

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION**

ROBERT FORD, INDIVIDUALLY AND ON)	
BEHALF OF ALL OTHERS SIMILARLY)	No. 2:16-cv-00255-TJH-AFM
SITUATED,)	
)	
Plaintiff,)	
)	
vs.)	
)	
NATURAL HEALTH TRENDS CORP., CHRIS)	
SHARNG, and TIMOTHY S. DAVIDSON,)	
)	
Defendants.)	
)	
)	
)	
)	
_____)	

PROOF OF CLAIM AND RELEASE²

THIS FORM MUST BE DELIVERED OR POSTMARKED BY MAY 12, 2018

If you purchased Natural Health Trends Corp. (“NHTC”) securities between March 6, 2015, and March 15, 2016, inclusive, and were damaged thereby, you may be a member of the Settlement Class and may be entitled to recover a portion of a Settlement Fund established in connection with a proposed Settlement of the action captioned *Ford v. Natural Health Trends Corp. et al.*, Case No. 2:16-cv-00255-TJM-AFM (C.D. Cal.) (the “Action”).

I. GENERAL INSTRUCTIONS

A. To recover as a member of the Settlement Class, you must complete, sign, and submit this Proof of Claim and Release form (“Proof of Claim”) in accordance with the instructions provided herein. If you fail to submit a valid and timely Proof of Claim in accordance with these instructions, your claim may be rejected and you may be precluded from any recovery from the Settlement Fund created in connection with the proposed Settlement of the Action.

B. Submission of this Proof of Claim, however, does not assure that you will share in the proceeds of Settlement of the Action.

C. **YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE FORM POSTMARKED ON OR BEFORE MAY 12, 2018, ADDRESSED TO THE CLAIMS ADMINISTRATOR AS FOLLOWS: In re Natural Health Trends Corp. Sec. Litig., c/o Strategic Claims Services, 600 North Jackson Street, Suite 3, Media, PA 19063 Tel: 866-274-4004; fax: 610-565-7985; email: info@strategicclaims.net. You will bear all risks of delay or non-delivery of your Proof of Claim.**

D. If you are a member of the Settlement Class (as that term is defined in the Notice of Proposed Class Action Settlement (hereinafter, “Notice”) and you do not timely request exclusion in

² This Notice incorporates by reference the definitions in the Stipulation of Settlement dated as of October 2, 2017 (the “Stipulation”). Unless otherwise specified, all capitalized terms used, but not defined herein, shall have the same meanings as in the Stipulation. The Stipulation can be obtained at www.zlk.com and www.strategicclaims.net.

accordance with the instructions provided in the Notice, you will be bound by the terms of any order of dismissal or judgment entered in the Action, including the releases provided herein, **WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM.**

E. If you are NOT a Settlement Class Member (as defined in the Notice), DO NOT submit a Proof of Claim.

II. CLAIMANT IDENTIFICATION INSTRUCTIONS

A. If you purchased NHTC securities and held the certificate(s) in your own name, you are the beneficial owner as well as the record owner. If, however, the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner and the third party is the record owner.

B. Use Section IV of this form entitled “Claimant Identification” to identify each owner of record (“nominee”), if different from the beneficial owner of NHTC securities which forms the basis of this claim.

C. **THIS PROOF OF CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNERS OF THE NHTC SECURITIES UPON WHICH THIS CLAIM IS BASED, OR BY THEIR LEGAL REPRESENTATIVES.**

D. A separate Proof of Claim must be filed for each type of account or ownership (i.e., individual account, IRA account, joint account, custodial account, etc.). Joint tenants or UGMA custodians should file a single claim.

E. All joint owners must sign this Proof of Claim form. Executors, administrators, guardians, conservators and trustees must complete and sign this Proof of Claim on behalf of persons represented by them. Documentation establishing their authority must accompany this Proof of Claim and their titles or capacities must be stated.

F. The Social Security or Taxpayer Identification number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

III. TRANSACTION SCHEDULE INSTRUCTIONS

A. Use Section V of this form entitled “Schedule of Transactions in NHTC Securities” to supply all required details of your transaction(s) in NHTC securities. 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 and Social Security or Taxpayer Identification number on each additional sheet.

B. List each transaction during the Class Period separately and in chronological order, by trade date (not the “settlement” date), beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.

C. The price per share, paid or received, should be exclusive of all commissions, taxes, fees and other charges.

D. **Copies of broker confirmation slips or monthly statements of your transactions in NHTC securities must be attached to your Proof of Claim.** If such documents are not in your possession, please obtain equivalent contemporaneous documents from your broker or financial advisor. A complete list of acceptable supporting documentation can be found at the Claims Administrator’s website: www.strategicclaims.net. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

E. If your trading activity during the Class Period exceeds 50 transactions, you must provide, in electronic file, all purchase and sale information required in the Schedule of Transactions. For a copy of instructions and parameters concerning such a submission, contact the Claims Administrator by toll-free phone at 866-274-4004, or via the website at www.strategicclaims.net.

IV. CLAIMANT IDENTIFICATION

Please Type or Print

Beneficial Owner's Name (as it appears on your brokerage statement)		
Joint Beneficial Owner's name (as it appears on your brokerage statement)		
Record Owner's Name and Address (if different from beneficial owner listed above)		
Street Address		
Street Address		
City	State	Zip Code
Foreign Province	Country	
Area Code & Telephone Number (day)	Area Code & Telephone Number (evening)	
Email		
Social Security Number (for individuals)	OR	Taxpayer Identification Number (for estates, trusts, corporations, etc.)

