

**Allianz Mutual Funds Litigation  
c/o A.B. Data, Ltd.  
P.O. Box 173050  
Milwaukee, WI 53217**

**Toll-Free Number: 888-209-5181  
Email: [info@AllianzMutualFundsLitigation.com](mailto:info@AllianzMutualFundsLitigation.com)  
Website: [www.AllianzMutualFundsLitigation.com](http://www.AllianzMutualFundsLitigation.com)**

**PROOF OF CLAIM AND RELEASE FORM**

To be eligible to receive a share of the Net Settlement Fund in connection with the proposed Settlement, you must complete and sign this Proof of Claim and Release Form ("Claim Form") and mail it by first-class mail to the above address **postmarked (or received) no later than May 8, 2023**, or submit it online at [www.AllianzMutualFundsLitigation.com](http://www.AllianzMutualFundsLitigation.com) **no later than May 8, 2023**.

Failure to submit your Claim Form by the date specified will subject your Claim to rejection and may preclude you from being eligible to recover any money in connection with the proposed Settlement.

**Do not mail or deliver your Claim Form to the Court, the Parties to the Action, or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above, or online at [www.AllianzMutualFundsLitigation.com](http://www.AllianzMutualFundsLitigation.com).**

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## **PART I – GENERAL INSTRUCTIONS**

1. It is important that you completely read and understand the Notice of Proposed Settlement of Class Action (“Notice”) that accompanies this Claim Form, including the proposed Plan of Allocation set forth in Appendix A to the Notice (“Plan of Allocation”). The Notice describes the proposed Settlement, 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. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

2. This Claim Form is directed to all persons and entities who are members of the Settlement Class defined in paragraph 11 of the Notice. By submitting this Claim Form, you are making a request to share in the proceeds of the Settlement described in the Notice. **IF YOU ARE NOT A SETTLEMENT CLASS MEMBER (see definition of the Settlement Class contained in paragraph 11 of the Notice), OR IF YOU SUBMITTED A REQUEST FOR EXCLUSION FROM THE SETTLEMENT CLASS, DO NOT SUBMIT A CLAIM FORM AS YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT.** **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.**

3. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in Appendix A to the Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.**

4. Use the Schedules of Transactions in Parts III - VI of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in, and holdings of, shares of, respectively, the AllianzGI Structured Return Fund, the AllianzGI U.S. Equity Hedged Fund, the AllianzGI PerformanceFee Structured U.S. Equity Fund, and/or the AllianzGI PerformanceFee Structured U.S. Fixed Income Fund (collectively, the “Mutual Funds”). On these schedules, please provide all the requested information with respect to your holdings, purchases, acquisitions, and sales of the applicable Mutual Fund shares, whether such transactions resulted in a profit or a loss. **Failure to report all transaction and holding information during the requested time periods may result in the rejection of your Claim.**

5. You are required to submit genuine and sufficient documentation for all your transactions in, and holdings of, the Mutual Fund shares set forth in the Schedules of Transactions in Parts III - VI of this Claim Form. Documentation may consist of copies of brokerage confirmation slips or monthly brokerage account statements, or an authorized statement from your broker containing the transactional and holding information found in a broker confirmation slip or account statement. The Parties and the Claims Administrator do not independently have information about your investments in the Mutual Funds. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OF THE DOCUMENTS 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, do not highlight any portion of the Claim Form or any supporting documents.**

6. All joint beneficial owners each must sign this Claim Form and their names must appear as “Claimants” in Part II of this Claim Form. The complete name(s) of the beneficial owner(s) must be entered. If you held Mutual Fund shares in your name, you are the beneficial owner as well as the record owner. If you held Mutual Fund shares and the shares were registered in the name of a third party, such as a nominee or brokerage firm, you are 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.

7. **One Claim should be submitted for each separate legal entity or separately managed account.** Separate Claim Forms should be submitted for each separate legal entity (e.g., an individual should not combine his or her IRA transactions with transactions made solely in the individual’s name). Generally, a single Claim Form should be submitted on behalf of one legal entity including all holdings and transactions made by that entity on one Claim Form. However, if a single person or legal entity had multiple accounts that were separately managed, separate Claims may be submitted for each such account. The Claims Administrator reserves the right to request information on all the holdings of, and transactions in, the Mutual Funds made on behalf of a single beneficial owner.

8. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

- (a) expressly state the capacity in which they are acting;

- (b) identify the name, account number, last four digits of the 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 Mutual Fund shares; and
- (c) furnish herewith 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's accounts.)

9. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your Claim and may subject you to civil liability or criminal prosecution.

10. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all claims processing. The claims process will take substantial time to complete fully and fairly. Please be patient.

11. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her, or its *pro rata* share of the Net Settlement Fund. If the prorated payment to any Authorized Claimant calculates to less than \$10.00, it will not be included in the calculation and no distribution will be made to that Authorized Claimant.

12. If you have questions concerning the Claim Form or need additional copies of the Claim Form or a copy of the Notice, you may contact the Claims Administrator, A.B. Data, Ltd., at the above address, by email at [info@AllianzMutualFundsLitigation.com](mailto:info@AllianzMutualFundsLitigation.com), or by toll-free phone at 888-209-5181, or you can visit the website for the Settlement maintained by the Claims Administrator, [www.AllianzMutualFundsLitigation.com](http://www.AllianzMutualFundsLitigation.com), where copies of the Claim Form and Notice are available for downloading.

13. **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 website for the Settlement, [www.AllianzMutualFundsLitigation.com](http://www.AllianzMutualFundsLitigation.com), or you may email the Claims Administrator's electronic filing department at [info@AllianzMutualFundsLitigation.com](mailto:info@AllianzMutualFundsLitigation.com). **Any file that is 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 to you to that effect. **Do not assume that your file has been received until you receive this email. If you do not receive such an email within ten (10) days of your submission, you should contact the Claims Administrator's electronic filing department at [info@AllianzMutualFundsLitigation.com](mailto:info@AllianzMutualFundsLitigation.com) to inquire about your file and confirm it was received.**

**IMPORTANT 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 SIXTY (60) DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN SIXTY (60) DAYS, CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 888-209-5181.**

## **PART II – CLAIMANT IDENTIFICATION**

Please complete this PART II in its entirety. The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Beneficial Owner's First Name

Beneficial Owner's Last Name

Co-Beneficial Owner's First Name

Co-Beneficial Owner's Last Name

Entity Name (if Beneficial Owner 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

Country

Last four digits of Social Security Number or Taxpayer Identification Number

Telephone Number (mobile/home)

Telephone Number (work)

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.)

Account Number (where securities were traded)<sup>1</sup>

Claimant Account Type (check appropriate box)

- ☐ Individual (includes joint owner accounts)  
☐ Corporation  
☐ IRA/401K

- ☐ Pension Plan  
☐ Estate  
☐ Other \_\_\_\_\_

☐ Trust

(please specify)

<sup>1</sup> If the account number is unknown, you may leave blank. If filing for more than one account for the same legal entity you may write "multiple." Please see paragraph 7 of the General Instructions above for more information on when to file separate Claim Forms for multiple accounts.

**PART III – SCHEDULE OF TRANSACTIONS IN THE  
ALLIANZGI STRUCTURED RETURN FUND**

Complete this Part III by providing the requested information regarding your investments in the AllianzGI Structured Return Fund (“Structured Return Fund”). Please be sure to include proper supporting documentation with your Claim Form as described in detail in Part I – General Instructions, paragraph 5, above.

**SHARE CLASS** (Check Appropriate Box)

- ☐ Class A (Ticker AZIAX)
 ☐ Class C (Ticker AZICX)
 ☐ Class P (Ticker AZIPX)
 ☐ Class R6 (Ticker AZIRX)
 ☐ Institutional Class (Ticker AZIIX)

(If you had investments in multiple Share Classes for the Structured Return Fund, please complete a separate Schedule of Transactions for each Share Class)

<b>1. HOLDINGS AS OF JANUARY 2, 2020</b> – State the total number of shares of the Structured Return Fund held as of the opening of trading on January 2, 2020. (Must be documented.) If none, write “zero” or “0.” _____.				Confirm Proof of Holding Position Enclosed  <input type="checkbox"/>
<b>2. PURCHASES/ACQUISITIONS BETWEEN JANUARY 2, 2020 AND LIQUIDATION OF FUND</b> – Separately list each purchase/acquisition (including free receipts) of shares of the Structured Return Fund after the opening of trading on January 2, 2020 and before the liquidation of the Structured Return Fund on December 14, 2020. (Must be documented.)				<b>IF NONE, CHECK HERE</b>  <input type="checkbox"/>
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding fees, commissions, and taxes)	Confirm Proof of Purchase/ Acquisition Enclosed
		\$	\$	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>
<b>3. SALES BETWEEN JANUARY 2, 2020 AND LIQUIDATION OF FUND</b> – Separately list each sale/disposition (including free deliveries) of shares of the Structured Return Fund after the opening of trading on January 2, 2020 and before the liquidation of the Structured Return Fund on December 14, 2020. (Must be documented.)				<b>IF NONE, CHECK HERE</b>  <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting fees, commissions, or taxes)	Confirm Proof of Sale Enclosed
		\$	\$	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>

