

PROOF OF CLAIM AND RELEASE FORM

Viacom Archegos Securities Litigation
c/o JND Legal Administration
P.O. Box 91010
Seattle, WA 98111

Toll-Free Telephone Number: 866-287-0741
Email: info@ViacomArchegosSecuritiesLitigation.com
Website: www.ViacomArchegosSecuritiesLitigation.com

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 August 22, 2025**, or submit it online at www.ViacomArchegosSecuritiesLitigation.com **no later than August 22, 2025**.

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.ViacomArchegosSecuritiesLitigation.com.

CONTENTS

02	PART I. GENERAL INSTRUCTIONS
05	PART II. CLAIMANT IDENTIFICATION
06	PART III. SCHEDULE OF TRANSACTIONS IN VIACOM CLASS B COMMON STOCK (CUSIP 92556H206)
07	PART IV. SCHEDULE OF TRANSACTIONS IN VIACOM 5.75% SERIES A MANDATORY CONVERTIBLE PREFERRED STOCK (CUSIP 92556H305)
08	PART V. RELEASE OF CLAIMS AND SIGNATURE

PART I – GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Settlement Hearing; and (III) Motion for Attorneys' Fees and Litigation Expenses (the "Notice") that accompanies this Claim Form, including the proposed Plan of Allocation set forth in Appendix A to the Notice (the "Plan of Allocation"). The Notice describes the proposed Settlement, how 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 Class defined in paragraph 20 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 CLASS MEMBER (see definition of the Class contained in paragraph 20 of the Notice), OR IF YOU SUBMITTED A REQUEST FOR EXCLUSION FROM THE 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 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 - IV of this Claim Form to supply all required details of your transaction(s) in, and holdings of, shares of, respectively, Viacom Class B Common Stock and/or Viacom 5.75% Series A Mandatory Convertible Preferred Stock. On these schedules, please provide all the requested information with respect to your holdings, purchases, acquisitions, and sales of the applicable Viacom 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 Viacom shares set forth in the Schedules of Transactions in Parts III - IV 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 Viacom. **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. **Purchases of Shares of Viacom Class B Common Stock "Issued In" the March 2021 Secondary Public Offering.** A secondary public offering of Viacom Class B Common Stock was announced on March 22, 2021, priced on March 23, 2021, and closed on March 26, 2021

(the “Common Offering”). Only investors who purchased shares “issued in” the Common Offering are eligible for recovery under the Settlement. If you purchased shares directly in the Common Offering at the offering price of \$85 per share, then you purchased shares “issued in” the Common Offering. If you purchased shares of Viacom Common Stock from March 24, 2021 through March 29, 2021 that were not purchased directly in the Common Offering, but that you believe are specifically traceable to the Common Offering, you must submit documents with your Claim Form showing that the specific shares that you purchased were issued in the Common Offering.

7. 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 Viacom shares in your name, you are the beneficial owner as well as the record owner. If you held Viacom 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.

8. **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 Viacom shares made on behalf of a single beneficial owner.

9. Agents, executors, 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) Viacom 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.)

10. 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.

11. 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.

12. **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.

13. 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, JND Legal Administration, at the above address, by email at info@ViacomArchegosSecuritiesLitigation.com, or by toll-free phone at 866-287-0741, or you can visit the website for the Settlement maintained by the Claims Administrator, www.ViacomArchegosSecuritiesLitigation.com, where copies of the Claim Form and Notice are available for downloading.

14. **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.ViacomArchegosSecuritiesLitigation.com, or you may email the Claims Administrator's electronic filing department at VIASecurities@jndla.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 VIASecurities@jndla.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 866-287-0741.

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	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 Beneficial Owner is not an individual)

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

Street Address 1

Street Address 2

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country

Social Security Number (Last 4 digits)	OR	Taxpayer Identification Number (Last 4 digits)
<input type="text"/>		<input type="text"/>

Telephone Number (mobile/home)	Telephone Number (work)
<input type="text"/>	<input type="text"/>

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)¹

☐ Individual (includes joint owner accounts) ☐ Corporation ☐ Pension Plan ☐ IRA/401k

☐ Estate ☐ Trust ☐ Other (please specify): _____

¹ 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 8 of the General Instructions above for more information on when to file separate Claim Forms for multiple accounts.

PART III – SCHEDULE OF TRANSACTIONS IN VIACOM CLASS B COMMON STOCK

Complete this Part III by providing the requested information regarding your investments in Viacom Class B Common Stock (CUSIP 92556H206) ("Viacom Common Stock"). Please be sure to include proper supporting documentation with your Claim Form as described in detail in Part I – General Instructions, paragraph 5, above.

