

# PROOF OF CLAIM FORM

## *IN RE UNILIFE CORPORATION SECURITIES LITIGATION*

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
MASTER FILE NO. 16-CV-03976-RA

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TO BE ELIGIBLE TO RECEIVE A SHARE OF THE NET SETTLEMENT FUND IN CONNECTION WITH THE SETTLEMENT OF *IN RE UNILIFE CORPORATION SECURITIES LITIGATION*, MASTER FILE NO. 16-CV-03976-RA (THE “ACTION”), YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM FORM (“CLAIM FORM”) AND MAIL IT BY PREPAID, FIRST-CLASS MAIL, **POSTMARKED NO LATER THAN February 20, 2018**, TO THE FOLLOWING ADDRESS:

***In re Unilife Corporation Securities Litigation***  
**c/o JND Legal Administration**  
**P.O. Box 6847**  
**Broomfield, CO 80021**

CLAIM FORMS THAT ARE NOT MAILED BY PREPAID FIRST-CLASS MAIL AND/OR ARE RECEIVED WITH NO POSTMARK WILL BE DEEMED TO HAVE BEEN SUBMITTED ON THE DATE OF RECEIPT. FAILURE TO SUBMIT YOUR CLAIM FORM AND THE REQUIRED SUPPORTING DOCUMENTATION 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 SETTLEMENT.

**DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE PARTIES TO THIS ACTION, OR THEIR COUNSEL. SUBMIT YOUR CLAIM FORM ONLY TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE.**

## I. GENERAL INSTRUCTIONS

1. Capitalized terms not defined in this Claim Form have the meanings ascribed to them in the Stipulation and Agreement of Settlement (“Stipulation”), and in the Notice that accompanies this Claim Form.
2. It is important that you completely read and understand the accompanying Notice. The Notice describes the proposed Settlement of the Action, how Settlement Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. By signing and submitting this Claim Form, you will be certifying that you have read and understand the Notice, including the Releases described therein and provided for herein.
3. This Claim Form is directed to all members of the “Settlement Class” defined below. The Settlement Class consists of the following, regardless of which state or country the person or entity may reside or be domiciled in:

All persons and entities who or which purchased or otherwise acquired Unilife common stock traded on the NASDAQ between November 9, 2011 and November 14, 2016, inclusive (the “Settlement Class Period”) and were damaged thereby (the “Settlement Class”).

4. Unilife common stock traded on the NASDAQ is referred to as “Unilife Securities.” All persons and entities that are members of the Settlement Class are “Settlement Class Members.”
5. Excluded from the Settlement Class are Defendants, the present and former Officers and directors of Unilife and any subsidiary thereof, and the Immediate Family members, legal representatives, heirs, successors or assigns of such excluded persons and any entity in which any such excluded person has or had a controlling interest during the Settlement Class Period. Also excluded from the Settlement Class are any persons or entities who or which exclude themselves by submitting a request for exclusion in accordance with the requirements set forth in this Notice.
6. To be potentially eligible to recover from the Net Settlement Fund, you must complete and sign this Claim Form, and submit your Claim Form to the Claims Administrator as instructed below. If you fail to submit a properly completed and addressed Claim Form by the date specified below, your Claim may be rejected and

you may be precluded from receiving any recovery from the Net Settlement Fund created in connection with the Settlement of the Action.

7. Submission of this Claim Form, however, does not ensure that you will share in the Net Settlement Fund. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.
8. **YOU MUST MAIL OR SUBMIT YOUR COMPLETED AND SIGNED CLAIM FORM SO THAT IT IS POSTMARKED NO LATER THAN FEBRUARY 20, 2018, TO THE FOLLOWING ADDRESS:**

***In re Unilife Corporation Securities Litigation***  
**c/o JND Legal Administration**  
**P.O. Box 6847**  
**Broomfield, CO 80021**

