UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS

In re UNITI GROUP INC. SECURITIES LITIGATION	))))	Master File No. 4:19-cv-00756-BSM
		<u>CLASS ACTION</u>
This Document Relates To:	))))))	
ALL ACTIONS.		

PROOF OF CLAIM AND RELEASE FORM

I.   GENERAL INSTRUCTIONS

1.   To recover as a member of the Settlement Class based on your claims in the class action entitled *In re Uniti Group Inc. Securities Litigation*, Master File No. 4:19-cv-00756-BSM (E.D. Ark.) (the "Action"), you must complete and, on page 7 below, sign this Proof of Claim and Release form (the "Claim Form").[1] If you fail to submit a timely and properly addressed (as explained in paragraph 2 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. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

2.   THIS CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, **MUST BE SUBMITTED ONLINE AT: WWW.UNITIGROUPSECURITIESLITIGATION.COM NO LATER THAN DECEMBER 1, 2022 OR, IF MAILED, BE POSTMARKED NO LATER THAN DECEMBER 1, 2022, ADDRESSED AS FOLLOWS:**

<div align="center">

Uniti Group Inc. Securities Litigation
c/o KCC LLC
P.O. Box 6159
Novato, CA 94948-6159

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3.   If you are a member of the Settlement Class and you do not timely request exclusion in response to the Notice dated August 3, 2022, you are bound by and subject to 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.

4.   It is important that you read the Notice that accompanies this Claim Form, including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed 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. By signing and submitting this Claim Form, you will be certifying that you have read the Notice, including the terms of the releases described in it and provided for by the Settlement.

II.   CLAIMANT IDENTIFICATION

5.   If during the period from April 24, 2015 to June 24, 2019, inclusive (the "Class Period") you: (1) purchased or otherwise acquired: (a) the common stock of Uniti Group Inc. f/k/a Communications Sales & Leasing, Inc. ("Uniti"); (b) call options of Uniti; or (c) the following bonds issued by Uniti and/or its subsidiaries: (i) 6.00% Senior Secured Notes due April 15, 2023 (CUSIP No. 20341WAA3); (ii) 8.25% Senior Notes due October 15, 2023 (CUSIP No. 20341WAD7); or (iii) 7.125% Senior Unsecured Notes due December 15, 2024 (CUSIP No. 20341WAE5); or (2) sold put options of Uniti (collectively, "Uniti Securities") and held the security in your name, you are the beneficial owner as well as the record owner. If, however, during the Class Period, you purchased or otherwise acquired Uniti Securities through a third party, such as a brokerage firm, you are the beneficial owner and the third party is the record owner.

6.   Use Part I of this form entitled "Claimant Identification" to identify each beneficial owner of Uniti Securities that forms 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.

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[1]   The terms of the Settlement are in the Stipulation and Agreement of Settlement, dated as of June 17, 2022 (the "Stipulation"), which can be viewed at www.UnitiGroupSecuritiesLitigation.com. All capitalized terms not defined in this Claim Form have the same meanings as in the Stipulation.

7.	All joint owners must sign this claim. Executors, administrators, guardians, conservators, legal representatives, 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.

8.	A claim should be submitted for each separate legal entity (*e.g.*, a Claim Form of joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity on one Claim Form, no matter how many separate accounts that entity has (*e.g.*, a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).

## III.	IDENTIFICATION OF TRANSACTIONS

9.	Use Parts II, III and IV of this form entitled "Schedule of Transactions in Uniti Securities" to supply all required details of your transaction(s) in Uniti Securities. 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.

10.	On the schedules, provide all of the requested information with respect to your holdings, purchases, and sales of Uniti Securities, including whether the transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

11.	The date of covering a "short sale" is deemed to be the date of purchase of Uniti's publicly traded common stock. The date of a "short sale" is deemed to be the date of sale.

12.	Copies of broker confirmations or other documentation of your transactions must be submitted with 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 UNITI SECURITIES.**

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. (This is different than the online claim portal on the Settlement website.) All such claimants MUST submit a manually signed paper Claim Form whether or not they also submit electronic copies. If you wish to submit your claim electronically, you must contact the Claims Administrator at (edata@kccllc.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.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS

In re Uniti Group Inc. Securities Litigation

Master File No. 4:19-cv-00756-BSM

PROOF OF CLAIM AND RELEASE

**Must Be Postmarked (if Mailed)
or Received (if Submitted Online)
No Later Than December 1, 2022**

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Please Type or Print in the Boxes Below
Do NOT use Red Ink, Pencil, or Staples

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.

PART I. CLAIMANT IDENTIFICATION

Last Name

M.I.

First Name

Last Name (Co-Beneficial Owner)

M.I.

