

# REQUEST FOR EXCLUSION

PTB

UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK



IN RE PETROBRAS SECURITIES LITIGATION, NO. 14-CV-9662 (JSR)

If you do not want to remain in the settlement class and participate in the settlements, you must "opt out" of the settlement class by returning this request for exclusion form. If you choose to opt out: (a) you will have no right to receive any money under the settlements, but you will retain the right to sue the defendants and other released parties; (b) you will not be bound by the settlements; (c) you will have no right to object to the settlements and/or be heard at the final approval hearing; and (d) your ability to bring an individual lawsuit against the released parties might be compromised by the lapsing of applicable statutes of repose. To opt out, you must complete, sign and mail this request for exclusion by first-class mail, postage paid, received **no later than** April 27, 2018 to the address below:

### In re Petrobras Securities Litigation

c/o GCG  
Attn: EXCLUSION DEPT.  
P.O. Box 10280  
Dublin, OH 43017-5780

<b>Name (First, Middle, Last):</b>		
<input type="text"/>		
<input type="text"/>		
<b>Street Address:</b>		
<input type="text"/>		
<input type="text"/>		
<b>City:</b>		
<input type="text"/>		
<b>State:</b>	<b>Zip Code:</b>	<b>Country (if Other than U.S.):</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Last 4 digits of SSN/TIN:<sup>1</sup></b>	<b>Account Number:</b>	
<input type="text"/>	<input type="text"/>	
<b>Daytime Telephone Number:</b>	<b>Evening Telephone Number:</b>	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
<b>Email (Email address is not required, but if you provide it you authorize the Settlement Administrator to use it in providing you with relevant information):</b>		
<input type="text"/>		

Please list **ALL** Petrobras Securities purchased or sold in any country and in any currency during the Class Period. **You will not be excluded from the Settlement Class if you do not list all the Petrobras Securities you purchased and/or sold.** The Claims Administrator retains the right to require verification of your listed purchases and/or sales by requiring documentary evidence of these transactions.

### OPT-OUT SIGNATURE

I [print your name] \_\_\_\_\_ wish to be excluded from the Settlement Class in *In re Petrobras Securities Litigation*, No. 14-cv-9662 (JSR) (S.D.N.Y.). By signing and submitting this Request for Exclusion, I voluntarily choose to "opt out" of the proposed Settlement Class. I understand that by opting out, I will have no right to receive any money under the Settlements, and I will have no right to object to the Settlements. I also understand that if I wish to assert any claims related to those set forth in this lawsuit, I will have to do so separately at my own expense.

Signature

Date

<sup>1</sup> The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used for verification purposes.



**Common ADS**

Enter "P" for Purchases "S" for Sales	Date (list chronologically) Month/Day/Year	Number of ADS	Price Per ADS (excluding commissions, taxes, and fees)	Total Price (excluding commissions, taxes, and fees)
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

**Preferred ADS**

Enter "P" for Purchases "S" for Sales	Date (list chronologically) Month/Day/Year	Number of ADS	Price Per ADS (excluding commissions, taxes, and fees)	Total Price (excluding commissions, taxes, and fees)
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

**Notes - Purchases**

Code Indicated on Page 9 of the Claim Form.	Date of Purchase (list chronologically) Month/Day/Year	Face Value of Notes Purchased/Acquired	Purchase/Acquisition Price Per \$1,000 Face Value	Total Purchase/Acquisition Price (excluding commissions, taxes, and fees)
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

**Notes - Sales**

Code Indicated on Page 9 of the Claim Form.	Date of Sale (list chronologically) Month/Day/Year	Face Value of Notes Sold	Sale Price Per \$1,000 Face Value	Total Sale Price (excluding commissions, taxes, and fees)
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK  THIS BOX. IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED