

Shareholder Compensation Payment Claim Form

If you believe you are entitled to funds from the Shareholder Compensation Payment, please submit this Claim Form in its entirety to the Administrator by email to **IRBShareholder@Kroll.com** or mail to **Kroll, LLC ATTN: IRB Shareholder Compensation 55 E 52nd St Floor 16 NY, NY 10055 USA**. To ensure that the Administrator is able to process your claim in an expeditious manner, please complete all sections of this Claim Form in legible block letters. Please only complete this form for entities/persons who sold shares of IRB on March 4, 2020. Please note that this form is available at **<https://www.kroll.com/en/irbshareholdercompensation>**.

Shareholder Information (the “Claimant”)

Name of Person / Entity: _____

Number of IRB Shares Held at Market Open on March 4, 2020: _____

Number of IRB Shares Sold on March 4, 2020: _____

Number of IRB Shares Held at Market Close on March 4, 2020: _____

Banking Details

Please provide the bank account details that the Administrator should direct funds to if you are deemed eligible for a share of the Shareholder Compensation Payment.

Name of Owner of the Bank Account: _____

Account Number / IBAN: _____

Swift Code or National ID: _____

Information Regarding the Authorized Individual Completing this Claim Form

Name: _____

Mailing Address: _____

Email Address: _____

If the claimant is an individual other than the person completing this Claim Form or if the Claimant is an Entity, please describe your relationship to the Claimant:

Signature: _____ Date: _____