

REMINDER, THE PROOF OF CLAIM AND RELEASE FORM, INCLUDING THE INFORMATION BELOW AND ALL SUPPORTING DOCUMENTATION MUST BE POSTMARKED NO LATER THAN APRIL 13, 2018.

Schueneman v. Arena Pharmaceuticals, Inc.  
c/o GCG  
P.O. Box 10526  
Dublin, OH 43017-0526

Toll-Free: (877) 981-9683

Settlement Website: [www.ArenaPharmaceuticalsClassActionSettlement.com](http://www.ArenaPharmaceuticalsClassActionSettlement.com)

If known, please enter the following:

Claim Number: \_\_\_\_\_

Control Number: \_\_\_\_\_

SUBSTITUTE REGISTRATION INFORMATION

**Claimant Contact Information:**

Name:

Grid for Name entry

Address:

Grid for Address entry

City:

State:

Zip Code:

Grid for City, State, and Zip Code entry

Foreign Province:

Grid for Foreign Province entry

Foreign Country:

Grid for Foreign Country entry

Daytime Telephone Number:

Evening Telephone Number:

Grid for Daytime and Evening Telephone Numbers

Social Security Number (for individuals) OR Taxpayer Identification Number (for estates, trusts, corporations, etc.)

Grid for Social Security or Taxpayer ID Number

**This is not a Proof of Claim and Release form.** Only complete this form if you submit your claim online. This form can be uploaded with your online claim submission or mailed to the Claims Administrator at the P.O. Box listed above. Please complete the appropriate section carefully. Failure to complete it in its entirety will result in the forfeiture of your rights to receive the Securities if any are distributed. You may only complete one.

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

Please complete the appropriate section carefully. Failure to complete it in its entirety will result in the forfeiture of your rights to receive the Securities if any are distributed. You may only complete one.



**PART I - CLAIMANT IDENTIFICATION (CONTINUED)**

Please complete the appropriate section carefully. Failure to complete it in its entirety will result in the forfeiture of your rights to receive the Securities if any are distributed. You may only complete one.

**Section A.** Individual / Sole Proprietor. *Use of initials only (e.g. J.G. Doe) is not acceptable.*

- Individual.  
 Sole Proprietor

**Name:**

**Section B.** Joint Ownership. *Please indicate the type of tenancy.*

- Joint Tenants - Jt Ten  
(includes right of survivorship – JTWROS)  
 Tenants in Common - Ten Com  
 Tenants by Entireties - Ten Ent

**Name(s):**



**Section C.** Retirement accounts. *Please indicate the type of retirement account.*

- IRA  
 Roth IRA  
 Keogh  
(Defined Benefit Plan or Defined Contribution Plan)  
 Other (please describe) \_\_\_\_\_  
\_\_\_\_\_

**Custodian:**

**Beneficiary:**

**Section D.** Private or public entity. *Please indicate the entity type and check one box below.*

- Corporation  
 Partnership  
 Limited Liability Company  
 Non-Profit Organization  
 Foundation

**Section E.** Custodianships.

- UGMA  
 UTMA

**Custodian:**

**State:**

**Minor:**

**Section F.** Under Trust agreements. *Please indicate the name of the trustee(s), the name of the Trust and the date of the Trust agreement in the space provide below)*

**Name of trustee(s):**

**Name of Trust:**

**Date of Trust Agreement:**

 /  / 

**Section G.** Estate. *Please indicate the fiduciary capacity and the name of the person or entity authorized to hold such capacity as follows. (e.g. Include the name of the deceased and the executor)*

- Executor (EX)  
 Personal Representative (Per Rep)  
 Administrator (Adm)  
 Conservator (Cons)  
 Other. Please explain \_\_\_\_\_

**Fiduciary Name(s):**

**Estate of:**

Upload this form with your *Schueneman v. Arena Pharmaceuticals, Inc.* supporting documentation for your online claim submission.