

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

IN RE PACIFIC COAST OIL TRUST  
SECURITIES LITIGATION

Lead Case No. BC550418  
(Consolidated with Case No. BC560944)

This document relates to:

Assigned for all purposes to the  
Hon. Elihu M. Berle

ALL ACTIONS.

**PROOF OF CLAIM AND RELEASE**

**I. GENERAL INSTRUCTIONS**

1. To recover as a Member of the Class based on your claims in this case (the "Action") YOU MUST:

- (i) Complete the proof of claim on page 3;
- (ii) Provide the supporting documentation identified on page 4;
- (iii) Complete the Form W-9 on page 5;
- (iv) Sign the release and acknowledgment on page 6; and
- (v) Mail all of the above postmarked on or before February 2, 2017 to the following:

*Pacific Coast Oil Trust Securities Litigation Settlement*  
c/o KCC Class Action Services  
P.O. Box 40007  
College Station, TX 77842-4007  
Phone: (844) 239-8899  
[www.pcotsecuritieslitigation.com](http://www.pcotsecuritieslitigation.com)

**II. DEFINITIONS**

1. "Defendants" means, collectively, Pacific Coast Oil Trust ("PCOT"); Pacific Coast Energy Company LP; PCEC (GP) LLC; Pacific Coast Energy Holdings LLC; Halbert S. Washburn; Randall H. Breitenbach; Barclays Capital Inc.; Citigroup Global Markets Inc.; Merrill Lynch, Pierce, Fenner & Smith Incorporated; J.P. Morgan Securities LLC; UBS Securities LLC; Wells Fargo Securities, LLC; RBC Capital Markets, LLC; Robert W. Baird & Co. Incorporated; Stifel, Nicolaus & Company, Incorporated; Oppenheimer & Co. Inc.; Janney Montgomery Scott LLC; and Morgan Stanley & Co. LLC.

2. "Released Parties" means Defendants and each of their current and former respective parent entities, affiliates, subsidiaries, predecessors, successors, families, associates, executors, personal representatives, heirs, beneficiaries, estates, agents, and assigns, and, as to each of the foregoing, all of their past, present, or future officers, directors, employees, managers, members, managing members, fiduciaries, managing directors, principals, advisors, agents, managing agents, direct or indirect equity holders, controlling persons, stockholders, current or former partners and principals, as well as general or limited partners or partnerships, attorneys, legal counsel, consultants, insurers, co-insurers, reinsurers, accountants, auditors, underwriters, engineers, advisors, financial advisors, investment advisors, commercial bank lenders, banks, investment bankers, associates, member firms, joint ventures, limited liability companies, corporations, divisions, shareholders, trusts, trustees, foundations, family members, beneficiaries, distributors, heirs, executors, personal or legal representatives, estates, administrators, predecessors, successors, indemnitors, indemnitees, related or affiliated entities, and any other representatives of any of these persons or entities or their successors.

3. All capitalized terms not otherwise defined herein shall have the meanings set forth in the Stipulation and Agreement of Settlement dated July 1, 2016 (the "Stipulation").

### III. CLAIMANT INFORMATION

1. If you purchased PCOT trust units in your name, you are the beneficial owner as well as the owner of record. If, however, the PCOT units were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner and the third party is the owner of record.

2. Use Part I of this form entitled "Claimant Information" to identify each owner of record, if different from the beneficial owner of a PCOT trust unit that is the subject of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S) OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S) OF THE PCOT TRUST UNIT UPON WHICH THIS CLAIM IS BASED.**

3. All joint purchasers 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.

### IV. CLAIM FORM

1. Use Part II of this form entitled "Schedule of Transactions in PCOT Trust Units" to supply all required details of your transaction(s) in PCOT trust units. If you need more space or additional schedules, attach separate sheets giving all 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 required information with respect to **all** of the following: (a) documentation showing the total number of PCOT trust units purchased, the date(s) of purchase, and the price paid in each transaction; (b) documentation showing number of PCOT trust units sold, the date of sale(s), and the price received in each transaction; and (c) documentation showing number of PCOT trust units that you continue to hold. Failure to report all such transactions may result in the rejection of your claim. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

3. Confirmations or other documentation of your transactions in PCOT trust units should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

4. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses. In some cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information and/or the hiring of an accounting expert at the claimant's cost.

