

**THIS CLAIM FORM MUST
BE POSTMARKED ON OR
BEFORE 06/21/2023**

UNITED STATES OF AMERICA
SECURITIES AND EXCHANGE COMMISSION
**KRAFT HEINZ CO. FAIR FUND
CLAIM FORM**



Claim Forms may be submitted online by visiting the Kraft Heinz Co. ("KHC") Fair Fund website. If you wish to complete and mail a paper Claim Form, please mail the Claim Form to KHC Fair Fund, P.O. Box 6977, Syracuse, NY 13217-6977. If you need assistance in completing the Claim Form or if you have any questions, please contact our customer service department at (800) 218-5449 or visit the KHC Fair Fund website at: KHCfairfund.com

INFORMATION ABOUT THE CLAIMANT

1. Beneficial Owner Information:

Name of Beneficial Owner: _____
First, Middle, Last or Entity Name (if the Beneficial Owner is a corporation, trust, estate, etc.)

Name of Joint Beneficial Owner, if any: _____
First, Middle, Last

If shares held in an IRA, name of **current** custodian: _____ IRA Account # _____

2. Mailing / Contact Information:

Attention: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Foreign Province: _____ Foreign Postal Code: _____

Country (if other than the United States): _____

Daytime Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____ Joint/Alternate Email: _____

3. Enter Social Security Number or Tax Identification Number ("EIN") in the appropriate box below.

SSN: Joint SSN: EIN:

If you are not a U.S. citizen, please include a copy of your passport or other identification.

Country: ID Type: ID #

4. Claimant Account Type (check appropriate box below):

Account Type: Individual / IRA Partnership Estate Trust LLC
 Joint Owners Corporation UGMA Other: _____

If you have investments through more than one Account Type, you must complete a separate Claim Form for each Account Type.

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TRANSACTION INFORMATION

YOU MUST SUBMIT DOCUMENTATION TO SUPPORT THE INFORMATION BELOW. FAILURE TO PROVIDE PROPER DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM.

5. KHC COMMON STOCK HOLDINGS ON FEBRUARY 26, 2016: _____

Enter total number of KHC shares (CUSIP: 500754106) held as of the opening of trading on February 26, 2016. If none, write "0" or "Zero."

6. KHC COMMON STOCK PURCHASES FROM FEBRUARY 26, 2016 THROUGH MAY 22, 2019:

List each purchase of KHC common stock made after the opening of trading on February 26, 2016 through and including May 22, 2019. Please note that transactions in KHC that were made pursuant to, or in connection with, a swap or another derivative instrument are not eligible.

Date(s) of Purchase (Trade Date) MM/DD/YYYY	Transaction Type Purchase <u>or</u> Transfer (Received)	Number of Shares Purchased <u>or</u> Transferred (Received)	Total Purchase Price	Cover a Short position? Y / N	Option Exercised or Assigned?*

7. KHC COMMON STOCK SALES FROM FEBRUARY 26, 2016 THROUGH MAY 22, 2019:

List each sale and/or transfer of KHC common stock made after the opening of trading on February 26, 2016 through and including May 22, 2019. Please note that transactions in KHC common stock that were made pursuant to, or in connection with, a swap or another derivative instrument are not eligible.

Date(s) of Sale (Trade Date) MM/DD/YYYY	Transaction Type Sale <u>or</u> Transfer (Delivered)	Number of Shares Sold <u>or</u> Transferred (Delivered)	Total Sale Price	Short Sale? Y / N	Option Exercised or Assigned?*

* Options contracts to purchase or sell KHC shares are not securities eligible for a recovery under the Plan. However, for purchases or sales of KHC shares through the exercise of an option, the purchase/sale date is the exercise date of the call and the assignment date of the put, and the purchase/sale price is the strike price of the call at the time of exercise and the strike price of the put at the time of assignment.

8. KHC COMMON STOCK HOLDINGS ON MAY 22, 2019: _____

Enter total number of KHC shares held as of the close of trading on May 22, 2019. If none, write "0" or "Zero."

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9. TRANSACTION LOCATION:

Indicate the location of your transactions in shares of KHC common stock:

Traded on a U.S. Exchange

Traded on a Foreign Exchange

10. PRIOR RECOVERY: Amount: _____ Source: _____

List the amount and source of any compensation that you received from another source (e.g., class action settlement) for losses from trading in KHC common stock that resulted due to the same conduct described in the Order.