9. To be considered timely, **your Claim Form must be mailed by first-class mail and postmarked by the deadline above.** Unless your Claim Form is submitted with a postmark by first-class mail, it will be deemed to have been submitted when actually received by the Claims Administrator.
10. Use the Schedule of Transactions in Part III of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in and holdings of Unilife common stock. On this schedule, please provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of Unilife common stock, regardless of whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested time period may result in the rejection of your Claim.
11. You must submit supporting documentation for the transactions reported in this Claim Form, such as broker confirmation slips, broker account statements, an authorized statement from your broker reporting information about your transactions, or other similar documents. **The Parties and the Claims Administrator do not independently have information about your investments in Unilife common stock. If such documents are not in your possession, please obtain copies or equivalent documents from your broker. Failure to supply this 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 Claims Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.
12. Separate Claim Forms should be submitted for each separate legal entity (e.g., a Claim from joint owners should not include the transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity that includes all transactions made by that entity, no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).
13. All joint beneficial owners must each sign this Claim Form and their names must appear in Part I of this Claim Form. If you purchased or otherwise acquired Unilife common stock during the Settlement Class Period and held the stock in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to participate in the Settlement. If you purchased or otherwise acquired Unilife common stock during the Settlement Class Period for your own benefit, but the stock was registered in the name of a third party, such as a nominee or brokerage firm, you are still the beneficial owner of these shares, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be eligible to participate in the Settlement.
14. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons and entities 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 Unilife common stock; and
  - c. furnish evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person/entity's accounts.)
15. By submitting this Claim Form, you will be making a request to share in the proceeds of the Settlement described in the Notice. If you are NOT a Settlement Class Member, or are excluded from the definition of the Settlement Class, or if you, or someone acting on your behalf, submitted a request for exclusion from the Settlement Class in accordance with the instructions set forth in the Notice, DO NOT submit a Claim Form. **You may not, directly or indirectly, participate in the Settlement if you are not a Settlement Class Member.** Thus, if you are excluded from the Settlement Class, any Claim Form that you submit, or that may be submitted on your behalf, will not be accepted.
16. If you are a Settlement Class Member and you do not request exclusion from the Settlement Class pursuant to the instructions set forth in the Notice, you will be bound by the terms of the Settlement and any orders or judgments entered in this Action, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.**
17. 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. To obtain the mandatory electronic filing requirements and file layout, you may email the Claims Administrator's electronic filing department at UNLSecurities@JNDLA.com. Any file not submitted 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 Claims Administrator issues an email after processing your file with your claim number(s) 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 such an email within 10 days of your submission, you should contact the electronic filing department at UNLSecurities@JNDLA.com to inquire about your file and confirm it was received and acceptable.
18. If you have questions concerning the Claim Form or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, JND Legal Administration, by writing to the above address, by calling the toll-free hotline at 1-844-864-9035 or by sending an email to info@unilifesecuritieslitigation.com, or you may download the documents from www.unilifesecuritieslitigation.com.
19. **PLEASE NOTE: YOUR CLAIM IS NOT DEEMED SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL, WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CONTACT THE CLAIMS ADMINISTRATOR.**

## II. CLAIMANT IDENTIFICATION

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

A. Select one of the options listed below to indicate the type of claimant:

Individual(s)     IRA     Estate     Trust     UGMA Custodian

Corporation     Partnership     Other (please specify):

Complete either Section B or C, then proceed to Section D. Please type or print.

B. Complete this Section **ONLY** if the beneficial owner is an individual, joint, or IRA account. Otherwise, proceed to Section C. If this account is an IRA, and if you would like any check that you **MAY** be eligible to receive made payable to the IRA account, please include "IRA" in the "Last Name" box above (e.g., Jones IRA).

Last Name (beneficial owner)

First Name (beneficial owner)

Last Name (joint beneficial owner, if applicable)

First Name (joint beneficial owner, if applicable)

Name of Custodian (if applicable)

C. Complete this Section **ONLY** if the beneficial owner is an entity; i.e., corporation, trust, estate, etc.

Entity Name

Name of Representative, if applicable (executor, administrator, trustee, c/o, etc.)

