

QUANTSTAMP FAIR FUND CLAIM FORM

UNITED STATES OF AMERICA
Before the
SECURITIES AND EXCHANGE COMMISSION

In the Matter of Quantstamp, Inc.
Administrative Proceeding File No. 3-21535

Quantstamp Fair Fund
Fund Administrator
P.O. Box 25381
Santa Ana, CA 92799

833-215-6101
info@QuantstampFairFund.com
www.QuantstampFairFund.com

THIS CLAIM FORM APPLIES TO PERSONS AND ENTITIES WHO PURCHASED OR ACQUIRED QSP TOKENS FROM OCTOBER 1, 2017, THROUGH JULY 20, 2023, INCLUSIVE.

GENERAL INSTRUCTIONS

THE DEADLINE TO SUBMIT A CLAIM FORM (“CLAIMS BAR DATE”) IS SEPTEMBER 7, 2025

Eligibility:

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

1. You purchased or acquired the QSP tokens during the period October 1, 2017, through July 20, 2023, inclusive; and,
2. Your approved transactions calculate to a Recognized Loss, and your distribution amount is equal to or greater than the Minimum Distribution Amount of \$20.00, as calculated under the Plan.

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

- a. The Respondent (Quantstamp, Inc.);
- b. Present or former officers or directors of Respondent who held that position during the Relevant Period, or their assigns, heirs, spouses, parents, dependent children, or controlled 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 Respondent 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;
- g. Any purchaser or assignee of another Person’s eligibility for recovery from the Fair Fund for value; provided, however, that this provision shall not be construed to exclude those Persons who are eligible due to a gift, inheritance, or devise; and,
- h. Any person who is confirmed by the Fund Administrator through Wallet screening or otherwise, to be subject to sanctions as set forth in paragraphs 63-65 of the Plan.

Considerations and Preparation:

- A. To be considered for eligibility for a Distribution Payment from the Quantstamp Fair Fund, you must timely submit the completed and signed Claim Form and any required documentation online at www.QuantstampFairFund.com or via mail to Quantstamp Fair Fund, Fund Administrator, P.O. Box 25381, Santa Ana, CA 92799. Claim Forms completed online must be submitted on or before 11:59 p.m. Eastern Standard Time on **September 7, 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, received) by **September 7, 2025**. Failure to timely submit the completed and signed form and any required documentation 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 Quantstamp Fair Fund.

- B. Timely submission of your completed Claim Form does not guarantee you will be eligible for a Distribution Payment from the Quantstamp 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. If and as necessary, the Fund Administrator may reach out to you to request additional documentation to support 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. If you must change your email or any other contact information, please contact the Fund Administrator and request a secure link to transmit your updated information. Please DO NOT send any updated contact information via email. Contact information for the Fund Administrator is located at the top of page 1 of this Claim Form.
- E. This Claim Form requires you to provide information required 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; copies of account statements and/or documentation of centralized exchange transactions; attributable exchange and/or wallet account information in the form of screenshots or videos as visual proof of ownership; 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, which includes digital wallet and exchange connectors designed to retrieve your transactions during the Relevant Period, allows you to forgo the manual entry of your claimed transactions (see Section II below). Online submissions may also result in faster review and consideration of your claim. If you are able to (i.e. you have not lost relevant credentials associated with wallets and/or exchanges), you are strongly encouraged to submit your Claim Form online at www.QuantstampFairFund.com.**

If you have any questions, please contact the Fund Administrator via email at info@QuantstampFairFund.com, or by calling 833-215-6101.

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 request a secure link from the Fund Administrator to transfer your updated information. Contact information for the Fund Administrator is located at the top of page 1 of this Claim Form.

Beneficial Owner's First Name

[illegible]

Beneficial Owner's Last Name

[illegible]

Entity Name (if Beneficial Owner is not an individual)

[illegible]

Representative or Custodian Name (if different from Beneficial Owner)

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[illegible][illegible][illegible][illegible]

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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 third party documentary evidence of purchases and dispositions of the Security during the Relevant Period, holdings of the Security at pertinent dates, account statements and/or documentation of centralized exchange transactions, and/or attributable exchange and/or wallet account information in the form of screenshots or videos as visual proof of ownership.

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@QuantstampFairFund.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 Quantstamp Fair Fund, Fund Administrator, P.O. Box 25381, 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

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Exempt Payee Code (if any)

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Exemption from FATCA reporting code (if any)

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Check appropriate box for federal tax classification:

Individual



C Corporation



S Corporation



Partnership

11

Trust / Estate

5

Limited Liability Company – Choose Tax Classification:

C-Corp

S-Corp

Partnership

1

1

7

5

Other

Describe, if "Other"

1

[illegible]

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)

[illegible]

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

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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), nor am I aware of being subject to sanctions as referred to in paragraph (h):
 - a. The Respondent (Quantstamp, Inc.);
 - b. A present or former officers or directors of the Respondent who held that position during the Relevant Period, or their assigns, heirs, spouses, parents, dependent children, or controlled entities;
 - c. An 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. A 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;
 - e. A firm, trust, corporation, officer, or other entity in which the Respondent has or had a controlling interest;
 - f. The Fund Administrator (Simpluris, Inc.), its employees, and those Persons assisting the Fund Administrator in its role as the Fund Administrator;
 - g. A purchaser or assignee of another Person's eligibility for recovery from the Fair Fund for value; provided, however, that this provision shall not be construed to exclude those Persons who are eligible due to a gift, inheritance, or devise; and,
 - h. A person who is subject to, or whose wallet is subject to, sanctions as set forth in paragraphs 63-65 of the Plan.
- 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 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 AND ACCOMPANYING INFORMATION SUPPLIED BY THE UNDERSIGNED IS TRUE, CORRECT, AND COMPLETE.

Print Name of Claimant (Beneficial Owner)

[illegible]

Signature of Claimant (Beneficial Owner)

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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:

[illegible][illegible]

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MM	DD	YY

THIS CLAIM FORM AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED BY MAIL POSTMARKED (OR IF NOT BY U.S. MAIL, RECEIVED) BY SEPTEMBER 7, 2025 TO THE FUND ADMINISTRATOR AT:

Quantstamp Fair Fund
Fund Administrator
P.O. Box 25381
Santa Ana, CA 92799

- 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 please 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 request a secure link from the Fund Administrator to transfer your updated information. Contact information for the Fund Administrator is located at the top of page 1 of this Claim.

THE CLAIMS BAR DATE IS SEPTEMBER 7, 2025.