

PROOF OF CLAIM FORM

**Fiat Chrysler Automobiles Fair Fund
c/o JND Legal Administration
PO Box 91132
Seattle, WA 98111**

**Toll-Free Number: (833) 636-2119
Distribution Website: www.fiatchryslervehiclesalesfairfund.com
Email: info@fiatchryslervehiclesalesfairfund.com**

To be considered for eligibility for a distribution from the Fiat Chrysler Vehicle Sales Fair Fund, created in the Cease-and-Desist Proceeding: *In the Matter of FCA US LLC, and Fiat Chrysler Automobiles, N.V.*, File No. 3-19541 (the “Administrative Proceeding”), you must complete and sign this Proof of Claim Form (“Claim Form”), include all necessary documentation and submit the package to JND Legal Administration (the “Fund Administrator”). Submissions may be made online through the Fair Fund Website **no later than 11:59 p.m. PST on January 9, 2023; by First Class Mail postmarked by January 9, 2023; and if not by First Class mail, received by the Fund Administrator by January 9, 2023 (the “Claims Bar Date”)**.

Failure to submit your Claim Form by the Claims Bar Date will subject your claim to rejection and may preclude you from being eligible to recover any money from the Fiat Chrysler Vehicle Sales Fair Fund. Your Claim Form must be submitted in compliance with the directions herein.

CONTENTS

- 02** GENERAL INSTRUCTIONS
- 04** Part I – CLAIMANT IDENTIFICATION
- 05** Part II - SCHEDULE OF TRANSACTIONS
- 06** Part III - CERTIFICATION, SUBSTITUTE W-9 AND SIGNATURE
- 08** Part IV - REMINDER CHECKLIST

GENERAL INSTRUCTIONS

1. Your completed and signed Claim Form and adequate supporting documentation, **sent by First Class Mail, postmarked no later than January 9, 2023, or, if not sent by First Class Mail, received by the Fund Administrator no later than January 9, 2023.**

2. You must include all your transactions requested in Part II, the Schedule of Transactions (page 5), and you and/or your representative must fully complete this Claim Form. The Claim Form must be signed by the beneficial owner of the Eligible Security (see paragraph 9 below) or by their representative, under the penalty of perjury. If you fail to complete and sign the Claim Form, including adequate supporting documentation, your claim may be rejected, and you may be precluded from any recovery from the Fiat Chrysler Vehicle Sales Fair Fund.

3. DO NOT use highlighter on the Claim Form or any supportive documents.

4. Submission of the Claim Form does not guarantee that you will be eligible for a Distribution Payment; eligibility will be determined in accordance with the criteria in the Commission-approved Distribution Plan, available for review and download at www.fiatchryslervehiclesalesfairfund.com.

5. **Claim Form Submission:**

(a) **First Class Mail or other Delivery:** Submissions by **First Class Mail must be postmarked no later than January 9, 2023; submissions by other delivery service must be RECEIVED by the Fund Administrator no later than January 9, 2023.** Unless your Claim Form is submitted with a U.S. Mail postmark, it will be deemed to have been submitted when received by the Fund Administrator. You must send your completed and signed Claim Form, adequate supporting documentation to the address below:

**Fiat Chrysler Automobiles Fair Fund
c/o JND Legal Administration
PO Box 91132
Seattle, WA 98111**

(b) It is your responsibility to timely submit your completed and signed Claim Form and adequate supporting documentation in accordance with the directions herein and you must be able to document timely, proper, and complete submission.

6. Use the Schedule of Transactions in Part II of this Claim Form, to supply all required details of your transaction(s) (including free transfers and deliveries) and holdings of the Eligible Security. On the Schedule of Transactions, please provide all the requested information with respect to your holdings, purchases, acquisitions, and sales of the Eligible Security, regardless of whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested Relevant Period may result in the rejection of your claim. Please note that the Fair Fund only applies to securities purchased on a U.S. Exchange.

The Security and Relevant Period

Company Name	Trading Symbol	Relevant Period Start Date	Relevant Period End Date
Fiat Chrysler Automobiles N.V.	FCAU	10/13/14	7/26/16

7. On January 3, 2016, FCA N.V. announced the completion of the spinoff of its stake in Ferrari. The Fund Administrator will multiply unadjusted FCA N.V. share prices prior to 2016 by 100/152 in order to account for the spinoff and use comparable prices throughout the Relevant Period in calculating each Eligible Claimant's Recognized Loss per Share and actual market loss. This calculation represents an isolation of the effect of the spinoff on the stock price in order to calculate the price inflation related solely to the misstatements.

8. You must submit supporting documentation for the transactions reported on this Claim Form, such as broker confirmation slips, broker account statements, an authorized statement from your broker reporting information about your transactions, or other similar documents. **If such documents are not in your possession, please obtain copies 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 Fund Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.