First Name (Co-Beneficial Owner)

○ IRA ○ Joint Tenancy ○ Employee ○ Individual ○ Other _____

(specify)

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA

Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)

Account#/Fund# (Not Necessary for Individual Filers)

Last Four Digits of Social Security Number

or

Taxpayer Identification Number

___ — _____

Telephone Number (Primary Daytime)

___ — ___ — _____

Telephone Number (Alternate)

___ — ___ — _____

Email Address

MAILING INFORMATION

Address

Address

City

State

ZIP Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

| FOR CLAIMS PROCESSING ONLY | OB | | CB | | ATP / KE / ICI | BE / DR / EM | FL / ME / ND | OP / RE / SH | M M / D D / Y Y Y Y | FOR CLAIMS PROCESSING ONLY |

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SCHEDULES OF TRANSACTIONS IN UNITI SECURITIES
PART II. TRANSACTIONS IN UNITI COMMON STOCK

1. **BEGINNING HOLDINGS** - State the total number of shares of Uniti common stock held at the close of trading on April 23, 2015. If none, write "0" or "Zero." (Must submit documentation.)

    Proof Enclosed? ○ Y ○ N

2. **PURCHASES DURING THE CLASS PERIOD** – Separately list each and every purchase or acquisition of Uniti common stock from April 24, 2015 through and including June 24, 2019. (Must submit documentation.)

PURCHASES

	Date of Purchase (List Chronologically)	Number of Shares Purchased or Acquired	Purchase Price Per Share	Total Purchase Price (excluding taxes, commissions, and fees)	Proof of Purchase Enclosed?
	M M / D D / Y Y Y Y				
1.	/ /		$ .00	$ .00	○ Y ○ N
2.	/ /		$ .00	$ .00	○ Y ○ N
3.	/ /		$ .00	$ .00	○ Y ○ N
4.	/ /		$ .00	$ .00	○ Y ○ N

3. **PURCHASES DURING 90-DAY LOOKBACK PERIOD** – State the total number of shares of Uniti common stock purchased from June 25, 2019 through and including September 20, 2019.[2] (Must submit documentation.)

    Proof Enclosed? ○ Y ○ N

4. **SALES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD** – Separately list each and every sale of Uniti common stock from April 24, 2015 through and including the close of trading on September 20, 2019, inclusive. (Must submit documentation.)

SALES

	Date of Sale (List Chronologically)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions and fees)	Proof of Purchase Enclosed?
	M M / D D / Y Y Y Y				
1.	/ /		$ .00	$ .00	○ Y ○ N
2.	/ /		$ .00	$ .00	○ Y ○ N
3.	/ /		$ .00	$ .00	○ Y ○ N
4.	/ /		$ .00	$ .00	○ Y ○ N

5. **ENDING HOLDINGS** – State the total number of shares of Uniti common stock held as of the close of trading on September 20, 2019. If none, write "0" or "Zero." (Must submit documentation.)

    Proof Enclosed? ○ Y ○ N

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE, ADD THE TRANSACTIONS, AND FILL IN THIS CIRCLE: ○

YOU MUST READ AND SIGN THE RELEASE ON PAGE 7. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

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[2] Information requested about your purchases on June 25, 2019 through and including the close of trading on September 20, 2019 is needed only in order for the Claims Administrator to confirm that you have reported all relevant transactions. Purchases during this period are not eligible for a recovery because they are outside the Class Period.

PART III. SCHEDULE OF TRANSACTIONS IN UNITI NOTES

1. **PURCHASES DURING THE CLASS PERIOD** – Separately list each and every purchase or acquisition of Uniti Notes from April 24, 2015 through and including June 24, 2019, inclusive. (Must submit documentation.)

PURCHASES

	Date of Purchase (List Chronologically)	Note Offering (6%, 8.25%, 7.125%)	Number of Units (Face Value) Purchased or Acquired	Total Purchase Price (excluding taxes, commissions, and fees)	Proof of Purchase Enclosed?
	M M D D Y Y Y Y				
1.	/ /	.		$. 00	○ Y ○ N
2.	/ /	.		$. 00	○ Y ○ N
3.	/ /	.		$. 00	○ Y ○ N
4.	/ /	.		$. 00	○ Y ○ N

2. **PURCHASES DURING 90-DAY LOOKBACK PERIOD** – State the total face value of Uniti Notes purchased from June 25, 2019 through and including September 20, 2019, inclusive. (Must submit documentation.)

Proof Enclosed? ○ Y ○ N

6% Notes	8.25% Notes	7.125% Notes

3. **SALES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD** – Separately list each and every sale of Uniti Notes from April 24, 2015 through and including the close of trading on September 20, 2019, inclusive. (Must submit documentation.)