Must Be Postmarked  
or Received No Later  
Than February 2, 2017

**PFC**



Official  
Office  
Use  
Only

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

*Pacific Coast Oil Trust Securities Litigation Settlement*

Lead Case No. BC550418

**PROOF OF CLAIM AND RELEASE**

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

**PART I: CLAIMANT IDENTIFICATION**

Last Name

M.I.

First Name

Last Name (Co-Beneficial Owner)

M.I.

First Name (Co-Beneficial Owner)

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 of SSN or TIN

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

FOR CLAIMS  
PROCESSING  
ONLY





**V. ACKNOWLEDGMENTS**

I (We) submit this Proof of Claim and Release under the terms of the Stipulation described in the Notice. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Action. I (We) agree to furnish additional information to Plaintiffs' Counsel to support this claim if required to do so. I (We) have not submitted any other claim covering the same purchases, acquisitions, or sales of PCOT Trust Units during the Class Period and know of no other Person having done so on my (our) behalf.

**VI. RELEASE**

1. I (We) hereby warrant and represent that I (we) have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation.
2. I (We) hereby waive the right to trial by jury, to the extent that it exists, and agree to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form.
3. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, relinquish, and discharge, all of the Settled Claims against each and all of the Released Parties (as defined on pages 1-2 above) and shall not sue any Released Parties with respect to any and all such Settled Claims (as defined in the Stipulation).
4. This release shall be of no force or effect unless and until the Court approves the Stipulation and the Stipulation becomes effective on the Effective Date (as defined in the Stipulation).
5. 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.
6. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in PCOT trust units.
7. I (We) hereby warrant and represent that I (we) have not submitted a request for exclusion from the Settlement Class, or if a request for exclusion was submitted, it was timely withdrawn.
8. I (We) understand and intend that the signature below serves as the release of the Settled Claims.

**SUBSTITUTE FORM W-9**

Request for Taxpayer Identification Number ("TIN") and Certification

**PART I**

NAME: \_\_\_\_\_

Check appropriate box:

- |   |                                       |                                |
|---|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Pension Plan |                                |
| <input type="checkbox"/> Corporation                | <input type="checkbox"/> Partnership  | <input type="checkbox"/> Trust |
| <input type="checkbox"/> IRA                        | <input type="checkbox"/> Other        |                                |

Enter TIN on appropriate line.

- For individuals, this is your Social Security Number ("SSN").
- For sole proprietors, you must show your individual name, but you may also enter your business or "doing business as" name. You may enter either your SSN or your Employer Identification Number ("EIN").
- For other entities, it is your EIN.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

or

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Employer Identification Number

**PART II**

For Payees Exempt from Backup Withholding

If you are exempt from backup withholding, enter your correct TIN in Part I and write "exempt" on the following line: \_\_\_\_\_.

**PART III**

Certification

UNDER THE PENALTY OF PERJURY, I (WE) CERTIFY THAT:

1. The number shown on this form is my correct TIN; and
2. 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 because: (a) I am (we are) exempt from backup withholding; or (b) I (we) have not been notified by the Internal Revenue Service that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the Internal Revenue Service has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the International Revenue Service that you are subject to backup withholding, you must cross out Item 2 above.



The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

**VII. SIGNATURE**

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

Executed this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Month/Year) (City/State/Country)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

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

**Reminder Checklist:**

1. Please sign the above release and declaration.
2. Remember to attach supporting documentation, if available.
3. Keep a copy of your claim form for your records.
4. The Claims Administrator will acknowledge the receipt of your Proof of Claim postcard within 60 days of receipt. If you do not receive such acknowledgement within 60 days, please contact the Claims Administrator. Your claim is not deemed filed unless a postcard is received.
5. If you move, please send us your new address.

**IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING YOUR CLAIM,  
PLEASE CONTACT THE CLAIMS ADMINISTRATOR AT:**

*Pacific Coast Oil Trust Securities Litigation Settlement*  
c/o KCC Class Action Services  
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College Station, TX 77842-4007  
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