

PROOF OF CLAIM AND RELEASE

UNITED STATES DISTRICT COURT
DISTRICT OF ARIZONA

**Miguel Avila, on Behalf of Himself and All Others Similarly Situated,
Plaintiffs,**

v.

**LifeLock Inc., Todd Davis, Chris G. Power, and Hilary A. Schneider,
Defendants.**

CASE NO. 2:15-cv-01398-SRB

CLASS ACTION

Hon. Susan R. Bolton

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GENERAL INSTRUCTIONS

I. GENERAL INSTRUCTIONS

1. To recover as a member of the Settlement Class based on your claims in the action entitled *Miguel Avila, et al. v. LifeLock, Inc., et al.*, Case No. 2:15-cv-01398-SRB (D. Ariz.) (the “Action”), you must complete and, on page 11 below, sign this Proof of Claim and Release form (“Claim Form”). If you fail to submit a timely and properly addressed (as explained in paragraph 3 below) Claim Form, your claim may be rejected and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement.

2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

3. **THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.LIFELOCKSECURITIESLITIGATION.COM NO LATER THAN JULY 16, 2020 OR, IF MAILED, BE POSTMARKED NO LATER THAN JULY 16, 2020, ADDRESSED AS FOLLOWS:**

LifeLock Securities Litigation
c/o JND Legal Administration
PO Box 91368
Seattle, WA 98111
www.LifeLockSecuritiesLitigation.com

4. If you are a member of the Settlement Class and you do not timely request exclusion in response to the Notice dated April 24, 2020, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.**

II. CLAIMANT IDENTIFICATION

1. If you purchased or otherwise acquired shares of LifeLock publicly traded common stock and/or call options, and/or sold LifeLock publicly traded put options during the period from July 31, 2014 through July 21, 2015, inclusive, (the “Class Period”) and held the securities in your name, you are the beneficial owner as well as the record owner. If, however, you purchased or otherwise acquired LifeLock publicly traded common stock and/or call options, and/or sold LifeLock publicly traded put options during the Class Period through a third party, such as a brokerage firm, you are the beneficial owner and the third party is the record owner.

2. Use **Part I** of this form entitled “Claimant Information” to identify each beneficial owner of LifeLock publicly traded common stock, call options, and/or LifeLock publicly traded put options that form the basis of this claim, as well as the owner of record if different. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNERS OR THE LEGAL REPRESENTATIVE OF SUCH OWNERS.**

3. All joint owners must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

III. IDENTIFICATION OF TRANSACTIONS

1. Use **Part II** of this form entitled “Schedule of Transactions in LifeLock Publicly Traded Common Stock” to supply all required details of your transaction(s) in LifeLock publicly traded common stock. Use **Part III** of this form entitled “Schedule of Transactions in LifeLock Publicly Traded Call Options” to supply all required details of your transaction(s) in LifeLock publicly traded call options. Use **Part IV** of this form entitled “Schedule of Transactions in LifeLock Publicly Traded Put Options” to supply all required details of your transaction(s) in LifeLock publicly traded put options. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of LifeLock publicly traded common stock, call options, and/or put options whether the transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

3. The date of covering a “short sale” is deemed to be the date of purchase of LifeLock publicly traded common stock, call options, and/or sale of put options. The date of a “short sale” is deemed to be the date of sale.

4. Copies of broker confirmations or other documentation of your transactions must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. **THE PARTIES DO NOT HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN LIFELOCK PUBLICLY TRADED COMMON STOCK, CALL OPTIONS, AND/OR PUT OPTIONS.**

5. **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. All claimants **MUST** submit a manually signed paper Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at (877) 545-0231 or visit the website for the Settlement at www.LifeLockSecuritiesLitigation.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

PART I – CLAIMANT INFORMATION

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. Complete names of all persons and entities must be provided.

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)

Address1 (street name and number)

Address2 (apartment, unit, or box number)

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

Foreign Country (only if not USA)	Foreign Country (only if not USA)
<input type="text"/>	<input type="text"/>

Social Security Number (last four digits only)	Taxpayer Identification Number (last four digits only)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Telephone Number (Home)	Telephone Number (Work)
<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 (includes joint owner accounts)	<input type="checkbox"/> Pension Plan	<input type="checkbox"/> Trust	<input type="checkbox"/> Corporation
<input type="checkbox"/> Estate	<input type="checkbox"/> IRA/401K	<input type="checkbox"/> Other (please specify): _____	

PART II – TRANSACTIONS IN LIFELOCK PUBLICLY TRADED COMMON STOCK

1. BEGINNING HOLDINGS – State the total number of shares of common stock held as of the opening of trading on July 31, 2014. If none, write “0” or “Zero.” (Must be documented.)

2. PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD – Separately list each and every purchase/acquisition of common stock from after the opening of trading on July 31, 2014 through and including prior to 1:46 p.m. ET on July 21, 2015. (Must be documented.)¹

Date of Purchase (List Chronologically) (MM/DD/YY)	Number of Shares Purchased	Purchase Price Per Share	Total Purchase Price (excluding taxes, commissions and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

3. PURCHASES/ACQUISITIONS DURING 90-DAY LOOKBACK PERIOD – State the total number of shares of common stock purchased/acquired after 1:46 p.m. ET on July 21, 2015 through and including the close of trading on October 16, 2015.² (Must be documented.)

¹ For purposes of this Settlement and the Plan of Allocation, the Claims Administrator will assume that any shares purchased/acquired or sold on July 21, 2015 at any price less than \$15.93 per share occurred after the allegedly corrective information was released to the market at or after 1:46 p.m. ET, and that any shares purchased/acquired or sold on July 21, 2015 at any price equal to or greater than \$15.93 per share occurred before the release of the allegedly corrective information at 1:46 p.m. ET.

² Information requested in this Claim Form with respect to your transactions after 1:46 p.m. ET on July 21, 2015 through and including the close of trading on October 16, 2015, is needed only in order to balance your claim. Purchases/acquisitions/sales of put options during this period are not eligible for a recovery in the Settlement because they are outside the Class Period.

4. SALES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD –
 Separately list each and every sale/disposition of common stock from after the opening of trading on July 31, 2014 through and including the close of trading on October 16, 2015. (Must be documented.)

Date of Sale (List Chronologically) (MM/DD/YY)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

5. ENDING HOLDINGS – State the total number of shares of common stock held as of the close of trading on October 16, 2015. If none, write “0” or “Zero.” (Must be documented.)

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX

PART III – TRANSACTIONS IN LIFELOCK PUBLICLY TRADED CALL OPTIONS

1. BEGINNING HOLDINGS – State the total number of call option contracts held as of the opening of trading on July 31, 2014. If none, write “0” or “Zero.” (Must be documented.)							
Strike Price of Call Option Contract		Number of Call Option Contracts Held			Expiration Date of Call Option Contract (MM/DD/YY)		
\$					/ /		
\$					/ /		
\$					/ /		
\$					/ /		
2. PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD – Separately list each and every purchase/acquisition of call option contracts from after the opening of trading on July 31, 2014 through and including prior to 1:46 p.m. ET on July 21, 2015. (Must be documented.) ³							
Date of Purchase (List Chronologically) (MM/DD/YY)	Strike Price of Call Option Contract	Expiration Date of Put Option Contract (MM/DD/YY)	Number of Call Option Contracts Purchased	Purchase Price Per Call Option Contract	Total Purchase Price (excluding taxes, commissions and fees)	Insert “E” if Exercised. Insert “X” if Expired	Exercise Date (MM/DD/YY)
/ /	\$			\$	\$		/ /
/ /	\$			\$	\$		/ /
/ /	\$			\$	\$		/ /
/ /	\$			\$	\$		/ /

3. SALES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD – Separately list each and every sale/disposition of the call option contracts listed in #2 above from after the opening of trading on July 31, 2014 through and including the close of trading on July 21, 2015. (Must be documented.)

Date of Sale (List Chronologically) (MM/DD/YY)	Strike Price of Call Option Contract	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Total Sale Price (excluding taxes, commissions and fees)	Insert "A" if Assigned. Insert "X" if Expired	Assignment Date of Call Option Contract (MM/DD/YY)
/ /	\$		\$	\$		/ /
/ /	\$		\$	\$		/ /
/ /	\$		\$	\$		/ /
/ /	\$		\$	\$		/ /

4. ENDING HOLDINGS – State the total number of call option contracts open after the close of trading on July 21, 2015. If none, write "0" or "Zero." (Must be documented.)