9. Separate Claim Forms should be submitted for each separate legal entity (i.e., a separate Claim Form should be filed for an individual account, a joint account, an IRA account, an account held for minor, etc.). Conversely, a single Claim Form should be submitted on behalf of one legal entity that includes all transactions made by that entity, 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, as should an individual with multiple accounts maintained in his or her same name).

10. If you purchased or otherwise acquired the Eligible Security on a U.S. Exchange only during the Relevant Period and held the stock in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to be considered for participation in the Fiat Chrysler Vehicle Sales Fair Fund. Joint beneficial owners must **each** sign this Claim Form and their names must appear in Part I of this Claim Form. If you purchased or otherwise acquired the Eligible Security during the Relevant Period for your own benefit, but the stock was registered in the name of a third party, such as a nominee or brokerage firm, you are still 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 to be considered for eligibility for a distribution payment from the Fiat Chrysler Vehicle Sales Fair Fund.

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

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, 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 Eligible Security; and
- (c) furnish evidence of their authority to submit the Claim Form on behalf the beneficial owner (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/entity's accounts.)

12. By submitting this Claim Form, you will be seeking a determination of your eligibility to participate in the distribution of the Fiat Chrysler Vehicle Sales Fair Fund. If you are NOT a potentially Eligible Claimant (as defined in the Plan of Distribution, paragraph 12), or are an Excluded Party (Plan of Distribution, paragraph 13), DO NOT submit a Claim Form.

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 Fiat Chrysler Vehicle Sales Fair Fund's website at www.fiatchryslervehiclesalesfairfund.com, or you may email the Fund Administrator's electronic filing department at FCFSecurities@JNDLA.com. Any file 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 Fund Administrator issues an email after processing your file with your claim number(s) and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email, you should contact the electronic filing department at FCFSecurities@jndla.com to inquire about your file and confirm it was received and acceptable.

14. If you have questions concerning the Claim Form or need additional copies of the Claim Form or the Plan Notice, you may contact the Fund Administrator by writing to the above address, by calling the toll-free hotline at (833) 636-2119, by sending an email to info@fiatchryslervehiclesalesfairfund.com, or you may download the documents from www.fiatchryslervehiclesalesfairfund.com.

PLEASE NOTE: YOUR CLAIM IS NOT CONFIRMED AS SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT EMAIL. THE FUND ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY EMAIL WITHIN 60 DAYS OF THE CLAIMS BAR DATE. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL WITHIN 60 DAYS OF THE CLAIMS BAR DATE, PLEASE CONTACT THE FUND ADMINISTRATOR.

PART I. CLAIMANT IDENTIFICATION

The Fund Administrator will use the information supplied below for all communications regarding this Claim Form. If this information changes, you MUST notify the Fund Administrator in writing at the address above.

Complete names of all persons and entities must be provided.

Beneficial Owner's First Name

Beneficial Owner's Last Name

Joint Beneficial Owner's First Name (if applicable)

Joint Beneficial Owner's Last Name (if applicable)

If this claim is submitted for an IRA, and if you would like any check that you MAY be eligible to receive made payable to the IRA, please include "IRA" in the "Last Name" box above (e.g., Jones IRA).

Entity Name (if the Beneficial Owner is not an individual)

Name of Representative, if applicable (e.g., executor, administrator, trustee, c/o, etc.), if different from Beneficial Owner

Street Address

Address 2

City

State/Province

Zip Code

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

Telephone Number (Day)

Telephone Number (Evening)

Email Address

Account Number (where security was traded)¹

SSN/TIN

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

PART II. SCHEDULE OF TRANSACTIONS IN FCAU COMMON STOCK ON U.S. EXCHANGES

Please be sure to include proper documentation with your Claim Form as described in detail in the General Instructions above. Do not include information regarding securities other than Fiat Chrysler Automobiles N.V. common stock ("FCAU"). **Please Note: Only FCAU common stock purchased or otherwise acquired on a U.S. Exchange are eligible under this Settlement.**

1. BEGINNING HOLDINGS OF FCAU COMMON STOCK – State the total number of shares of Fiat Chrysler Automobiles N.V. common stock held as of the open of trading on OCTOBER 13, 2014 . (Must be documented.) If none, write "zero" or "0."				<input type="checkbox"/> Confirm Proof of Position Enclosed
2. PURCHASES/ACQUISITIONS ON A U.S. EXCHANGE OF FCAU COMMON STOCK DURING THE PERIOD FROM OCTOBER 13, 2014, THROUGH AND INCLUDING JULY 26, 2016 – Separately list each and every purchase/acquisition (including free receipts) during this period. (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 all fees, taxes, and commissions)	Confirm Proof of Purchase/ Acquisition Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
3. PURCHASES/ACQUISITIONS ON A U.S. EXCHANGE DURING 90-DAY LOOKBACK PERIOD – State the total number of shares of common stock purchased/acquired between July 27, 2016, and October 24, 2016, inclusive. If none, write "zero" or "0." ² (Must be documented.)				<input type="checkbox"/> IF NONE, CHECK HERE
4. SALES OF FCAU COMMON STOCK DURING THE PERIOD FROM OCTOBER 13, 2014 THROUGH AND INCLUDING OCTOBER 24, 2016 – Separately list each and every sale/disposition (including free deliveries) during this period. (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 (excluding all fees, taxes, and commissions)	Confirm Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
5. ENDING HOLDINGS OF FCAU COMMON STOCK – State the total number of shares of Fiat Chrysler Automobiles N.V. common stock held as of the close of trading on OCTOBER 24, 2016 . (Must be documented.) If none, write "zero" or "0."				<input type="checkbox"/> Confirm Proof of Position Enclosed
<input type="checkbox"/> IF YOU REQUIRE ADDITIONAL SPACE FOR YOUR TRANSACTIONS, 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.				

