

*Synchronoss Technologies Fair Fund*  
Fund Administrator  
P.O. Box 2298  
Portland, OR 97208-2298

Website: [synchronosstechnologiesfairfund.com](http://synchronosstechnologiesfairfund.com)  
Email: [info@synchronosstechnologiesfairfund.com](mailto:info@synchronosstechnologiesfairfund.com)  
Phone: 1-888-817-5548

## **CLAIM FORM**

This claim is being solicited pursuant to a Distribution Plan (the “Plan”) approved by the United States Securities and Exchange Commission (“Commission” or “SEC”) in the actions entitled *In the Matter of Synchronoss Technologies, Inc.*, Admin. Proc. File No. 3-20883, *Clayton “Charlie” Thomas*, Admin. Proc. File No. 3-20884, *Marc Bandini*, Admin. Proc. File No. 3-20885, *Daniel Ives*, Admin. Proc. File No. 3-20886, *John Murdock*, Admin. Proc. File No. 3-20887, and *Ronald Prague, Esq.*, Admin. Proc. File No. 3-20889 (June 2, 2022). You can obtain a copy of the Plan at [synchronosstechnologiesfairfund.com](http://synchronosstechnologiesfairfund.com), by emailing [info@synchronosstechnologiesfairfund.com](mailto:info@synchronosstechnologiesfairfund.com), or by calling the Fund Administrator at 1-888-817-5548. Claims may be made by individuals and entities, or their lawful successors, who purchased or acquired Synchronoss Technologies, Inc. (“Synchronoss”) common stock during the period between February 6, 2014, and May 9, 2018, inclusive (the “Relevant Period”).

Any and all claims must be asserted via this Claim Form. Any prior or alternative communications with the Court, the SEC, the Fund Administrator, or any other person or entity, do not constitute a claim.

YOU MUST COMPLETE AND MAIL THIS CLAIM FORM POSTMARKED (IF MAILED) BY SEPTEMBER 30, 2026, OR SUBMITTED ELECTRONICALLY BY 11:59 P.M. EASTERN TIME ON **SEPTEMBER 30, 2026**, TO BE CONSIDERED FOR ELIGIBILITY TO SHARE IN THE SYNCHRONOSS TECHNOLOGIES FAIR FUND.

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## **PART I: CLAIM FORM INSTRUCTIONS**

A. This Claim Form has been sent to you because you may be a Preliminary Claimant in this matter. In order to participate, you must complete and sign this Claim Form and provide supporting documents for any eligible transactions you claim. If you fail to file a completed and signed Claim Form and supporting documents, your claim may be rejected, and you may be determined to be ineligible for any payment in this matter.

B. Submission of this Claim Form does not assure that you will share in the proceeds of the Fair Fund created in this matter. Your eligibility will depend on the eligibility criteria in the Plan and will be subject to a \$25.00 Minimum Distribution Amount.

C. **YOU MUST COMPLETE AND SUBMIT YOUR CLAIM FORM ELECTRONICALLY AT [WWW.SYNCHRONOSSTECHNOLOGIESFAIRFUND.COM](http://WWW.SYNCHRONOSSTECHNOLOGIESFAIRFUND.COM) NO LATER THAN 11:59 P.M. EASTERN TIME ON SEPTEMBER 30, 2026, OR, BY MAIL ADDRESSED TO THE FUND ADMINISTRATOR AS LISTED BELOW, SO THAT IT IS POSTMARKED ON OR BEFORE SEPTEMBER 30, 2026.**

D. If you are NOT a Preliminary Claimant, as defined in the Plan Notice, DO NOT submit a Claim Form.

E. Use the section of this form entitled "Claimant Identification" to identify each owner of record. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S), OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S), OF SHARES UPON WHICH THIS CLAIM IS BASED.**

F. Use the section of this form entitled "Schedule of Transactions" to supply all required details of your transaction(s). If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

G. Complete a separate Claim Form for each account that qualifies.

H. Provide all of the requested information with respect to the shares that you acquired at any time during the Relevant Period, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

I. List each transaction in the Relevant Period in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year as well as time of day for each transaction you list.

J. Documentation of your transactions in Synchronoss Technologies, Inc., common stock must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

K. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Fund Administrator may request additional information as required to efficiently and reliably calculate your losses. For a detailed explanation regarding how your losses will be calculated, please refer to the Plan of Allocation attached as Exhibit A to the Plan, which can be found online at the website listed below.

