



ShipChain Inc. Fair Fund
 c/o Analytics Consulting LLC, Fund Administrator
 P.O. Box 2002
 Chanhassen, MN 55317-2002

CERTIFICATION FORM

WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW:

| |
|--------------------------------------------------------------|
| Name: |
| Address: |
| City, State, and Zip Code: |
| Foreign Province and/or Foreign Postal Code (if applicable): |
| Foreign Country Name/Abbreviation (if applicable): |
| Email Address: |

PART I: RECOGNIZED LOSS AMOUNT CONFIRMATION

Please check this box if you certify that the Recognized Loss Amounts set forth on page 2 of the Distribution Plan Notice are correct.

You must provide supporting documentation (including a purchase agreement and proof of payment(s) made) to confirm your investments made from October 1, 2017 through January 3, 2018.

Only if you disagree with the Recognized Loss Amounts set forth in the Distribution Plan Notice, please designate the adjusted Recognized Loss Amounts below.

Adjusted Recognized Loss: \$

You must provide supporting documentation (including a purchase agreement and proof of payment(s) made) for your adjusted Recognized Loss Amount.¹

PART II: PAYEE CONFIRMATION

Please complete this section **only** if the Eligible Claimant has changed.

ELIGIBLE CLAIMANT (Injured claimants, lawful heirs or successors)

| | | |
|----------------------|----------------------|----------------------|
| First Name | Middle | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

PAYEE INFORMATION (to whom current Distribution Payment should be made)*

| | | |
|----------------------|----------------------|----------------------|
| First Name | Middle | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

* In order to receive payment on behalf of an Eligible Claimant, a successor, heir, administrator, or other person authorized to act on an Eligible Claimant's behalf must provide proper supporting documentation validating their identity as the lawful recipient.²

PLEASE COMPLETE AND SIGN PAGE 2

¹ By designating an adjusted Recognized Loss Amount, your response constitutes a Dispute and must be received by the Fund Administrator no later than 60 days from the date of the notice. Your documentation should detail why the calculation in the Distribution Plan is not accurate in two pages or less, double spaced. Attach the documentation to the Certification Form.

² At a minimum, a copy of a death certificate must be submitted to demonstrate that an Eligible Claimant is deceased. Additionally, the representative must provide documentation including, but not limited to, a Last Will and Testament, estate records, applicable trust documents, power of attorney, Letters Testamentary, letters of administration, evidence of probate and/or any other testamentary provisions of the harmed investor to demonstrate their status as payee. Please provide plain copies of these documents as they will not be returned. Certified copies are not required.

PART III: CLAIM INFORMATION

Please attach your purchase agreement and evidence of payment(s).

Did you purchase the Security on an individual basis or did you make the investment as a member of a larger group of investors?

Individual Member of Larger Group of Investors

If you made the investment as a member of a larger group of investors, you must provide a list of all investors in the group, each investor's contact information, and the amount of investment for each investor.

Did you receive any payments or compensation in connection with the Security? If, so, how much?

No Yes Amount: \$ _____

Are you an Excluded Party (as described in the Distribution Plan)?

No Yes

PART IV: CERTIFICATION

1. Defined terms used herein shall have the meaning ascribed to them in the Distribution Plan.
2. I hereby warrant and represent that the information provided herein is true and accurate.

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

(Sign your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

IF YOU ARE *DISPUTING* YOUR ELIGIBLE LOSS AMOUNT IN PART I, THIS CERTIFICATION FORM MUST BE POSTMARKED NO LATER THAN 60 DAYS FROM THE DATE OF THE NOTICE.

IF YOU ARE *CONFIRMING* YOUR ELIGIBLE LOSS AMOUNT IN PART I, THIS CERTIFICATION FORM MUST BE POSTMARKED NO LATER THAN 60 DAYS FROM THE DATE OF THE NOTICE.

PLEASE RETURN THE CERTIFICATION FORM TO:

ShipChain Inc. Fair Fund
c/o Analytics Consulting LLC
Fund Administrator
P.O. Box 2002
Chanhassen, MN 55317-2002

Secure Upload: www.ShipChainFairFund.com Email: info@ShipChainFairFund.com