SALES

	Date of Sale (List Chronologically)	Note Offering (6%, 8.25%, 7.125%)	Number of Units (Face Value) Sold	Total Purchase Price (excluding taxes, commissions, and fees)	Proof of Purchase Enclosed?
	M M D D Y Y Y Y				
1.	/ /	.		$. 00	○ Y ○ N
2.	/ /	.		$. 00	○ Y ○ N
3.	/ /	.		$. 00	○ Y ○ N
4.	/ /	.		$. 00	○ Y ○ N

4. **ENDING HOLDINGS** – State the face value of Uniti Notes held as of the close of trading on September 20, 2019. If none, write "0" or "Zero." (Must submit documentation.)

Proof Enclosed? ○ Y ○ N

6% Notes	8.25% Notes	7.125% Notes

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE, ADD THE TRANSACTIONS, AND FILL IN THIS CIRCLE: ○

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PART IV. SCHEDULE OF TRANSACTIONS IN EXCHANGE-TRADED UNITI OPTIONS
PURCHASES/REPURCHASES

A. I made the following purchases/repurchases of exchange-traded options on Uniti common stock during the period from April 24, 2015 through and including June 24, 2019, inclusive:

Date(s) of transaction (List Chronologically) (MM/DD/YY)	Number of option contracts acquired	Expiry Date (MM/YY)	Strike Price	Transaction price per option contract	[X]expired [A]ssigned [E]xercised	Assigned/Exercised Date (MM/DD/YY)

Option Type: ○ Put ○ Call   Proof of transaction Enclosed? ○ Y ○ N

Option Type: ○ Put ○ Call   Proof of transaction Enclosed? ○ Y ○ N

Option Type: ○ Put ○ Call   Proof of transaction Enclosed? ○ Y ○ N

Option Type: ○ Put ○ Call   Proof of transaction Enclosed? ○ Y ○ N

Option Type: ○ Put ○ Call   Proof of transaction Enclosed? ○ Y ○ N

Option Type: ○ Put ○ Call   Proof of transaction Enclosed? ○ Y ○ N

SALES/WRITTEN

B. I sold/wrote the following exchange-traded options on Uniti common stock during the period from April 24, 2015 through and including June 24, 2019, inclusive.

Date(s) of transaction (List Chronologically) (MM/DD/YY)	Number of option contracts acquired	Expiry Date (MM/YY)	Strike Price	Transaction price per option contract	[X]expired [A]ssigned [E]xercised	Assigned/Exercised Date (MM/DD/YY)

Option Type: ○ Put ○ Call   Proof of transaction Enclosed? ○ Y ○ N

Option Type: ○ Put ○ Call   Proof of transaction Enclosed? ○ Y ○ N

Option Type: ○ Put ○ Call   Proof of transaction Enclosed? ○ Y ○ N

Option Type: ○ Put ○ Call   Proof of transaction Enclosed? ○ Y ○ N

Option Type: ○ Put ○ Call   Proof of transaction Enclosed? ○ Y ○ N

Option Type: ○ Put ○ Call   Proof of transaction Enclosed? ○ Y ○ N

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE, ADD THE TRANSACTIONS, AND FILL IN THIS CIRCLE: ○

YOU MUST READ AND SIGN THE RELEASE ON PAGE 7. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENT

14.   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 described in the accompanying Notice. I (We) also submit to the jurisdiction of the United States District Court for the Eastern District of Arkansas (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 and subject to 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 Uniti Securities, if required to do so. I (We) have not submitted any other claim covering the same transactions in Uniti Securities during the Class Period and know of no other person having done so on my (our) behalf.

V. RELEASES, WARRANTIES, AND CERTIFICATION

By signing and submitting this Claim Form, the Claimant(s) or the person(s) acting on behalf of the Claimant(s) certify(ies) as follows:

15.   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.

16.   As a Settlement Class Member, I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever compromise, settle, release, resolve, relinquish, waive, 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.

17.   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.

18.   I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases and sales of Uniti Securities that occurred during the relevant periods and the number of Uniti Securities held by me (us), to the extent requested.

19.   I (We) certify that I am (we are) NOT subject to backup tax withholding. (If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.)

20.   I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____ in _____

(Month/Year)   (City/State/Country)

_____   _____
Signature of Claimant   (Type or print name of Claimant)

_____   _____
Signature of Joint Claimant, if any   (Type or print name of Joint Claimant, if any)

_____   _____
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.)

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. You must 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 Claim Form 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 (844) 594-2510.

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.

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.UNITIGROUPSECURITIESLITIGATION.COM
OR MAILED POSTMARKED NO LATER THAN DECEMBER 1, 2022, ADDRESSED AS FOLLOWS:**

Uniti Group Inc. Securities Litigation
c/o KCC LLC
P.O. Box 6159
Novato, CA 94948-6159