COMPASS MINERALS FAIR FUND CLAIM FORM

UNITED STATES OF AMERICA
Before the
SECURITIES AND EXCHANGE COMMISSION

In the Matter of Compass Minerals, Inc., Respondent.
Administrative Proceeding File No. 3-21145

Compass Minerals Fair Fund
Fund Administrator
P.O. Box 25225
Santa Ana, CA 92799

866-675-2446
info@CompassMineralsFairFund.com
www.CompassMineralsFairFund.com

THIS CLAIM FORM APPLIES TO PERSONS AND ENTITIES WHO PURCHASED OR ACQUIRED COMPASS COMMON STOCK FROM MARCH 2, 2017, THROUGH OCTOBER 23, 2018, INCLUSIVE.

GENERAL INSTRUCTIONS

THE CLAIMS BAR DATE IS SEPTEMBER 27, 2025.

Eligibility:

You may be eligible for a payment from the Compass Minerals Fair Fund if:

1. You purchased or acquired Compass common stock during the period March 2, 2017, through October 23, 2018, inclusive; and,
2. Your approved transactions calculate to a Recognized Loss equal to or greater than the Minimum Distribution Amount of $10.00, as calculated under the Plan.

You are excluded from participation in the Compass Minerals Fair Fund if you are an Excluded Party as defined in the SEC-approved distribution plan (the "Plan"), available at www.CompassMineralsFairFund.com, including:

a. The Respondent (Compass Minerals, Inc.);
b. 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;
c. 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;
d. 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 SEC action;
e. Any firm, trust, corporation, officer, or other entity in which Respondents has or had a controlling interest;
f. The Fund Administrator, its employees, and those Persons assisting the Fund Administrator in its role as the Fund Administrator; or
g. 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.

Considerations and Preparation:

A. To be considered for eligibility for a Distribution Payment from the Compass Minerals Fair Fund, you must provide the information requested on this Claim Form, sign, and submit the Claim Form online at www.CompassMineralsFairFund.com or via mail to Compass Minerals Fair Fund, Fund Administrator, P.O. Box 25225, Santa Ana, CA 92799. Claim Forms completed online must be submitted on or before 11:59 p.m. Eastern Standard Time on **September 27, 2025**. Claim Forms submitted via mail must be sent to the address provided on

the Claim Form and postmarked (or if not sent by U.S. Mail, then received) by **September 27, 2025**. Failure to timely submit the completed form by the Claims Bar Date set forth in the Plan may result in your claim being rejected and you being precluded from any recovery from the Compass Minerals Fair Fund.

B. Timely submission of your Claim Form does not guarantee you will be eligible for a Distribution Payment from the Compass Minerals Fair Fund or that you will be compensated for your claimed loss; eligibility and compensation will be determined in accordance with the Plan.

C. Please fill out this Claim Form completely. Failure to completely fill out the Claim Form or timely provide all requested documentation will result in rejection of your claim.

D. Providing a valid email address is required as part of the Claim Form. Failure to provide a valid email address that remains valid throughout the administration of the matter may result in rejection of your claim. The Fund Administrator must be notified in writing via email or mail of any changes to your email address or any other contact information. Contact information for the Fund Administrator is located at the top of page 1 of this Claim Form.

E. This Claim Form will require you to provide information necessary to substantiate the claim, including, but not limited to: copies of third party documentary evidence of purchases and dispositions of the Security during the Relevant Period, as well as holdings of the Security at pertinent dates; any requested explanatory information or attestations; and/or any required personal identification information.

F. If you are not a U.S. Person as defined in Section IV of this Claim Form, you must also submit a completed IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: www.irs.gov/forms-instructions.

G. **Submitting your Claim Form using the Fund Administrator's online claim system is the fastest method to determine your potential eligibility for a Distribution Payment from the Compass Minerals Fair Fund. If you are able to you are encouraged to submit your Claim Form online at www.CompassMineralsFairFund.com.**

If you have any questions, please contact the Fund Administrator via email at info@CompassMineralsFairFund.com, or by calling 866-675-2446.

