

Must be
Postmarked
No Later Than
October 9, 2017

STAAR Surgical Securities Litigation
c/o GCG
Claims Administrator
PO Box 10466
Dublin, Ohio 43017-4066
1-844-590-5685
www.staarsurgicalsecuritieslitigation.com



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

This Proof of Claim and Release (“Proof of Claim”) relates to the Action entitled, *Edward Todd v. STAAR Surgical Company, et al.*, Case No. 2:14-CV-05263-MWF-GJS, U.S. District Court for the Central District of California (the “Litigation”).

You are urged to read carefully the accompanying Long Form Notice of Pendency and Proposed Settlement of Class Action (the “Notice”). All capitalized terms used herein shall have the same meaning as defined in the Notice.

IF YOU PURCHASED OR ACQUIRED THE COMMON STOCK OF STAAR SURGICAL COMPANY (“STAAR”) BETWEEN NOVEMBER 1, 2013 AND JUNE 30, 2014 (THE “CLASS PERIOD”) YOU MAY BE A “CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS.

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS. SUBMISSION OF THIS PROOF OF CLAIM AND RELEASE (“PROOF OF CLAIM”), HOWEVER, DOES NOT ASSURE THAT YOU WILL SHARE IN THE SETTLEMENT PROCEEDS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN **OCTOBER 9, 2017**, TO THE CLAIMS ADMINISTRATOR AT THE FOLLOWING ADDRESS:

STAAR Surgical Securities Litigation
c/o GCG
Claims Administrator
PO Box 10466
Dublin, Ohio 43017-4066

YOUR FAILURE TO SUBMIT YOUR CLAIM BY **OCTOBER 9, 2017** 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.

IF YOU ARE NOT A CLASS MEMBER DO NOT SUBMIT A PROOF OF CLAIM. IF YOU ARE A CLASS MEMBER, YOU WILL BE BOUND BY THE TERMS OF ANY JUDGMENT ENTERED IN THE LITIGATION, **WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM.**

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 Claims Administrator 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 Claims Administrator 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

Account Number:

Grid for Account Number

City: **Last 4 digits of Claimant SSN/TIN:***

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

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

Grid for State, Zip Code, and Country

Name of the Person you would like the Claims Administrator 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 Claims Administrator 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, 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 settlement website at www.staarsurgicalsecuritieslitigation.com or you may e-mail the Claims Administrator's electronic filing department at eClaim@choossegcg.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 Claims Administrator 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 such an email within 10 days of your submission, you should contact the electronic filing department at eClaim@choossegcg.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.choossegcg.com/privacy>

*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.



PART II - GENERAL INSTRUCTIONS

IF YOU NEED ASSISTANCE FILLING OUT THIS PROOF OF CLAIM, PLEASE CONTACT THE CLAIMS ADMINISTRATOR.

1. CLAIMANT IDENTIFICATION

- (a) Use Part I of this form entitled "Claimant Identification" to identify the beneficial purchaser of the STAAR Securities upon which this claim is based. This claim must be filed by the actual beneficial purchaser(s) or the legal representative of such purchaser(s) of the STAAR Securities upon which this claim is based.
- (b) All joint purchasers 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 last 4 digits of 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 your claim or result in rejection of the claim.

2. CLAIM FORM

- (a) Use Part III of this form entitled "Schedule of Transactions in STAAR Common Stock" to supply all required details of your transaction(s) in STAAR common stock. 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.
- (b) On the schedule, provide all of the requested information with respect to all of your beginning holdings, purchases, sales and ending holdings of STAAR common stock, regardless of whether such transactions resulted in a profit or a loss. **Failure to report all such transactions may result in the rejection of your claim.** **Please note:** only STAAR common stock purchased or otherwise acquired during the Class Period (i.e., the period between November 1, 2013 and June 30, 2014, inclusive), is eligible to potentially recover under the Settlement. However, because information regarding your sales of STAAR common stock during the period from July 1, 2014 to September 26, 2014, inclusive (the "90-day look back period"), will be used for purposes of calculating your Recognized Loss under the Plan of Allocation contained in the Notice, information with respect to your purchases and acquisitions of STAAR common stock during that period as well as your holdings of STAAR common stock at the close of trading on September 26, 2014 is needed in order to balance your claim. While your purchases and acquisitions during the 90-day look back period will not be used for purposes of calculating your Recognized Loss pursuant to the Plan of Allocation, the information is necessary in order to process your claim. List each transaction in the Class Period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.
- (c) List each transaction in the Class Period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.
- (d) Broker confirmations or other documentation of your transactions in STAAR common stock should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.
- (e) The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses. In some cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information and/or the hiring of an accounting expert at the claimant's cost.



