

EasyFile Submission Form

To submit an EasyFileSM for the above noted class action settlement, the Submitter (the entity designated to file on behalf of beneficial owners in the class) must complete this form and the settlement's Proof of Claim form on the subsequent pages of this PDF. This form and the corresponding data must be submitted to the Claims Administrator no later than **August 9, 2017**.

Mailing Address:

Dole Securities Litigation
c/o JND Class Action Administration
PO Box 6428
Broomfield, CO 80021-0015

Email Address: DLESecurities@classactionadmin.com

Overnight Address:

Dole Securities Litigation
c/o JND Class Action Administration
10170 Church Ranch Way, Suite 125
Westminster, CO 80021

I. Submitter Identification

Please provide the following information for the Submitter. (Note: Payment will be sent to address below unless otherwise indicated.)

Submitter Name

Street Address

City State/Province

Postal/Zip Code Country

Type of Submitter: Bank/Broker Claim Filing Service
(Please Check One) Attorney Other: _____

II. Submitter's Authorized Individual Identification

Please provide the following information for the individual authorized to act on behalf of the Submitter and able to answer questions relating to this claim.

Authorized Individual Title

Email Address Phone Number

III. Beneficial Owner Identification

The above noted Submitter is filing on behalf of:

Provide a Beneficial Owner Name or "Various Beneficial Owners"

IV. Data File Information

Please provide the following information about the data file being submitted.

Total Number of Accounts: _____ Total Number of Transactions: _____

Additional instructions about accessing data file (e.g., obtaining password):

V. Certification of Authority and Declaration of Accuracy

I, the Submitter or authorized individual of the Submitter, declare under penalty of perjury under the laws of the United States that the Proof of Claim Form information and electronic submission is true and accurate to the best of my knowledge, that the Submitter has current authority to file for each account provided, and that the Submitter is not aware of any other claims being filed by other entities on behalf of any accounts that have been provided by the Submitter.

Executed this ____ day of _____, 20____.
Month Year

Signature

Printed Name

Important: You must complete the settlement's Proof of Claim form on the following pages.