<b>4. HOLDINGS THROUGH LIQUIDATION OF FUND</b> – State the total number of shares of the Structured Return Fund held through the liquidation of the Structured Return Fund on December 14, 2020.			<b>IF NONE, CHECK HERE</b> <input type="checkbox"/>
Number of Shares Held Through Liquidation	Liquidation Price Per Share	Total Liquidation Price (excluding fees, commissions, and taxes)	Confirm Proof of Holding Position Enclosed
	\$	\$	<input type="checkbox"/>

<p><b>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</b></p> <div style="text-align: right;"> <input type="checkbox"/> </div>
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**PART IV – SCHEDULE OF TRANSACTIONS IN THE  
ALLIANZGI U.S. EQUITY HEDGED FUND**

Complete this Part IV by providing the requested information regarding your investments in the AllianzGI U.S. Equity Hedged Fund (“U.S. Equity Hedged Fund”). Please be sure to include proper supporting documentation with your Claim Form as described in detail in Part I – General Instructions, paragraph 5, above.

**SHARE CLASS** (Check Appropriate Box)

- ☐ Class A (Ticker AZUAX)                      ☐ Class C (Ticker AZUCX)                      ☐ Class P (Ticker AZUPX)
- ☐ Institutional Class (Ticker AZUIX)

(If you had investments in multiple Share Classes for the U.S. Equity Hedged Fund, please complete a separate Schedule of Transactions for each Share Class)

<b>1. HOLDINGS AS OF JANUARY 2, 2020</b> – State the total number of shares of the U.S. Equity Hedged Fund held as of the opening of trading on January 2, 2020. (Must be documented.) If none, write “zero” or “0.” _____.				Confirm Proof of Holding Position Enclosed  <input type="checkbox"/>
<b>2. PURCHASES/ACQUISITIONS BETWEEN JANUARY 2, 2020 AND LIQUIDATION OF FUND</b> – Separately list each purchase/acquisition (including free receipts) of shares of the U.S. Equity Hedged Fund after the opening of trading on January 2, 2020 and before the liquidation of the U.S. Equity Hedged Fund on June 11, 2020. (Must be documented.)				<b>IF NONE, CHECK HERE</b>  <input type="checkbox"/>
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding fees, commissions, and taxes)	Confirm Proof of Purchase/ Acquisition Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
<b>3. SALES BETWEEN JANUARY 2, 2020 AND LIQUIDATION OF FUND</b> – Separately list each sale/disposition (including free deliveries) of shares of the U.S. Equity Hedged Fund after the opening of trading on January 2, 2020 and before the liquidation of the U.S. Equity Hedged Fund on June 11, 2020. (Must be documented.)				<b>IF NONE, CHECK HERE</b>  <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting fees, commissions, or taxes)	Confirm Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>

<b>4. HOLDINGS THROUGH LIQUIDATION OF FUND</b> – State the total number of shares of the U.S. Equity Hedged Fund held through the liquidation of the U.S. Equity Hedged Fund on June 11, 2020.			<b>IF NONE, CHECK HERE</b> <input type="checkbox"/>
Number of Shares Held Through Liquidation	Liquidation Price Per Share	Total Liquidation Price (excluding fees, commissions, and taxes)	Confirm Proof of Holding Position Enclosed
	\$	\$	<input type="checkbox"/>

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 ☐



**PART V – SCHEDULE OF TRANSACTIONS IN THE  
ALLIANZGI PERFORMANCEFEE STRUCTURED U.S. EQUITY FUND**

Complete this Part V by providing the requested information regarding your investments in the AllianzGI PerformanceFee Structured U.S. Equity Fund (“PerformanceFee Equity Fund”). Please be sure to include proper supporting documentation with your Claim Form as described in detail in Part I – General Instructions, paragraph 5, above.