I. CLAIMANT INFORMATION

Please complete this section in its entirety. The Fund Administrator will use this information for all communications regarding this Claim Form. If this information changes, please notify the Fund Administrator via email at info@CompassMineralsFairFund.com or by writing to Compass Minerals Fair Fund, Fund Administrator, P.O. Box 25225, Santa Ana, CA 92799.

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 Beneficial Owner is not an individual)

Representative or Custodian Name (if different from Beneficial Owner)

Social Security Number (SSN) or Taxpayer Identification Number (TIN) of Beneficial Owner (if U.S. resident)

Account Number (where securities were traded)

Claimant Account Type (check appropriate box)

Individual ☐ Joint ☐ Corporation ☐ IRA/401K ☐ Pension Plan ☐ Estate ☐ Trust ☐

Other (please specify) ☐

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City State ZIP Code / Postal Code

Country

Email Address

Phone Number

II. SCHEDULE OF TRANSACTIONS

1. **Starting Compass common stock:** Enter the quantity of Compass common stock you owned at the beginning of trading on March 2, 2017, long or short (*must be documented*):

2. **Purchases/Acquisitions:** Separately list each and every share you purchased or acquired of Compass common stock during the period from **March 2, 2017, through October 23, 2018, inclusive**, and provide the following information for each transaction (*must be documented*):

Purchase Date (MM/DD/YY)	Number of Shares Purchased	Purchase Price per Share	Total Cost (Excluding Commissions, Taxes, and Fees)
		.	.
		.	.
		.	.

		.	.

3. **Sales:** Separately list each and every sale of Compass common stock during the period from **March 2, 2017, through January 18, 2019,* inclusive**, and provide the following information for each transaction (*must be documented*):

Sale Date (MM/DD/YY)	Number of Shares Sold	Sale Price per Share	Total Proceeds (Excluding Commissions, Taxes, and Fees)
		.	.
		.	.
		.	.
		.	.

4. **Ending Compass common stock:** Enter the quantity of Compass common stock you owned at the close of trading on January 18, 2019* (*must be documented*):

*Information requested with respect to your purchase or acquisition of Compass common stock from March 2, 2017 through and including January 18, 2019 is needed in order to calculate your claim; purchases during this period, however, are not all date eligible under the Plan.

If additional Schedules of Transactions are needed attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification Number at the top of each sheet.

III. SUPPORTING DOCUMENTS

As part of your mail submission of this Claim Form, you are required to provide supporting documentation that includes but is not limited to copies of third party documentary evidence of purchases and dispositions of the Security during the Relevant Period, as well as holdings of the Security at pertinent dates; any requested explanatory information or attestations; and/or any required personal identification information.

If you submit a Claim Form that fails to provide all required information, or is otherwise deficient, you may receive a Claim Status Notice advising you of the reason(s) why the claim is deficient and of the opportunity to cure such deficiencies.

IV. TAX CERTIFICATIONS

To ensure that the Fair Fund can comply with its reporting and/or withholding obligations, you must complete and provide the Fund Administrator with one (1) of the following forms, as applicable:

- IRS Form W-9; **OR**
- IRS Form W-8BEN, W-8BEN-E, or other W-8 series form

If you are a U.S. person, as that term is defined below, then you should complete the Substitute IRS Form W-9 below.

If you are *not* a U.S. person, then you should *not* complete the Substitute IRS Form W-9 below. Instead, you should complete IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: https://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 Section 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
- Any other person that is not a foreign person.

If the Fair Fund does not receive a valid and complete Form W-9 or W-8 from you, the Fair Fund may be required under the Internal Revenue Code to make certain presumptions about you for purposes of tax reporting and, as applicable, withholding. The Fair Fund may be required to presume the interest is being paid to: (1) a payee subject to 30% withholding under the Foreign Account Tax Compliance Act ("FATCA") and reporting on Form 1042-S; (2) a nonresident alien of the U.S. ("NRA") subject to reporting and 30% NRA withholding and reporting on Form 1042-S; or (3) a U.S. person subject to 24% backup withholding and reporting on Form 1099-INT.