1. SHARES OWNED PRIOR TO THE MARCH 2021 OFFERING – State the number of shares of Viacom Common Stock held as of the close of trading on March 23, 2021. (Must be documented.) If none, write "zero" or "0."				Confirm Proof of Holding Enclosed <input type="checkbox"/>
2. SHARES PURCHASED IN THE MARCH 2021 OFFERING – State the number of shares of Viacom Common Stock purchased in the secondary public offering of that stock which was announced on March 22, 2021, priced on March 23, 2021, and closed on March 26, 2021, at the offering price of \$85.00 per share. (Must be documented.) If none, write "zero" or "0."				Confirm Proof of Purchase Enclosed <input type="checkbox"/>
3. PURCHASES/ACQUISITIONS FROM MARCH 24, 2021 THROUGH MARCH 4, 2025 – Separately list each purchase/acquisition (including free receipts) of shares of Viacom Common Stock after the opening of trading on March 24, 2021 through the close of trading on March 4, 2025. (Must be documented.)				IF NONE, CHECK HERE <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"/>
4. SALES FROM MARCH 24, 2021 THROUGH MARCH 4, 2025 – Separately list each sale/disposition (including free deliveries) of shares of Viacom Common Stock after the opening of trading on March 24, 2021 through the close of trading on March 4, 2025. (Must be documented.)				IF NONE, CHECK HERE <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, and taxes)	Confirm Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
5. HOLDINGS AS OF MARCH 4, 2025 – State the total number of shares of Viacom Common Stock held as of the close of trading on March 4, 2025. (Must be documented.) If none, write "zero" or "0."				Confirm Proof of Holding 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 <input type="checkbox"/>				

PART IV – SCHEDULE OF TRANSACTIONS IN VIACOM 5.75% SERIES A MANDATORY CONVERTIBLE PREFERRED STOCK

Complete this Part IV by providing the requested information regarding your investments in the Viacom 5.75% Series A Mandatory Convertible Preferred Stock (CUSIP 92556H305) ("Viacom Preferred Stock"). Please be sure to include proper supporting documentation with your Claim Form as described in detail in Part I – General Instructions, paragraph 5, above.

1. SHARES PURCHASED IN THE MARCH 2021 OFFERING – State the number of shares of Viacom Preferred Stock purchased in the initial public offering of that preferred stock, which was announced on March 22, 2021, priced on March 23, 2021, and closed on March 26, 2021, at the offering price of \$100 per share. (Must be documented.) If none, write "zero" or "0."				Confirm Proof of Purchase Enclosed <input type="checkbox"/>
2. PURCHASES/ACQUISITIONS FROM MARCH 24, 2021 THOUGH CONVERSION – Separately list each purchase/acquisition (including free receipts) of shares of Viacom Preferred Stock from the offering through the close of trading on March 28, 2024. (Must be documented.)				IF NONE, CHECK HERE <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"/>
3. SALES FROM MARCH 24, 2021 THROUGH CONVERSION – Separately list each sale/disposition of shares of Viacom Preferred Stock from the opening of trading on March 24, 2021 through the close of trading on March 28, 2024. (Must be documented.)				IF NONE, CHECK HERE <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, and taxes)	Confirm Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
4. HOLDINGS THROUGH CONVERSION – State the total number of shares Viacom Preferred Stock held as of the close of trading on March 28, 2024. If none, write "zero" or "0."				Confirm Proof of Holding 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 <input type="checkbox"/>				

PART V – RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 9 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 Judgment, shall have, fully, finally, and forever released, relinquished, discharged, waived, and dismissed each and every Released Plaintiffs' Claim against Defendants and the other Defendants' Releasees; and (b) shall forever be barred and enjoined from prosecuting, commencing, instituting, or maintaining, directly or indirectly, representatively, or in any other capacity, any or all of the Released Plaintiffs' Claims against any of the Defendants' Releasees.

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 Class, as defined in the Notice, and is (are) not excluded by definition from the Class as set forth in the Notice;
3. that the Claimant(s) has (have) **not** submitted a request for exclusion from the Class;
4. that I (we) own(ed) the Viacom shares identified in the Claim Form and have not assigned the Claim against Defendants or any of the other Defendants' Releasees 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 Viacom 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 Class 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 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.

Signature of Claimant Date

Print Name of Claimant here

Signature of Joint Claimant, if any Date

Print Name of Claimant here

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

Signature of person signing on behalf of Claimant Date

Print Name of person signing on behalf of Claimant here

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 9 on page 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 866-287-0741.**

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@ViacomArchegosSecuritiesLitigation.com, or by toll-free phone at 866-287-0741, or you may visit www.ViacomArchegosSecuritiesLitigation.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 AUGUST 22, 2025, OR SUBMITTED ONLINE AT WWW.VIACOMARCHEGOSSECURITIESLITIGATION.COM NO LATER THAN AUGUST 22, 2025. IF MAILED, THE CLAIM FORM SHOULD BE ADDRESSED AS FOLLOWS:

**Viacom Archegos Securities Litigation
c/o JND Legal Administration
P.O. Box 91010
Seattle, WA 98111**

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 August 22, 2025 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.