*If you require additional space, please make copies of this schedule. Sign and print your name on each additional page.
You may also submit your claim form on-line by visiting our website: khcfairfund.com*

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CERTIFICATION AND RELEASE

Each of the undersigned represents and certifies **UNDER PENALTY OF PERJURY** that such person or entity:

1. Has provided accurate records pertaining to **all** transactions in KHC common stock during the period from February 26, 2016 through May 22, 2019;
2. Is not and/or has not been:
 - a. The Respondents in this matter or the defendant in the SEC v. Hofmann, 21-CV-7407 (SDNY);
 - b. A Person who served at any time from July 2, 2015 through the end of the Relevant Period as an officer¹ or director of KHC;
 - c. An employee or former employee of KHC or any of its affiliates who has been disciplined, terminated, or has otherwise resigned, in connection with the conduct described in the Order;
 - d. A Person employed within the procurement division at KHC at any time from July 2, 2015 through the end of the Relevant Period;
 - e. Any Person who, as of the Claims Bar Date, has been the subject of criminal charges related to the conduct described in the Order or any related Commission action;
 - f. Any firm, trust, corporation, or other entity in which Respondents has or had a controlling interest;
 - g. Any Person, firm, trust, corporation, or other entity that beneficially owned more than 20% of KHC common stock at any time from July 2, 2015 through the end of the Relevant Period;
 - h. The Fund Administrator, its employees, and those Persons assisting the Fund Administrator in its role as the Fund Administrator;
 - i. Any assigns, creditors, heirs, distributes, spouses, parents, dependent children or controlled entities of any of the foregoing Persons or entities listed above; or
 - j. Any purchaser or assignee of another Person's right to obtain a recovery from the Fair Fund for value; provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by gift, inheritance or devise.
3. Has not submitted any other claim covering the same transactions and holdings in KHC common stock and knows of no other person having done so on the claimant's (claimants') behalf;
4. Agrees to provide such additional information with respect to the Claim Form as the SEC or the Fund Administrator may require;
5. Consents to the SEC's, the Fund Administrator's, and their respective agents' use of any of the information provided here including, but not limited to, Social Security Number (or Taxpayer Identification Number), address, telephone number, brokerage account and trading information in any way deemed appropriate in order to verify the claim or the claimant's identity; acknowledges that this information will not be sold to any third parties or used for any purpose other than the processing of this Claim Form;
6. If executing this Claim Form on behalf of a beneficial owner of the shares of KHC common stock (*e.g.*, person, corporation, partnership, trust), possesses all requisite power and authority to execute this Claim Form, to grant the release provided below, and to do all other things necessary and appropriate in connection with the submission of this Claim Form on behalf of the beneficial owner, with the same effect as if the beneficial owner were personally present and acting; and

I agree that under no circumstances shall the Fund Administrator or its agents incur any liability to me or to any other person if it makes a distribution in accordance with the list of Eligible Claimants as approved by the SEC and the Court and that I am enjoined from taking any action in contravention of this provision.

¹ An "officer" excluded under this paragraph is any officer of KHC required to file a Form 3, 4, or 5 with the Commission pursuant to Section 16 of the Securities Exchange Act of 1934 to report transactions in the Security during the Relevant Period.

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(Certification and Release - continued from the previous page)

I (we) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned in this Claim Form is true, correct, and complete, and that all documents submitted in support of the foregoing information are true and correct copies of what they purport to be.

Executed this _____ day of _____, 202__ in _____, _____
(Date) (Month) (City) (State / Country)

Signature of Claimant	(Type /Print name of Claimant)
Signature of Joint Claimant	(Type / Print name of Joint Claimant)
Signature of Person signing on behalf of Claimant	(Type / 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, POA, etc.)	

- For legal representatives of the beneficial owner(s), you must provide proof of your authority to act on the beneficial owner's behalf with this Claim Form. Please check this box to indicate that you have attached documentation authorizing you to complete this Claim Form on behalf of the beneficial owner named above.

*Failure to sign the **Certification and Release** may result in a delay in processing or the rejection of your claim.*

How did you hear about the KHC Fair Fund? (check one appropriate box below):

- Notice Received in the Mail or Email
 My Bank, Broker or Financial Institution
 Newspaper Ad
 Social Media
 Other: _____

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CLAIM FORM INSTRUCTIONS

Information About the Claimant (Sections 1-4)

Please make sure you complete the requested information in Sections 1-4 in their entirety. The Claim Form must be completed by the beneficial owner of the shares of KHC common stock (or his/her authorized legal representative) with respect to which the Claim Form is being filed. If there is more than one beneficial owner of the KHC shares, all beneficial owners must be identified and all owners (or an authorized legal representative of such owners) must sign the Claim Form. Failure to provide any of the information requested may result in a delay in the processing of the claim or rejection of the claim.

Transaction Information (Sections 5-10)

In order to accurately compute the amount of your claim, we must have the information requested in this section. Please review and complete Sections 5-10 in their entirety, entering your relevant beginning and ending holdings of KHC common stock, as well as all of your purchases and sales of KHC common stock during the relevant period. If any of the transactions listed in Sections 6 or 7 were short sales or cover-short purchases, or transactions pursuant to the exercise/assignment of an options contract, please identify them for us.

