

S&P Dow Jones Indices Fair Fund
Fund Administrator
P.O. Box 5429
Portland, OR 97228-5429

Website: SPDowJonesIndicesFairFund.com
Email: Info@SPDowJonesIndicesFairFund.com
Phone: 1-855-604-1705

CLAIM FORM

This claim is being solicited pursuant to a Distribution Plan approved by the United States Securities and Exchange Commission (the “Plan”) in the action entitled *In the Matter of S&P Dow Jones Indices LLC*, Admin. Proc. File No. 3-20310. You can obtain a copy of the Plan at SPDowJonesIndicesFairFund.com, by emailing Info@SPDowJonesIndicesFairFund.com, or by calling the Fund Administrator at 1-855-604-1705. Claims may be made by individuals and entities, or their lawful successors, who purchased and/or held VelocityShares Daily Inverse VIX Short Term ETNs linked to the S&P 500 VIX Short-Term Futures Index due December 4, 2030, listed on a U.S. exchange and registered with the Commission and traded under the symbol XIV (“XIV” or “Security”) during the period between 4:09:40 p.m. and 5:09 p.m. EST on February 5, 2018 (“Relevant Period”).

Any and all claims must be asserted via this Claim Form. Any prior or alternative communications with the Court, the Securities and Exchange Commission (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 OR, IF NOT SENT BY U.S. MAIL, RECEIVED BY NOVEMBER 9, 2022, TO BE CONSIDERED FOR ELIGIBILITY TO SHARE IN THE S&P DOW JONES INDICES FAIR FUND.

<u>TABLE OF CONTENTS</u>	<u>PAGE NO.</u>
PART I – CLAIM FORM INSTRUCTIONS	2
PART II – CLAIMANT IDENTIFICATION	3
PART III – SCHEDULE OF TRANSACTIONS IN XIV	4
A. BEGINNING HOLDINGS	4
B. INCOMING XIV	4
C. OUTGOING XIV	4
D. ENDING HOLDINGS	4
PART IV – CERTIFICATION AND SIGNATURE	5-6
PART V – REMINDER CHECKLIST	6

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 \$10.00 Minimum Distribution Amount.
- C. **YOU MUST COMPLETE AND SUBMIT YOUR CLAIM FORM BY MAIL ADDRESSED TO THE FUND ADMINISTRATOR AS LISTED BELOW, SO THAT IT IS POSTMARKED OR, IF NOT SENT BY U.S. MAIL, RECEIVED ON OR BEFORE NOVEMBER 9, 2022.**
- 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 XIV must be time-stamped and 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 postmarked or, if not sent by U.S. Mail, received no later than November 9, 2022, and sent to S&P DOW JONES INDICES FAIR FUND, Fund Administrator, P.O. Box 5429, Portland, OR 97228-5429.

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 SPDowJonesIndicesFairFund.com along with the formatted electronic filing template. You may also send an email to Info@SPDowJonesIndicesFairFund.com requesting this information.

PART II: CLAIMANT IDENTIFICATION

Beneficial Owner's First Name MI Beneficial Owner's Last Name

Co-Beneficial Owner's First Name MI Co-Beneficial Owner's Last Name

Entity Name (if claimant is not an individual)

Representative or Custodian Name (if different from Beneficial Owner[s] listed above)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City State ZIP Code -

Country (if not USA)

Social Security Number - - OR Taxpayer Identification Number -

Telephone Number (Day) - - Telephone Number (Evening) - -

Exemption Codes (See Instructions for IRS Form W-9 available at www.irs.gov/forms-instructions):

Exemption from FATCA reporting code (if any) Exempt Payee Code (if any)

Email Address

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

Claimant Account Type (check appropriate box):

- Individual Estate
 Joint Trust
 Limited Liability Company Choose tax classification: Other _____ (please specify)
 C Corporation S Corporation Partnership

PART III: SCHEDULE OF TRANSACTIONS IN XIV

Beginning Holdings:

A. List the number of XIV held before 4:09:40 p.m. EST on **February 5, 2018**. If none, write "0" or "Zero".

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Incoming XIV between 4:09:40 pm to 5:09 pm EST on 2/5/2018:

B. List (in chronological order) all purchases, receipts, or transactions that increased your holdings of XIV from 4:09:40 p.m. EST on February 5, 2018 through 5:09 p.m. on February 5, 2018. Please provide all data and list each trade separately (must be documented).

Trade Date (MMDDYY)	Number of Shares Purchased or Acquired	Purchase Price per Share	Total Purchase Price*	Transaction Type (P/R)**

* Excluding taxes, fees, and commissions ** P=Purchase, R=Receipt (transfer in)

Incoming XIV after 5:09 pm EST on 2/5/2018 – 2/15/2018:

C. State the total number of shares of XIV purchased or acquired after 5:09p.m. EST on February 5, 2018 through the close of trading on February 15, 2018. If none, write "0" or "Zero".

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Outgoing XIV:

D. List (in chronological order) all sales, deliveries, or transactions that decreased your holdings of XIV from 4:09:40 p.m. EST. on February 5, 2018 to the close of trading on February 15, 2018. Please provide all data and list each trade separately (must be documented).

Trade Date (MMDDYY)	Number of Shares Sold or Delivered	Sale Price per Share	Total Sale Price*	Transaction Type (S/D)**

* Excluding taxes, fees, and commissions ** S=Sale, D=Delivery (transfer out)

Ending Holdings:

E. List the number of XIV held at the close of trading on **February 15, 2018**. If none, write "0" or "Zero" (must be documented).

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IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY, AND CHECK THIS BOX:

Please note: *Information requested with respect to the incoming shares on XIV from 5:09 pm EST on February 5, 2018 through and including February 15, 2018 is needed in order to balance your claim; purchases/acquisitions during this period however, are not eligible under the Plan and will not be used for purposes of calculating your Recognized Loss pursuant to the Plan of Allocation.*

PART IV: CERTIFICATION

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 Respondent ("S&P Dow Jones Indices LLC"); ii) Present or former officers or directors of 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 Respondent has 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.
5. Under penalties of perjury, I certify that:

- (a) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
- (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding; or (ii) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (iii) the IRS has notified me that I am no longer subject to backup withholding (NOTE: If you have been notified by the IRS that you are subject to backup withholding, you must cross out this item);
- (c) I am a U.S. citizen or other U.S. Person (including a U.S. resident alien); and
- (d) The Foreign Account Tax Compliance Act ("FATCA") code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item (b) above.

Note: If you are not a U.S. citizen or other U.S. Person, you should cross out the box under line 5, above, and instead complete and submit IRS Form W-8BEN, W-8BEN-E, W-8ECI, or W-8IMY. You may download these forms from the IRS website: www.irs.gov/forms-instructions.

The term "U.S. person" means:

- A citizen or resident of the United States,
- A partnership created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
- A corporation created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
- Any estate or trust other than a foreign estate or foreign trust (see Internal Revenue Code § 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
- Any other person that is not a foreign person.

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.

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

Executed this _____ day of _____, in _____, _____.

(Day)

(Month/Year)

(City)

(State/Country)

Signature of Claimant

Date:

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MM

DD

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Print Name of Claimant

Signature of Joint Claimant, if any

Date:

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Print Name of Joint Claimant, if any

PART V: Reminder Checklist

1. Sign the Certification section of the Claim Form on page 6.
2. Remember to attach time-stamped 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.