If you are not a U.S. Person, as defined above, please locate and complete the IRS Form most applicable to you and email to the Fund Administrator at info@CompassMineralsFairFund.com along with your name, contact information, and the Claim Submission ID provided to you via email upon successful completion and submission of this Claim Form. You may also mail this information to the Fund Administrator at Compass Minerals Fair Fund, Fund Administrator, P.O. Box 25225, Santa Ana, CA 92799.

If you are a U.S. Person, as defined above, please complete the Substitute Form W-9 below. **If you are not a U.S. Person, as defined above, please and submit with your Claim Form IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: www.irs.gov/forms-instructions.**

V. SUBSTITUTE FORM W-9

Taxpayer Identification Number Certification

Social Security Number (SSN) or Taxpayer Identification Number (TIN) or Employer Identification Number

☐☐☐☐☐☐☐☐☐

Exempt Payee Code (if any) ☐☐

Exemption from FATCA reporting code (if any) ☐☐

Check appropriate box for federal tax classification:

Individual ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust / Estate ☐

Limited Liability Company – Choose Tax Classification: C-Corp ☐ S-Corp ☐ Partnership ☐

Other ☐ Describe, if "Other" ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Print your name as it appears on your federal tax return:

(First Name and Last Name, for Individuals. Entity Name for businesses and trusts/estates)

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and,
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding; and,
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); and,
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

Signature of U.S. Person

MM DD YY

VI. CERTIFICATION & SIGNATURE(S)

By signing and submitting this Claim, the Claimant(s) or the person(s) who represent(s) the Claimant(s) certifies (certify) UNDER THE PENALTY OF PERJURY that:

I. I am NOT an Excluded Party as defined in the Plan and described below in paragraphs (a) through (g):

   a. The Respondent (Compass Minerals, Inc.);
   b. 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;
   c. 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;
   d. 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 SEC action;
   e. Any firm, trust, corporation, officer, or other entity in which Respondents has or had a controlling interest;
   f. The Fund Administrator, its employees, and those Persons assisting the Fund Administrator in its role as the Fund Administrator; or
   g. 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.

II. I understand that the Fund Administrator may require additional information from me in order to validate or pay my claim, and I agree that I must timely provide any information requested by the Fund Administrator for those purposes in order to be considered for eligibility for a distribution.

III. 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.

IV. 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 the full amount of 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, CORRECT, AND COMPLETE.

Print Name of Claimant (Beneficial Owner)

Signature of Claimant (Beneficial Owner)

MM DD YY

IMPORTANT NOTE: If the Claimant is other than an individual, or is not the person completing this form, proof of authority to file is required to be enclosed with the claim form, and the following must also be provided:

Capacity of person signing on behalf of Claimant (Beneficial Owner), if other than an individual, *e.g.*, executor, president, trustee, custodian, etc. (you must provide evidence of authority to act on behalf of Claimant).

Print Name of person signing on behalf of Claimant (Beneficial Owner)

Signature of person signing on behalf of Claimant (Beneficial Owner)

MM DD YY

VII. IMPORTANT REMINDERS

THE CLAIM FORM AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED BY MAIL POSTMARKED (OR IF NOT BY U.S. MAIL, RECEIVED) BY SEPTEMBER 27, 2025 TO THE FUND ADMINISTRATOR AT:

Compass Minerals Fair Fund
Fund Administrator
P.O. Box 25225
Santa Ana, CA 92799

REMINDER CHECKLIST

- Please be sure to sign this Claim Form.

- Please remember to attach supporting documents, including documentation of the relevant transactions, proof of ownership/control of the claimed wallet(s) and/or exchange(s), and any relevant authorization documents. Do NOT send original versions of your documentation and keep copies of everything you submit.
- If you are not a U.S. Person as defined in Section IV, you have included a completed IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: www.irs.gov/forms-instructions.
- Do NOT use highlighter on the Claim Form or any supporting documents.
- If you move after submitting this Claim Form or your contact information changes, please notify the Fund Administrator in writing of the change in your address or contact information.

THE CLAIMS BAR DATE IS SEPTEMBER 27, 2025.