Strike Price of Call Option Contract	Number of Call Option Contracts Held	Expiration Date of Call Option Contract (MM/DD/YY)
\$		/ /
\$		/ /
\$		/ /
\$		/ /

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX

PART IV – TRANSACTIONS IN LIFELOCK PUBLICLY TRADED PUT OPTIONS

1. BEGINNING HOLDINGS – State the total number of put option contracts held as of the opening of trading on July 31, 2014. If none, write “0” or “Zero.” (Must be documented.)						
Strike Price of Put Option Contract	Number of Put Option Contracts Held			Expiration Date of Put Option Contract (MM/DD/YY)		
\$				/ /		
\$				/ /		
\$				/ /		
\$				/ /		
2. SALES (WRITING OF PUT OPTIONS) DURING THE CLASS PERIOD – Separately list each and every sale (writing) of put option contracts from after the opening of trading on July 31, 2014 through and including prior to 1:46 p.m. ET on July 21, 2015. (Must be documented.)						
Date of Sale (Writing) (List Chronologically) (MM/DD/YY)	Strike Price of Put Option Contract	Number of Put Option Contracts Sold (Written)	Sale Price Per Put Option Contract	Total Sale Price (excluding taxes, commissions and fees)	Insert “E” if Exercised. Insert “X” if Expired	Exercise/Expiration Date of Put Option Contract (MM/DD/YY)
/ /	\$		\$	\$		/ /
/ /	\$		\$	\$		/ /
/ /	\$		\$	\$		/ /
/ /	\$		\$	\$		/ /

3. RE-PURCHASES DURING THE CLASS PERIOD – Separately list each and every re-purchase of put option contracts listed in #2 above from after the opening of trading on July 31, 2014 through and including the close of trading on July 21, 2015. (Must be documented.)

Date of Re-Purchase (List Chronologically) (MM/DD/YY)	Strike Price of Put Option Contract	Number of Put Option Contracts Purchased	Purchase Price Per Put Option Contract	Total Purchase Price (excluding taxes, commissions and fees)	Expiration Date of Put Option Contract (MM/DD/YY)
/ /	\$		\$	\$	/ /
/ /	\$		\$	\$	/ /
/ /	\$		\$	\$	/ /
/ /	\$		\$	\$	/ /

4. ENDING HOLDINGS – State the total number of put option contracts held as of the close of trading on July 21, 2015. If none, write “0” or “Zero.” (Must be documented.)

Strike Price of Put Option Contract	Number of Put Option Contracts Held	Expiration Date of Put Option Contract (MM/DD/YY)
\$		/ /
\$		/ /
\$		/ /
\$		/ /

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX

RELEASE OF CLAIMS AND SIGNATURE

IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

By signing and submitting this Claim Form, the claimant(s) or the person(s) acting on behalf of the claimant(s) certify(ies) that: I (We) submit this Claim Form under the terms of the Plan of Allocation of Net Settlement Fund described in the accompanying Notice. I (We) also submit to the jurisdiction of the United States District Court for the District of Arizona (the "Court") with respect to my (our) claim as a Settlement Class Member(s) and for purposes of enforcing the releases set forth herein. I (We) further acknowledge that I (we) will be bound by the terms of any judgment entered in connection with the Settlement in the Action, including the releases set forth therein. I (We) agree to furnish additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in eligible LifeLock securities, if required to do so. I (We) have not submitted any other claim covering the same transactions in publicly traded LifeLock common stock or call or put options during the Class Period and know of no other person having done so on my (our) behalf.

V. RELEASES, WARRANTIES, AND CERTIFICATION

1. I (We) hereby warrant and represent that I am (we are) a Settlement Class Member as defined in the Notice, that I am (we are) not excluded from the Settlement Class, that I am (we are) not one of the "Released Defendant Parties" as defined in the accompanying Notice.

2. As a Settlement Class Member, I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge with prejudice the Released Claims as to each and all of the Released Defendant Parties (as these terms are defined in the accompanying Notice). This release shall be of no force or effect unless and until the Court approves the Settlement and it becomes effective on the Effective Date.

3. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

4. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions and sales of publicly traded LifeLock common stock, and call or put options that occurred during the Class Period and the number of securities held by me (us), to the extent requested.

5. I (We) certify that I am (we are) NOT subject to backup tax withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code. (If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.)

I (We) declare that all of the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____, 2020

Signature of Claimant

Type or print name of Claimant

Signature of Joint Claimant, if any

Type or print name of Joint Claimant

Signature of person signing on behalf of Claimant

Type or print name of person signing on behalf of Claimant

Capacity of person signing on behalf of Claimant, if other than an individual (e.g., Administrator, Executor, Trustee, President, Custodian, Power of Attorney, etc.)

REMINDER CHECKLIST



1. Please sign this Claim Form.

2. DO NOT HIGHLIGHT THE CLAIM FORM OR YOUR SUPPORTING DOCUMENTATION.



3. Attach only copies of supporting documentation as these documents will not be returned to you.

4. Keep a copy of your Proof of Claim for your 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 acknowledgment postcard.** If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at (877) 545-0231.

6. If you move after submitting this Claim Form please notify the Claims Administrator of the change in your address, otherwise you may not receive additional notices or payment.