Specify one of the following:

- Individual/Sole Proprietor
 Joint Ownership
 Corporation
 UGMA Custodian
 IRA
 Partnership
 Pension Plan
 Estate
 Trust
 IRA
 Other: _____

V. SCHEDULE OF TRANSACTIONS IN NHTC SECURITIES

A. Number of NHTC securities held at the close of trading on March 5, 2015:

NHTC common stock	Exchange-traded call options on NHTC common stock	Exchange-traded put options on NHTC common stock

B. Separately list each and **every purchase** of NHTC securities during the period March 6, 2015 **through and including** March 15, 2016, and provide all of the following information (*must be documented*):

Type of Security	Trade Date <i>(list chronologically)</i> Month/Day/Year	Number of Securities Purchased	Price Per Share <i>(excluding commissions, taxes, and other fees)</i>	Total Purchase Price <i>(excluding commissions, taxes, and other fees)</i>	For Call/Put Option, use X for expired, E for exercised, or A for assigned
	___/___/___		\$	\$	
	___/___/___		\$	\$	
	___/___/___		\$	\$	
	___/___/___		\$	\$	

C. Separately list each and **every sale** of NHTC securities during the period March 6, 2015 **through and including** March 15, 2016, and provide the following information (*must be documented*):

Type of Security	Trade Date (list chronologically) Month/Day/Year	Number of Securities Sold	Price Per Share (excluding commissions, taxes, and other fees)	Total Sale Price (excluding commissions, taxes, and other fees)	For Call/Put Option, use X for expired, E for exercised, or A for assigned
	___/___/___		\$	\$	
	___/___/___		\$	\$	
	___/___/___		\$	\$	
	___/___/___		\$	\$	

D. State the total number of shares of NHTC securities owned at the close of trading on March 15, 2016 (*must be documented; if none, enter "0"*):

NHTC common stock	Exchange-traded call options on NHTC common stock	Exchange-traded put options on NHTC common stock

E. Please check applicable box:

I certify that the submitting party is **not** an ERISA plan.

I/We certify that the submitting party is an ERISA plan and has complied with the applicable ERISA exemption.

If you need more space, attach the required information on separate, numbered sheets in the same format as above, and sign and print your name and Social Security or Taxpayer Identification number at the top of each additional sheet.

YOU MUST READ THE RELEASE AND SIGN ON PAGE 15. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

VI. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I/We submit this Proof of Claim and Release under the terms of the Stipulation of Settlement described in the Notice. I/We also submit to the jurisdiction of the United States District Court for the Central District of California with respect to my/our claim as a Settlement Class Member and for purposes of enforcing the release set forth herein. I/We further acknowledge that I/we am/are bound by and subject to the terms of any judgment that may be entered in the Action. I/we agree to furnish additional information to Co-Lead Counsel or the Claims Administrator to support this claim if requested to do so. I/we have not submitted any other claim covering the same purchases or sales of NHTC securities during the Class Period and know of no other person having done so on my/our behalf.

VII. RELEASE

A. On behalf of the claimant listed above and any other individual or business or legal entity claiming (now or in the future) through or on behalf of the claimant, directly or indirectly (collectively, the "Releasing Parties"), as of the date the Settlement becomes effective, I/we hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, relinquish, waive, and dismiss and discharge from each and all of the Released Claims, including Unknown Claims, each

and all of the Released Persons, and covenant not to sue any Released Person with respect to any Released Claim.

B. On behalf of the Releasing Parties, as of the date the Settlement becomes effective, I/we hereby agree that the Releasing Parties are permanently barred, enjoined, and restrained from commencing, instituting, asserting, maintaining, enforcing, prosecuting, or otherwise pursuing, either directly or in any other capacity, any of the Released Claims (including any Unknown Claims) against any Released Person.

C. The foregoing releases shall be of no force or effect unless and until the Court approves the Stipulation of Settlement and the Stipulation becomes effective on the Effective Date.

D. I/We hereby warrant and represent that I/we have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, in whole or in part, any matter released herein.

E. I/We hereby warrant and represent that I/we have included information about all of my/our transactions in NHTC securities during the Class Period.

VIII. DECLARATION

UNDER THE PENALTY OF PERJURY, I/WE CERTIFY THAT:

A. The number shown on this form is my correct Social Security or Taxpayer Identification number.

B. I am/we are NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(C) of the Internal Revenue Code.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you must cross out the word "NOT" in the sentence above.

C. I/We declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned and any supporting documents attached hereto are true, correct and complete to the best of my/our knowledge, information and belief, and that this Proof of Claim and Release was executed this _____ day of _____, 201__ in

(City/State/Country)

Signature of Claimant

(Print your name here)

Signature of Joint Claimant, if any

(Print your name here)

Signature of person signing
on Claimant's behalf

(Print your name here)

Capacity of person signing on Claimant's behalf,
if other than an individual, (e.g., Executor,
President, Custodian, etc.)

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT
AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.**

In re Natural Health Trends Corp. Sec. Litig.
c/o Strategic Claims Services
600 N. Jackson St., Ste. 3
Media, PA 19063

IMPORTANT LEGAL DOCUMENT – PLEASE FORWARD

Reminder Checklist:

1. Remember to sign the above release and declaration.
2. Remember to attach only **copies** of acceptable supporting documentation, a complete list of which can be found on the Claims Administrator's website.
3. Do not send originals of securities certificates.
4. Keep copies of the completed Proof of Claim form and documentation for your own records.
5. If you desire an acknowledgment of receipt of your Proof of Claim form, please send it Certified Mail, Return Receipt Requested, or its equivalent. **You will bear all risks of delay or non-delivery of your claim.**
6. If your address changes in the future, or if these documents were sent to an old or incorrect address, please send us **written** notification of your new address.
7. Do not use highlighter on the Proof of Claim or supporting documentation.
8. If you have any questions or concerns regarding your claim or how to complete and submit this Proof of Claim, please contact the Claims Administrator at: www.strategicclaims.net.