**SHARE CLASS** (Check Appropriate Box)

☐ Class P (Ticker APBPX) ☐ Class R6 (Ticker APBRX) ☐ Institutional Class (Ticker APBIX)

(If you had investments in multiple Share Classes for the PerformanceFee Equity Fund, please complete a separate Schedule of Transactions for each Share Class)

<b>1. HOLDINGS AS OF JANUARY 2, 2020</b> – State the total number of shares of the PerformanceFee Equity Fund held as of the opening of trading on January 2, 2020. (Must be documented.) If none, write “zero” or “0.” _____.				Confirm Proof of Holding Position Enclosed  <input type="checkbox"/>
<b>2. PURCHASES/ACQUISITIONS BETWEEN JANUARY 2, 2020 AND LIQUIDATION OF FUND</b> – Separately list each purchase/acquisition (including free receipts) of shares of the PerformanceFee Equity Fund after the opening of trading on January 2, 2020 and before the liquidation of the PerformanceFee Equity Fund on December 14, 2020. (Must be documented.)				<b>IF NONE, CHECK HERE</b>  <input type="checkbox"/>
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding fees, commissions, and taxes)	Confirm Proof of Purchase/ Acquisition Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
<b>3. SALES BETWEEN JANUARY 2, 2020 AND LIQUIDATION OF FUND</b> – Separately list each sale/disposition (including free deliveries) of shares of the PerformanceFee Equity Fund after the opening of trading on January 2, 2020 and before the liquidation of the PerformanceFee Equity Fund on December 14, 2020. (Must be documented.)				<b>IF NONE, CHECK HERE</b>  <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting fees, commissions, or taxes)	Confirm Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>

<b>4. HOLDINGS THROUGH LIQUIDATION OF FUND</b> – State the total number of shares of the PerformanceFee Equity Fund held through the liquidation of the PerformanceFee Equity Fund on December 14, 2020.			<b>IF NONE, CHECK HERE</b> <input type="checkbox"/>
Number of Shares Held Through Liquidation	Liquidation Price Per Share	Total Liquidation Price (excluding fees, commissions, and taxes)	Confirm Proof of Holding Position Enclosed
	\$	\$	<input type="checkbox"/>

**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**
☐

**PART VI – SCHEDULE OF TRANSACTIONS IN THE  
ALLIANZGI PERFORMANCEFEE STRUCTURED U.S. FIXED INCOME FUND**

Complete this Part VI by providing the requested information regarding your investments in the AllianzGI PerformanceFee Structured U.S. Fixed Income Fund (“PerformanceFee Fixed Income Fund”). Please be sure to include proper supporting documentation with your Claim Form as described in detail in Part I – General Instructions, paragraph 5, above.

**SHARE CLASS** (Check Appropriate Box)

☐ Class P (Ticker APKPX)                      ☐ Class R6 (Ticker APKRX)                      ☐ Institutional Class (Ticker APKIX)

(If you had investments in multiple Share Classes for the PerformanceFee Fixed Income Fund, please complete a separate Schedule of Transactions for each Share Class)

<b>1. HOLDINGS AS OF JANUARY 2, 2020</b> – State the total number of shares of the PerformanceFee Fixed Income Fund held as of the opening of trading on January 2, 2020. (Must be documented.) If none, write “zero” or “0.” _____.				Confirm Proof of Holding Position Enclosed  <input type="checkbox"/>
<b>2. PURCHASES/ACQUISITIONS BETWEEN JANUARY 2, 2020 AND LIQUIDATION OF FUND</b> – Separately list each purchase/acquisition (including free receipts) of shares of the PerformanceFee Fixed Income Fund after the opening of trading on January 2, 2020 and before the liquidation of the PerformanceFee Fixed Income Fund on June 24, 2020. (Must be documented.)				<b>IF NONE, CHECK HERE</b>  <input type="checkbox"/>
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding fees, commissions, and taxes)	Confirm Proof of Purchase/ Acquisition Enclosed
/   /		\$	\$	<input type="checkbox"/>
/   /		\$	\$	<input type="checkbox"/>
/   /		\$	\$	<input type="checkbox"/>
/   /		\$	\$	<input type="checkbox"/>
/   /		\$	\$	<input type="checkbox"/>
<b>3. SALES BETWEEN JANUARY 2, 2020 AND LIQUIDATION OF FUND</b> – Separately list each sale/disposition (including free deliveries) of shares of the PerformanceFee Fixed Income Fund after the opening of trading on January 2, 2020 and before the liquidation of the PerformanceFee Fixed Income Fund on June 24, 2020. (Must be documented.)				<b>IF NONE, CHECK HERE</b>  <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting fees, commissions, or taxes)	Confirm Proof of Sale Enclosed
/   /		\$	\$	<input type="checkbox"/>
/   /		\$	\$	<input type="checkbox"/>
/   /		\$	\$	<input type="checkbox"/>
/   /		\$	\$	<input type="checkbox"/>
/   /		\$	\$	<input type="checkbox"/>

<b>4. HOLDINGS THROUGH LIQUIDATION OF FUND</b> – State the total number of shares of the PerformanceFee Fixed Income Fund held through the liquidation of the PerformanceFee Fixed Income Fund on June 24, 2020. (Must be documented.)			<b>IF NONE, CHECK HERE</b> <input type="checkbox"/>
Number of Shares Held Through Liquidation	Liquidation Price Per Share	Total Liquidation Price (excluding fees, commissions, and taxes)	Confirm Proof of Holding Position Enclosed
	\$	\$	<input type="checkbox"/>

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. ☐

## **PART VII - RELEASE OF CLAIMS AND SIGNATURE**

### **YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 14 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 Settlement, I (we): (a) shall be deemed to have, and, by operation of the Final Judgment, shall have, fully, finally, and forever waived, released, and discharged all Released Plaintiffs' Claims against the Released Defendants' Parties; and (b) shall be permanently and forever barred and enjoined from commencing, instituting, prosecuting, or continuing to prosecute any action or other proceeding in any court of law or equity, arbitration tribunal, administrative forum, or any other forum, asserting any or all of the Released Plaintiffs' Claims against any Released Defendants' Party.

### **CERTIFICATION**

By signing and submitting this Claim Form, the Claimant(s) or the person(s) who represent(s) the Claimant(s) agree(s) to the release above and 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 Settlement and the terms of the Plan of Allocation;
2. that the Claimant(s) is a (are) member(s) of the Settlement Class, as defined in the Notice, and is (are) not excluded by definition from the Settlement Class as set forth in the Notice;
3. that the Claimant(s) has (have) **not** submitted a request for exclusion from the Settlement Class;
4. that I (we) own(ed) Mutual Fund shares identified in the Claim Form and have not assigned the Claim against Defendants or any of the other Released Defendants' Parties 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 transactions in, or holdings of, the Mutual Fund shares and knows (know) of no other person having done so on the Claimant's (Claimants') behalf;
6. 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;
7. that I (we) agree to furnish such additional information with respect to this Claim Form as Plaintiffs' Counsel, the Claims Administrator, or the Court may require;
8. that the Claimant(s) waive(s) the right to trial by jury, to the extent it exists, agree(s) to the determination by the Court of the validity or amount of this Claim, and waives any right of appeal or review with respect to such determination;
9. that I (we) acknowledge that the Claimant(s) will be bound by and subject to the terms of any order(s), judgment(s), and the Final Judgment that may be entered in the Action; and
10. 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/they is (are) 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/they is (are) no longer subject to backup withholding. **If the IRS has notified the Claimant(s) that he/she/it/they is (are) 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.

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Signature of Claimant

Date

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Print Name of Claimant here

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Signature of Joint Claimant, if any

Date

---

Print Name of Joint Claimant here

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

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Signature of person signing on behalf of Claimant

Date

---

Print name of person signing on behalf of Claimant here

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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 8 on pages 2-3 of this Claim Form.)

### **REMINDER CHECKLIST**

1. Sign the above release and certification. If this Claim Form is being made on behalf of joint Claimants, then both must sign.
2. Attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.
3. Do not highlight any portion of the Claim Form or any supporting documents.
4. Keep copies of the completed Claim Form and any supporting documentation for your own records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your Claim is not deemed submitted 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 888-209-5181.**
6. If your address changes in the future, you must send the Claims Administrator written notification of your new address. If you change your name, inform the Claims Administrator.
7. If you have any questions or concerns regarding your Claim, please contact the Claims Administrator at the address below, by email at [info@AllianzMutualFundsLitigation.com](mailto:info@AllianzMutualFundsLitigation.com), or by toll-free phone at 888-209-5181, or you may visit [www.AllianzMutualFundsLitigation.com](http://www.AllianzMutualFundsLitigation.com). DO NOT call the Court, Defendants, or Defendants' Counsel with questions regarding your Claim.

**THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL POSTMARKED (OR RECEIVED) NO LATER THAN MAY 8, 2023, OR SUBMITTED ONLINE AT [WWW.ALLIANZMUTUALFUNDSLITIGATION.COM](http://WWW.ALLIANZMUTUALFUNDSLITIGATION.COM) NO LATER THAN MAY 8, 2023. IF MAILED, THE CLAIM FORM SHOULD BE ADDRESSED AS FOLLOWS:**

**Allianz Mutual Funds Litigation  
c/o A.B. Data, Ltd.  
P.O. Box 173050  
Milwaukee, WI 53217**

If mailed, a Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before May 8, 2023 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 received by the Claims Administrator.

You should be aware that it will take a significant amount of time to fully process all the Claim Forms. Please be patient and notify the Claims Administrator of any change of address.