***Claim Forms must be received (if filed electronically) no later than 11:59 p.m. Eastern Time on September 30, 2026, on the Fair Fund's website [www.SynchronossTechnologiesFairFund.com](http://www.SynchronossTechnologiesFairFund.com), or postmarked (if sent by U.S. Mail) no later than September 30, 2026, and sent to SYNCHRONOSS TECHNOLOGIES FAIR FUND, Fund Administrator, P.O. Box 2298, Portland, OR 97208-2298.***

**ATTENTION NOMINEES AND BROKERAGE FIRMS:** If you are filing claim(s) electronically on behalf of beneficial owners, detailed instructions are available on the website at [synchronosstechnologiesfairfund.com](http://synchronosstechnologiesfairfund.com) along with the formatted electronic filing template. You may also send an email to [info@synchronosstechnologiesfairfund.com](mailto:info@synchronosstechnologiesfairfund.com) requesting this information.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Beneficial Owner's First Name<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                         | MI<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Beneficial Owner's Last Name<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>    |
| Co-Beneficial Owner's First Name<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                      | MI<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Co-Beneficial Owner's Last Name<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Entity Name (if claimant is not an individual)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                                            |
| Representative or Custodian Name (if different from Beneficial Owner[s] listed above)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                            |
| Address 1 (street name and number)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                            |
| Address 2 (apartment, unit or box number)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                            |
| City<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               | State<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                           |
| Country (if not USA)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               | ZIP Code<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                        |
| Telephone Number (Day)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                                                            |
| Telephone Number (Evening)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                                                            |
| Email Address<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                                            |
| Account Number (if filing for multiple accounts, file a separate Claim Form for each account)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                                            |
| Claimant Account Type (check appropriate box) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Individual<br/> <input type="checkbox"/> Joint<br/> <input type="checkbox"/> Corporation         </div> <div> <input type="checkbox"/> IRA/401K<br/> <input type="checkbox"/> Pension Plan<br/> <input type="checkbox"/> Other _____ (please specify)         </div> <div> <input type="checkbox"/> Estate<br/> <input type="checkbox"/> Trust         </div> </div> |                                                                               |                                                                                                            |



**If you are a U.S. Person, you should complete the Substitute W-9 Form below:**

[illegible]

☐ Individual
 ☐ Corporation

☐ S-Corporation
 ☐ Exempt Payee

☐ Limited Liability Company
 ☐ Other \_\_\_\_\_ (please specify)

(If you selected Limited Liability Company, please select one of the following three Tax Classifications)

☐ C Corporation
 ☐ S Corporation
 ☐ Partnership

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**Date:**







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05-CA40084807

**PART V: CERTIFICATION AND SIGNATURE**

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am NOT an Excluded Party. "Excluded Parties" shall mean the following entities of individuals: i) The Respondents; ii) Present or former officers or directors of the Respondent or any assigns, creditors, heirs, distributees, spouses, parents, dependent children or controlled entities of any of the foregoing Persons or entities; iii) Any 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; iv) 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; v) Any firm, trust, corporation, officer, or other entity in which the Respondent have or had a controlling interest; vi) The Fund Administrator, its employees, and those Persons assisting the Fund Administrator in its role as the Fund Administrator; and vii) 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.
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 Plan and that I am enjoined from taking any action in contravention of this provision.
4. 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.

I (We) 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 \_\_\_\_\_, \_\_\_\_\_.

(Day) (Month/Year) (City) (State/Country)

\_\_\_\_\_  
 Signature of Claimant

Date: 

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 Print Name of Claimant

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 Signature of Joint Claimant, if any

Date: 

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 Print Name of Joint Claimant, if any

**PART VI: REMINDER CHECKLIST**

1. Sign the Certification section of the Claim Form on page 6.
2. Remember to attach supporting documentation.
3. Do not send original documents.
4. Keep a copy of your Claim Form and all documents submitted for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, send your Claim Form by Certified Mail, Return Receipt Requested.
6. If you move or your contact information changes, please send the Fund Administrator your new address and/or contact information change.

ACCURATE CLAIMS PROCESSING CAN TAKE A SIGNIFICANT  
 AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE