

Weatherford SEC Fair Fund
 c/o Epiq
 Fund Administrator
 P.O. Box 10574
 Dublin, OH 43017

**Must be received
 No Later Than September 26, 2024**

**www.WeatherfordSECFairFund.com
 (800) 581-1152**

PROOF OF CLAIM FORM

TO BE ELIGIBLE TO SHARE IN THE PROCEEDS OF THE WEATHERFORD SEC FAIR FUND, YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM TO THE FUND ADMINISTRATOR BY FIRST CLASS MAIL, TO THE ADDRESS SET FORTH AT THE TOP OF THIS PAGE, SO THAT IT IS RECEIVED NO LATER THAN **SEPTEMBER 26, 2024**.

IF YOU FAIL TO SUBMIT A TIMELY, PROPERLY ADDRESSED AND COMPLETED PROOF OF CLAIM FORM, YOUR CLAIM MAY BE REJECTED AND YOU MAY BE PRECLUDED FROM RECEIVING ANY PROCEEDS FROM THE FAIR FUND.

SUBMIT YOUR PROOF OF CLAIM FORM ONLY TO THE FUND ADMINISTRATOR AT THE ADDRESS ABOVE.

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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	8	9	0
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PART I – CLAIMANT IDENTIFICATION

Beneficial Owner's First Name	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Beneficial Owner's First Name	MI	Co-Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if claimant is not an individual)

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

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

Country (if not USA)

Social Security Number	OR	Taxpayer Identification Number
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/>

Telephone Number (Day)	Telephone Number (Evening)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

Claimant Account Type (check appropriate box):

<input type="checkbox"/> Individual	<input type="checkbox"/> Estate
<input type="checkbox"/> Joint	<input type="checkbox"/> Trust
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other _____ (please specify)
Choose tax classification:	
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation
<input type="checkbox"/> Partnership	

NOTICE REGARDING ELECTRONIC FILES: Certain Investors with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, visit the Weatherford SEC Fair Fund website at www.WeatherfordSECFairFund.com or e-mail the Fund Administrator at Eclaim@epiqglobal.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 Fund 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 an email within 10 days of your submission, you should contact the electronic filing department at Eclaim@epiqglobal.com to inquire about your file and confirm it was received and acceptable.

PART II - SCHEDULE OF TRANSACTIONS IN WEATHERFORD COMMON STOCK

A. BEGINNING HOLDINGS: State the total number of Weatherford common stock that were purchased/acquired and were held at the beginning of trading on February 25, 2009. (If none write "zero" or "0", must be documented.)

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B. PURCHASES/ACQUISITIONS: separately list each PURCHASE or ACQUISITION of Weatherford common stock that were purchased or acquired from February 25, 2009, through and including November 12, 2012. (Must be documented.)

Date(s) of Purchase/Acquisition (List Chronologically) (MMDDYY)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price per Share	Total Purchase/Acquisition Price (excluding taxes, commissions and fees)

C. PURCHASES/ACQUISITIONS: Number of Weatherford common stock that were purchased or acquired from November 13, 2012 to February 8, 2013. (Must be documented.)

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D. SALES: Separately list each and every sale of Weatherford common stock that were sold during the period of February 25, 2009 to February 8, 2013. (Must be documented.)

Date(s) of Sale (List Chronologically) (MMDDYY)	Number of Shares Sold	Sale Price per Share	Total Sale Price (excluding taxes, commissions and fees)

E. ENDING HOLDINGS: Number of Weatherford common stock held at the close of trading on February 8, 2013. If none, write "zero" or "0". (Must be documented.)