**D. Mailing/Account Information**

Mailing Address – Line 1: Street Address/P.O. Box

Mailing Address – Line 2 (If Applicable): Apartment/Suite/Floor Number

City

State/Province

Zip/Postal Code

Country

Last 4 digits of Claimant Social Security/Taxpayer Identification Number<sup>1</sup>

Daytime Telephone Number

Evening Telephone Number

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

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<sup>1</sup> The 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.

# III. SCHEDULE OF TRANSACTIONS IN UNILIFE COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in detail in paragraph 11 of the General Instructions above. Do not include information regarding securities other than Unilife common stock.

|  |  |
|--|--|
| <p>1. <b>BEGINNING HOLDINGS OF UNILIFE COMMON STOCK</b> – State the total number of shares of Unilife common stock held as of the close of trading on November 8, 2011. If none, write “zero” or “0.”</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <p>Proof of Position Enclosed</p> <p><input type="checkbox"/> Y   <input type="checkbox"/> N</p> |
|--|--|

|   |   |
|---|---|
| <p>2. <b>PURCHASES/ACQUISITIONS OF UNILIFE COMMON STOCK ON THE OPEN MARKET DURING THE PERIOD FROM NOVEMBER 9, 2011 THROUGH AND INCLUDING FEBRUARY 10, 2017</b> – Separately list below each and every purchase/acquisition (including free receipts) of Unilife common stock on the open market from the opening of trading on NOVEMBER 9, 2011 through and including the close of trading on FEBRUARY 10, 2017 (must be documented)<sup>2</sup>.</p> | <p><b>IF NONE, CHECK HERE</b></p> <p><input type="checkbox"/></p> |
|---|---|

| Date of Purchase / Acquisition (List Chronologically) (Month/Day/Year) | Number of Shares Purchased / Acquired | Purchase / Acquisition Price Per Share | Total Purchase / Acquisition Price (excluding all fees, taxes, and commissions) | Proof of Purchase / Acquisition Enclosed              |
|--|---------------------------------------|--|---|---|
| / /  |                                       | \$                                     | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| / /  |                                       | \$                                     | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| / /  |                                       | \$                                     | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| / /  |                                       | \$                                     | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| / /  |                                       | \$                                     | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| / /  |                                       | \$                                     | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| / /  |                                       | \$                                     | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |

<sup>2</sup> **PLEASE NOTE:** Information requested with respect to your purchases/acquisitions of Unilife common stock from after the opening of trading on November 15, 2016 through and including the close of trading on February 10, 2017 is needed in order to balance your claim; purchases/acquisitions of Unilife common stock during this period, however, are **not** eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

3. **SALES OF UNILIFE COMMON STOCK DURING THE PERIOD FROM NOVEMBER 9, 2011 THROUGH AND INCLUDING FEBRUARY 10, 2017** – Separately list each and every sale/disposition (including free deliveries) of Unilife common stock from the opening of trading on NOVEMBER 9, 2011 through and including the close of trading on FEBRUARY 10, 2017 (must be documented).

**IF NONE, CHECK HERE**

| Date of Sale (List Chronologically) (Month/Day/Year) | Number of Shares Sold | Sale Price Per Share | Total Sale Price (excluding all fees, taxes, and commissions) | Proof of Sale Enclosed                                |
|--|-----------------------|----------------------|---|---|
| / /  |                       | \$                   | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| / /  |                       | \$                   | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| / /  |                       | \$                   | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| / /  |                       | \$                   | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| / /  |                       | \$                   | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| / /  |                       | \$                   | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| / /  |                       | \$                   | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N |

4. **HOLDINGS** – State the total number of shares of Unilife common stock held as of the close of trading on FEBRUARY 10, 2017 (must be documented). If none, write “zero” or “0.”

