Beneficial Owner - If Claimant is not an Individual)

\_\_\_\_\_

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

\_\_\_\_\_

Account#/Fund# (Not Necessary for Individual Filers)

\_\_\_\_\_

Last Four Digits of Social Security Number	or	Taxpayer Identification Number
_____		_____

Telephone Number (Primary Daytime)	Telephone Number (Alternate)
____-____-_____	____-____-_____

Email Address

\_\_\_\_\_

**MAILING INFORMATION**

Address

\_\_\_\_\_

Address (cont.)

\_\_\_\_\_

City	State	ZIP Code
_____	_____	_____

Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
_____	_____	_____

FOR CLAIMS PROCESSING ONLY	OB	CB	<input type="radio"/> ATP <input type="radio"/> KE <input type="radio"/> ICI	<input type="radio"/> BE <input type="radio"/> DR <input type="radio"/> EM	<input type="radio"/> FL <input type="radio"/> ME <input type="radio"/> ND	<input type="radio"/> OP <input type="radio"/> RE <input type="radio"/> SH	MM / DD / YYYY	FOR CLAIMS PROCESSING ONLY
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**PART II. TRANSACTIONS IN ALEXION PUBLICLY TRADED COMMON STOCK**

**1. BEGINNING HOLDINGS** – State the total number of shares of Alexion common stock held as of the opening of trading on January 30, 2014. If none, write “0” or “Zero.” (Must submit documentation.)

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Proof Enclosed?  Y  N

**2. PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD** – Separately list each and every purchase/acquisition of Alexion common stock from after the opening of trading on January 30, 2014 through and including the close of trading on May 26, 2017. (Must submit documentation.)

PURCHASES													Confirm Proof of Purchase Enclosed				
Date of Purchase/Acquisition (List Chronologically) (Month/Day/Year)								Number of Shares Purchased		Purchase Price Per Share		Total Purchase Price (excluding any fees, commissions, and taxes)					
M	M	D	D	Y	Y	Y	Y			\$		\$				<input type="radio"/>	<input type="radio"/>
																<input type="radio"/>	<input type="radio"/>
																<input type="radio"/>	<input type="radio"/>
																<input type="radio"/>	<input type="radio"/>
																<input type="radio"/>	<input type="radio"/>

**3. PURCHASES/ACQUISITIONS DURING 90-DAY LOOKBACK PERIOD** – State the total number of shares of Alexion common stock purchased/acquired from after the opening of trading on May 27, 2017 through and including the close of trading on August 23, 2017<sup>1</sup>. (Must submit documentation.)

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Proof Enclosed?  Y  N

**4. SALES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD** – Separately list each and every sale/disposition of Alexion common stock from after the opening of trading on January 30, 2014 through and including the close of trading on August 23, 2017. (Must submit documentation.)

SALES													Confirm Proof of Sale Enclosed				
Date of Sale (List Chronologically) (Month/Day/Year)								Number of Shares Sold		Sale Price Per Share		Total Sale Price (not deducting any fees, commissions, and taxes)					
M	M	D	D	Y	Y	Y	Y			\$		\$				<input type="radio"/>	<input type="radio"/>
																<input type="radio"/>	<input type="radio"/>
																<input type="radio"/>	<input type="radio"/>
																<input type="radio"/>	<input type="radio"/>
																<input type="radio"/>	<input type="radio"/>

**5. ENDING HOLDINGS** – State the total number of shares of Alexion common stock held as of the close of trading on August 23, 2017. If none, write “0” or “Zero.” (Must submit documentation.)

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Proof Enclosed?  Y  N

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND FILL IN THIS CIRCLE.**

<sup>1</sup> Information requested in this Claim Form with respect to your transactions after the opening of trading on May 27, 2017 through and including the close of trading on August 23, 2017, is needed only for the Claims Administrator to confirm that you have reported all relevant transactions. Purchases during this period, however, are not eligible for a recovery because these purchases/acquisitions are outside of the Class Period.



**III. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS**

11. By signing and submitting this Claim Form, the claimant(s) or the person(s) acting on behalf of the claimant(s) certify(ies) that: I (We) submit this Claim Form under the terms of the Plan of Allocation of Net Settlement Fund described in the accompanying Notice. I (We) also submit to the jurisdiction of the United States District Court for the District of Connecticut (the "Court") with respect to my (our) claim as a Class Member(s) and for purposes of enforcing the releases set forth herein. I (We) further acknowledge that I (we) will be bound by and subject to the terms of any judgment entered in connection with the Settlement in the Action, including the releases set forth therein. I (We) agree to furnish additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in eligible publicly traded Alexion common stock, if required to do so. I (We) have not submitted any other claim covering the same transactions in publicly traded Alexion common stock during the Class Period and know of no other person having done so on my (our) behalf.

**IV. RELEASES, WARRANTIES, AND CERTIFICATION**

12. I (We) hereby warrant and represent that I am (we are) a Class Member as defined in the Notice, that I am (we are) not excluded from the Class, that I am (we are) not one of the "Released Defendant Parties" as defined in the accompanying Notice.

13. As a Class Member, I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever compromise, settle, release, resolve, relinquish, waive, and discharge with prejudice the Released Plaintiffs' Claims as to each and all of the Released Defendant Parties (as these terms are defined in the accompanying Notice). This release shall be of no force or effect unless and until the Court approves the Settlement and it becomes effective on the Effective Date.

14. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

15. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions, and sales of publicly traded Alexion common stock that occurred during the Class Period and the number of securities held by me (us), to the extent requested.

16. I (We) certify that I am (we are) NOT subject to backup tax withholding. (If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied by the undersigned is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Month/Year) (City/State/Country)

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Print Claimant Name Here

\_\_\_\_\_  
Signature of Joint Claimant (if any)

\_\_\_\_\_  
Print Name of Joint Claimant (if any)

\_\_\_\_\_  
Signature of person signing on behalf of Claimant

\_\_\_\_\_  
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.)



**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please sign this Claim Form.
2. **DO NOT HIGHLIGHT THE CLAIM FORM OR YOUR SUPPORTING DOCUMENTATION.**
3. Attach only copies of supporting documentation as these documents will not be returned to you.
4. Keep a copy of your Claim Form for your 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 acknowledgment postcard.** If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll-free at (866) 573-1726.
6. If you move after submitting this Claim Form please notify the Claims Administrator of the change in your address, otherwise you may not receive additional notices or payment.

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR MAILED NO LATER THAN DECEMBER 15, 2023, ADDRESSED AS FOLLOWS:**

*Alexion Securities Settlement*  
c/o KCC Class Action Services  
P.O. Box 301170  
Los Angeles, CA 90030-1170  
U.S. & Canada Toll-Free Number: (866) 573-1726  
Email: [info@AlexionSecuritiesSettlement.com](mailto:info@AlexionSecuritiesSettlement.com)  
Website: [www.AlexionSecuritiesSettlement.com](http://www.AlexionSecuritiesSettlement.com)