Note: A Preliminary Claimant's Eligible Loss Amount will be reduced by the amount of any compensation for the loss that resulted from the conduct described in the complaint in this case that was received from another source (e.g., class action settlement) to the extent it is known to the Fund Administrator. In addition, the KHC Fair Fund cannot reimburse claimants for attorneys' fees or expenses incurred in connection with recovering their losses.

Supporting Documentation

Attach to your Claim Form documentation verifying the information provided in the Claim Form. Acceptable supporting documentation may include: (a) monthly account statements; (b) trade confirmation slips; (c) applicable year-end statement(s); (d) a signed letter from your broker on firm letterhead verifying the information you are providing; (e) a deposit or escrow receipt showing your holdings; or (f) other equivalent proof of your transactions.

Please be sure that the documentation confirms the details of your beginning and ending holdings in KHC common stock (i.e., your February 2016 brokerage statement showing all activity in your account relating to KHC common stock and holding position in KHC common stock; and your February 2019 and May 2019 brokerage statement showing all activity in your account relating to KHC common stock and holding position in KH common stock at the end of the statement period), and all purchases and/or sales of KHC common stock during the relevant period. Adequate identifying information (i.e., your name and account number) must appear on all documentation submitted; handwritten modifications to the documentation or self-generated schedules or statements are not acceptable. Failure to provide full documentation for all requested holdings and transactions may delay the processing of or the invalidation of your claim.

Certification and Release (Pages 3-5)

You must read the Certification and Release and sign and date the signature page of the Claim Form. Your signature serves as a certification that the information provided in the Claim Form and any documentation provided in support of the Claim Form are true, accurate and complete.

- A legal representative of the beneficial owner(s) of KHC common stock (e.g., executor, guardian, trustee, conservator, etc.) may sign the Certification and Release on behalf of the beneficial owner(s), as long as adequate proof of the representative's authority to act on behalf of the beneficial owner of KHC common stock is provided with the Claim Form.
- If the shares of KHC were jointly owned, all beneficial owners (or an authorized legal representative of such owners) must sign the Certification and Release.
- If the shares of KHC were owned by an entity (e.g., trust, estate, corporation, partnership, etc.) the Certification and Release must be signed by an individual authorized by such entity to execute the Claim Form, grant the certification and release provided, and to do all other things necessary in connection with the submission of the Claim Form. Please provide documentary evidence of the signer's authority with the Claim Form.

THIS CLAIM FORM MUST BE POSTMARKED ON OR BEFORE JUNE 21, 2023

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REMINDER CHECKLIST

Before mailing your Claim Form, please read these reminders.

- 1) Your Claim Form must be submitted on-line or with a postmark on or before June 21, 2023. We cannot accept Claim Forms via email or fax. If you are submitting a paper Claim Form by mail, please direct the Claim Form to: **KHC Fair Fund, P.O. Box 6977, Syracuse, NY 13217-6977**. If you wish to send your Claim Form via FedEx, UPS or a similar service, please direct the Claim Form to: **KHC Fair Fund, c/o RCB Fund Services LLC, 17 Technology Place, Suite 1, East Syracuse, NY 13057**.

If you require proof of delivery, please use a service that provides tracking and delivery confirmation or submit your claim on our website.

- 2) If you submit your Claim electronically on our website, you **do not** need to mail us a hard copy.
- 3) Remember to carefully review and sign the Certification and Release beginning on page 3. If this Claim Form is being submitted on behalf of joint owners of KHC common stock, then all owners must sign.
- 4) Remember to supply your Social Security Number or Tax Identification Number (or the foreign equivalents of such identifying information) and each joint owner's Social Security Number, if applicable. If you are not a U.S. citizen, please include a copy of your passport or other identification.
- 5) Be sure the required documentation is attached. All documentation must be legible and include your name, the account number, date of transaction, quantity, total transaction amount and security name or CUSIP. Do not send originals of any supporting documentation; **send copies**.
- 6) Be sure to keep copies of the completed Claim Form and supporting documentation for your records; we may not be able to supply them to you in the future.
- 7) You are responsible for notifying us of any changes in the information you submit, including changes of address or contact information. Please call us at (800) 218-5449 or email **info@KHCfairfund.com** with your new contact information. Please include the Claim ID on any correspondence.

A Note about Providing your Social Security Number or Tax Identification Number:

We recognize the importance of keeping your personal information secure, and we do everything under our control to ensure this data is protected. We use the personal information that is collected only as necessary to administer your claim during the claim administration process. Your SSN or Tax ID is required before we are able to complete payments to eligible claimants.