² **Please Note:** Information requested with respect to your purchases/acquisitions of FCAU common stock from after the opening of trading on July 27, 2016, through and including the close of trading on October 24, 2016, is needed to balance your claim; purchases/acquisitions during this period, however, are not eligible under the Plan of Distribution and will not be used for purposes of calculating your Recognized Loss pursuant to the Plan of Allocation.

PART III. CERTIFICATION AND SIGNATURE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am NOT:
 - a. The Respondent;
 - b. A present or former officers or directors of Respondent and any assigns, creditors, heirs, distributees, spouses, parents, dependent children or controlled entities of any of the foregoing persons or entities;
 - c. an employee or former employee of the Respondent or any of its affiliates who has been terminated for cause or has otherwise resigned, in connection with the conduct described in the Order;
 - d. a 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;
 - e. a firm, trust, corporation, officer, or other entity in which Respondent has or had a controlling interest;
 - f. the Fund Administrator, its employees, and those persons assisting the Fund Administrator in its role as the Fund Administrator; or
 - g. a 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.
2. I understand that the Fund Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Fund Administrator for those purposes;
3. 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 all Eligible Claimants as approved by the Commission and that I am enjoined from taking any action in contravention of this provision;
4. I agree that upon receipt and acceptance by me of a distribution from the Fiat Chrysler Vehicle Sales Fair Fund, I shall be deemed to have released all claims that I may have against the Fund Administrator and its agents and shall be deemed enjoined from prosecuting or asserting any such claims;
5. If I am a custodian, trustee, or professional investing on behalf of and representing more than one claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management;
6. If signing this Claim Form on behalf of a corporation, partnership, or other business entity, I have the legal authority to act on its behalf and execute this Claim Form;
7. I agree to submit to the jurisdiction of the Court in the Civil Action for all purposes relating to this claim;
8. I (we) have read my (our) foregoing Claim Form, including any attachments and enclosures, and that the Claim Form including any attachments and enclosures is true and correct in every aspect; and
9. I (we) have not authorized nor am aware of anyone else who has filed a Claim Form on my (our) behalf for the same losses covered in this Claim Form.
10. I (We) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

Certification

NOTE: IF YOU HAVE BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE THAT YOU ARE SUBJECT TO BACKUP WITHHOLDING, PLEASE STRIKE OUT THE LANGUAGE THAT YOU ARE 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 FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS, IF ANY, SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of claimant

Date

Print claimant name here

Signature of joint claimant if any

Date

Print joint claimant name 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 ¶ 9 of this Claim Form.)

PART IV. REMINDER CHECKLIST



1. **Please sign the above certification.** If this Claim Form is being made on behalf of joint claimants, then both must sign.



2. Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.



3. Please do not highlight any portion of the Claim Form or any supporting documents.

4. Keep copies of the completed Claim Form and documentation for your own records.

5. The Fund Administrator will acknowledge receipt of your Claim Form by email, within 60 days of the claims bar date. Your claim is not deemed submitted until you receive an acknowledgement email. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL WITHIN 60 DAYS OF THE CLAIMS BAR DATE, PLEASE CALL THE FUND ADMINISTRATOR TOLL FREE AT (833) 636-2119.**

6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Fund Administrator written notification of your new address. If you change your name, please inform the Fund Administrator.



7. If you have any questions or concerns regarding your claim, please contact the Fund Administrator in writing at the below address, toll-free at (833) 636-2119, by email at info@fiatchryslervehiclesalesfairfund.com, or visit www.fiatchryslervehiclesalesfairfund.com. **Please DO NOT call the Court, the SEC, Fiat Chrysler Automobiles N.V., any other Defendant or their counsel with questions regarding your claim.**



THIS CLAIM FORM MUST BE SUBMITTED TO THE FUND ADMINISTRATOR SO THAT IT IS **POSTMARKED NO LATER THAN January 9, 2023**, ADDRESSED AS FOLLOWS:

**Fiat Chrysler Automobiles Fair Fund
c/o JND Legal Administration
PO Box 91132
Seattle, WA 98111**

You should be aware that it will take a significant amount of time to fully process all the submitted Claim Forms. This work will be completed as promptly as time permits. Please be patient and notify the Fund Administrator of any change of address.