PART III - SCHEDULE OF TRANSACTIONS IN STAAR COMMON STOCK

A. BEGINNING HOLDINGS: State the total number of shares of STAAR common stock owned at the close of trading on **October 31, 2013**, long or short (*if none, enter "0"; if other than zero, must be documented*):

Shares									

B. PURCHASES\ACQUISITIONS: Separately list each and every open market purchase of STAAR common stock during the period from **November 1, 2013** through **June 30, 2014**, inclusive, and provide the following information (*must be documented*):

Purchase Date <i>(list chronologically)</i> Month/Day/Year	Number of Shares Purchased	Price Per Share <i>(excluding commissions, taxes, and other fees)</i>	Total Purchase Price <i>(excluding commissions, taxes, and other fees)</i>
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.

C. PURCHASES\ACQUISITIONS: State the total number of shares of STAAR common stock purchased (including free receipts) from **July 1, 2014** through and including the close of trading on **September 26, 2014**. (*if none, enter "0"; if other than zero, must be documented*):

Shares									

D. SALES: Separately list each and every sale of STAAR common stock during the period **November 1, 2013** through **September 26, 2014**, inclusive, and provide the following information (*must be documented*):

Sale Date <i>(list chronologically)</i> Month/Day/Year	Number of Shares Sold	Price Per Share <i>(excluding commissions, taxes, and other fees)</i>	Total Sale Price <i>(excluding commissions, taxes, and other fees)</i>
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.

E. ENDING HOLDINGS: State the total number of shares of STAAR common stock owned at the close of trading on **September 26, 2014**, long or short (*if none, enter "0"; if other than zero, must be documented*):

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 IV - CLAIMANT'S STATEMENT

1. I (we) purchased common stock in STAAR and was (were) damaged thereby. (Do not submit this Proof of Claim if you did not purchase STAAR common stock 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 above and in the Long Form 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 Action 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 STAAR common stock during the Class Period, and each sale, if any, of such securities. 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 STAAR common stock 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 Loss. 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 Persons" of all "Released Claims," as defined here and in the Notice:
 - a. The Released Claims are any and all claims, rights, demands, obligations, damages, actions or causes of action, or liabilities whatsoever, of every nature and description, including both known claims and Unknown Claims, whether arising under federal, state, common or foreign law or regulation, that arise out of or relate in any way to the purchase or sale of STAAR Securities during the Class Period and the acts, facts, statements, or omissions that were or could have been alleged or asserted by Lead Plaintiff or any member of the Class in the Action or in any other action in any court or forum, except that the following are expressly excluded from the definition of Released Claims: (i) all claims of any Person who submits a request for exclusion from the Settlement, to the extent that the Court grants any such request; and (ii) all claims to enforce any of the terms of the Stipulation.
 - b. The Released Persons are (i) Defendants; (ii) each of Defendants' present and former parents, subsidiaries, divisions, departments, affiliates, stockholders, officers, directors, employees, agents; and (iii) any of their advisors, insurers, counsel, underwriters, representatives (and the predecessors, successors, administrators and assigns of each of the foregoing) in their capacities as such.



PART V - 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

I/We declare and affirm under penalties of perjury that the foregoing information and the documents attached hereto, including the last 4 digits of the Social Security or Taxpayer Identification Number shown on this Proof of Claim, are true, correct and complete to the best of my/our knowledge, information and belief, and that this Proof of Claim was

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

Signature of Claimant

Date

Print Name of Claimant

Signature of Joint Claimant, if any

Date

Print Name of Joint Claimant, if any

Signature of Person signing on behalf of Claimant

Date

Capacity of person signing on behalf of Claimant, if other than an individual, (Executor, President, Custodian, etc.)

Print Name of Person signing on behalf of Claimant



A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by **October 9, 2017** 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

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

1. Please sign the Proof of Claim and Release on page 6. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
2. Remember to attach supporting documentation (supporting documents include trade confirmation, official monthly, quarterly or annual brokerage statements).
3. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
4. Keep a copy of your completed Proof of Claim and all documentation submitted for your records.
5. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail within 30 days. **Your claim is not deemed filed until you receive an acknowledgment postcard.** If you do not receive an acknowledgment postcard within 30 days, please call the Claims Administrator toll free at **1-844-590-5685**.
6. If you move, you must send the Claims Administrator your new address. If these documents were sent to an old or incorrect address, you must notify the Claims Administrator. Otherwise, any funds allocated to your claim are subject to forfeiture.
7. **Do not use highlighter on the Proof of Claim or supporting documentation.**
8. If you have any questions or concerns regarding your Proof of Claim, please contact the Claims Administrator at the address listed below or at **1-844-590-5685**, or visit **www.staarsurgicalsecuritieslitigation.com**.

THIS PROOF OF CLAIM MUST BE POSTMARKED ON OR BEFORE
OCTOBER 9, 2017 AND MUST BE MAILED TO:

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c/o GCG
Claims Administrator
PO Box 10466
Dublin, Ohio 43017-4066

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