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**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 III – CERTIFICATION AND SIGNATURE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am (we are) not:
 - a. A Respondent or any Defendant named in the Complaints in the Class Actions;
 - b. Any employee or former employee of the Respondent or any of its affiliates who has been terminated for cause or has otherwise resigned in connection with the conduct described in the Orders;
 - c. Any Person who, as of the Claims Bar Date, has been the subject of criminal charges related to the conduct described in the Orders or any related Commission action;
 - d. Members of the immediate family of the individual Respondents or any Defendant named in the Class Actions;
 - e. Any firm, trust, partnership, corporation, present or former officer, director or other individual or entity in which any of the Respondents or Defendants named in the Complaint or in the Class Action(s) have a controlling interest or which is related to or affiliated with any of the Respondents or Defendants named in the Class Actions;
 - f. The legal representatives, heirs, successors-in-interest or assigns of any such excluded persons or entities;
 - g. Persons whose only acquisition of the Security during the Relevant Period was via gift or inheritance if the Person from which the Security were received did not themselves acquire the Security during the Relevant Period;
 - h. Any purchaser or assignee of another Persons' right to obtain a recovery from the Fair Fund for value; provided however, this provision shall not be construed to exclude those Persons who obtained such a right by gift, inheritance, or devise;
 - i. The Fund Administrator, its employees and those persons assisting the Fund Administrator in its role as Fund Administrator.
2. If signing this Proof of Claim Form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Proof of Claim Form;
3. I agree to submit to the jurisdiction of the Securities and Exchange Commission for all purposes relating to this claim;
4. I understand that the Fund Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Fund Administrator for those purposes. If necessary, I authorize the Fund Administrator to obtain and review any and all trading records relevant to my transactions in Weatherford Common Stock from any brokerage firm or other entity that has possession of such records, and further consent to the release of such records by such brokerage firm or other entity to the Fund Administrator;
5. I agree that under no circumstances shall the Fund Administrator or its agents incur any liability to me or to any other person if it makes a distribution in accordance with the list of all Eligible Claimants and their Recognized Claims as approved by the SEC and that I am enjoined from taking any action in contravention of this provision;
6. I agree that upon receipt and acceptance by me of a distribution from the Weatherford SEC Fair Fund, I shall be deemed to have released all claims that I may have against the Fund Administrator and its agents and shall be deemed enjoined from prosecuting or asserting any such claims; and
7. If I am a custodian, trustee, or professional investing on behalf of and representing more than one potentially eligible claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management.

PART III – CERTIFICATION AND SIGNATURE (CONTINUED)

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim Form by the undersigned is true and correct and that the documents submitted herewith are true and genuine.

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

Signature of Claimant (if this claim is being made on behalf of Joint Claimants, then each must sign.)

Signature of Claimant

Date:

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MM DD YY

Print Name of Claimant

Date:

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MM DD YY

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

If Claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of Person Completing Form

Date:

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MM DD YY

Print Name of Person Completing Form

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, trustee, custodian, etc.

PART IV – TAX CERTIFICATIONS

The interest component of your distribution payment is U.S. source income. To ensure that the Fair Fund can comply with its reporting and/or withholding obligations, please complete and provide the Administrator of the Fair Fund with one (1) of the following forms, as applicable:

- IRS Form W-9; **OR**
- IRS Form W-8BEN, W-8BEN-E, or other W-8 series form

If you are a U.S. person, as that term is defined below, then you should complete the Substitute IRS Form W-9 below.

If you are **not** a U.S. person, then you should **not** complete the Substitute IRS Form W-9 below. Instead, you should complete IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: <https://www.irs.gov/forms-instructions>

The term “U.S. person” means:

- A citizen or resident of the United States,
- A partnership created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
- A corporation created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
- Any estate or trust other than a foreign estate or foreign trust (see Internal Revenue Code § 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
- Any other person that is not a foreign person.

If the Fair Fund does not receive a valid and complete Form W-9 or W-8 from you, the Fair Fund may be required under the Internal Revenue Code to make certain presumptions about you for purposes of tax reporting and, as applicable, withholding. The Fair Fund may be required to presume the interest is being paid to: (1) a payee subject to 30% withholding under the Foreign Account Tax Compliance Act (“FATCA”) and reporting on Form 1042-S; (2) a nonresident alien of the U.S. (“NRA”) subject to reporting and 30% NRA withholding and reporting on Form 1042-S; or (3) a U.S. person subject to 24% backup withholding and reporting on Form 1099-INT.

Substitute Form W-9

Taxpayer Identification Number Certification

Social Security Number

Grid for Social Security Number: [][][] - [][] - [][][][][]

Employer Identification Number

Grid for Employer Identification Number: [][] - [][][][][][][]

OR

Exemption from FATCA reporting code (if any)

[]

Exempt Payee Code (if any)

[][]

Check appropriate box for federal tax classification:

- [] Individual [] C Corporation [] S Corporation [] Partnership [] Trust/estate [] Other _____

- [] Limited Liability Company - choose tax classification [] C Corporation [] S Corporation [] Partnership

Print your name as it appears on your federal income tax return:

Large empty box for name

First Name and Last Name, for Individuals. Entity Name for businesses and trusts.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

Large empty box for signature

Signature of U.S. Person

Date: [][] - [][] - [][] MM DD YY

PART V – REMINDER CHECKLIST

1. Please sign the Signature Section of the Proof of Claim form.
2. If this Proof of Claim form is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach supporting documentation.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Proof of Claim form and all documentation submitted for your records.
6. If you move, please send your new address to the Fund Administrator at the address below.
7. Do not use highlighter on the Proof of Claim form or supporting documentation.

***THIS PROOF OF CLAIM MUST BE RECEIVED NO LATER THAN SEPTEMBER 26, 2024
AND MUST BE MAILED TO:***

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