Proof of Position Enclosed  
 Y  N

**IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX:**



# IV. RELEASE OF CLAIMS AND SIGNATURE

**YOU MUST ALSO READ THE CERTIFICATION SET FORTH BELOW AND SIGN ON PAGE 10 OF THIS CLAIM FORM.**

I (we) hereby acknowledge that, pursuant to the terms set forth in the Stipulation, without further action by anyone, upon the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) current and former officers, directors, agents, parents, affiliates, subsidiaries, successors, predecessors, assigns, assignees, employees, attorneys, heirs, executors, and administrators in their capacities as such, shall be deemed to have, and by operation of law and of the judgment shall have, fully, finally and forever compromised, settled, released, resolved, relinquished, waived and discharged each and every Released Plaintiffs' Claim against the Defendants and the Defendants' Releasees (as defined in the Stipulation and in the Notice), and shall be (a) permanently and forever enjoined from instituting, commencing or prosecuting, in any capacity, any and all Released Plaintiffs' Claims against any of the Defendants' Releasees, and (b) deemed to permanently covenant to refrain from instituting, commencing or prosecuting, in any capacity, any and all Released Plaintiffs' Claims against any of the Defendants' Releasees.

## V. 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 I (we) have read and understand the contents of the Notice and this Claim Form, including the Releases provided for in the Stipulation and the terms of the Plan of Allocation;
2. that the Claimant(s) is a (are) Settlement Class Member(s), as defined in the Notice and in paragraph 3 on page 2 of this Claim Form, and is (are) not excluded by definition from the Settlement Class as set forth in the Notice and in paragraph 5 on page 2 of this Claim Form;
3. that the Claimant did **not** submit a request for exclusion from the Settlement Class in accordance with the instructions set forth in the Notice;
4. that I (we) own(ed) the Unilife common stock identified in the Claim Form and have not assigned the claim against any of the Defendants or any of the other Defendants' Releasees 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 purchases/acquisitions of Unilife common stock and knows (know) of no other person having done so on the Claimant's (Claimants') behalf;
6. that the Claimant(s) has (have) not already submitted to binding arbitration and is (are) not a party to any other lawsuit concerning Claimant's (Claimants') interest in Unilife stock;
7. that the Claimant(s) submit(s) to the jurisdiction of the Court with respect to Claimant's (Claimants') Claim and for purposes of enforcing the releases set forth herein;
8. that I (we) agree to furnish such additional information with respect to this Claim Form as Lead Counsel, the Claims Administrator or the Court may require;
9. that the Claimant(s) waive(s) the right to trial by jury, to the extent any such right may exist, and agree(s) to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;

10. that I (we) acknowledge that the Claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and

11. 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.**

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

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

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
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 – see paragraph 14 on page 3 of this Claim Form.)

\_\_\_\_\_  
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 – see paragraph 14 on page 3 of this Claim Form.)

# VI. REMINDER CHECKLIST



**Please sign the above release and certification.** If this Claim Form is being made on behalf of joint claimants, then both must sign.

\_\_\_\_\_

Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.



Please do not highlight any portion of the Claim Form or any supporting documents.

\_\_\_\_\_

Keep copies of the completed Claim Form and documentation for your own records.



The Claims Administrator will acknowledge receipt of your 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 CLAIMS ADMINISTRATOR TOLL-FREE AT 1-844-864-9035.**

\_\_\_\_\_

If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.



If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below, by email at [info@Unilifesecuritieslitigation.com](mailto:info@Unilifesecuritieslitigation.com), or by toll-free phone at 1-844-864-9035, or you may visit [www.unilifesecuritieslitigation.com](http://www.unilifesecuritieslitigation.com). **Please DO NOT call the Defendants or their Counsel with questions regarding your claim.**

\_\_\_\_\_

THIS CLAIM FORM MUST BE SUBMITTED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL SO THAT IT IS **POSTMARKED NO LATER THAN FEBRUARY 20, 2018**, ADDRESSED AS FOLLOWS:

***In re Unilife Corporation Securities Litigation***  
**c/o JND Legal Administration**  
**P.O. Box 6847**  
**Broomfield, CO 80021**

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before February 20, 2018 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 Claims Administrator.

You should be aware that it will take a significant amount of time to fully process all of the submitted Claim Forms and to administer the Settlement. This work will be completed as promptly as time permits. Please be patient and notify the Claims Administrator of any change of address.