

Must be  
Postmarked  
No Later Than  
July 6, 2018

Esposito v. American Renal Assocs. Holdings, Inc. et al.  
Claims Administrator  
c/o GCG  
P.O. Box 10538  
Dublin, Ohio 43017-4538  
(888) 684-5083  
www.arasecuritiessettlement.com

REA



Claim Number:

Control Number:

## **PROOF OF CLAIM AND RELEASE FORM**

TO BE ELIGIBLE TO RECEIVE A SHARE OF THE NET SETTLEMENT FUND IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION, YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTAGE PREPAID, POSTMARKED BY **JULY 6, 2018**, TO THE ADDRESS SET FORTH AT THE TOP OF THIS PAGE.

IF YOU FAIL TO SUBMIT A TIMELY, PROPERLY ADDRESSED, AND COMPLETED CLAIM FORM, YOUR CLAIM MAY BE REJECTED AND YOU MAY BE PRECLUDED FROM RECEIVING ANY PROCEEDS FROM THE SETTLEMENT.

**DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE SETTLING PARTIES OR THEIR COUNSEL. SUBMIT YOUR CLAIM FORM ONLY TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE.**

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**Important** - This form should be completed **IN CAPITAL LETTERS** using **BLACK** or **DARK BLUE** ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0**



## PART I - GENERAL INSTRUCTIONS

### I. GENERAL INSTRUCTIONS

1. To recover as a member of the Settlement Class based on your claims in the action entitled *Esposito v. American Renal Assocs. Holdings, Inc. et al.*, No. 16 Civ. 11797 (ADB) (D. Mass.) (the "Action"), you must complete and, on page 7 hereof, sign this Proof of Claim and Release Form (the "Claim Form"). If you fail to file a properly addressed Claim Form (as set forth in section 3 below), your Claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed settlement of the Action.<sup>1</sup>

2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the settlement in the Action.

3. YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM POSTMARKED ON OR BEFORE JULY 6, 2018, ADDRESSED AS FOLLOWS:

*Esposito v. American Renal Assocs. Holdings, Inc. et al.*  
Claims Administrator  
c/o GCG  
P.O. Box 10538  
Dublin, Ohio 43017-4538

You may also write to the Claims Administrator by email to [info@ARAs securitiessettlement.com](mailto:info@ARAs securitiessettlement.com) or call (888) 684-5083, stating that you are requesting assistance regarding the ARA litigation.

If you are NOT a Member of the Settlement Class, as defined in the Full Notice of Settlement of Class Action and Settlement Fairness Hearing, and Motion for an Award of Attorneys' Fees and Reimbursement of Litigation Expenses (the "Full Notice"), DO NOT submit a Claim Form.

4. If you are a Member of the Settlement Class, you are bound by the terms of any judgment entered in the Action, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

### II. DEFINITIONS

1. "Defendants" means American Renal Associates Holdings, Inc. ("ARAH"), Joseph A. Carlucci, Johnathan L. Wilcox, Syed T. Kamal, Jonathan J. McDonough, Centerbridge Capital Partners L.P., Merrill Lynch, Pierce, Fenner & Smith, Incorporated, Barclays Capital Inc., Goldman Sachs & Co. LLC (formerly known as Goldman, Sachs & Co.), Wells Fargo Securities, LLC, SunTrust Robinson Humphrey, Inc., and Leerink Partners LLC.

2. "Released Parties" and "Released Claims" are defined below.

### III. CLAIMANT IDENTIFICATION

1. If you purchased or otherwise acquired ARAH securities between April 20, 2016 and August 18, 2016, inclusive, including securities purchased or otherwise acquired pursuant or traceable to ARAH's Form S-1/A, as amended, and the Form 424B Prospectus (together, the "Registration Statement") filed in connection with ARAH's April 20, 2016 offering, and held the securities in your name, you are the beneficial purchaser, as well as the record purchaser. If, however, the ARAH securities were registered in the name of a third-party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third-party is the record purchaser.

2. Use Part II of this Claim Form entitled "Claimant Identification" to identify each purchaser of record, if different from the beneficial purchaser of the ARAH securities that form the basis of this Claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S), OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OF ARAH SECURITIES UPON WHICH THIS CLAIM IS BASED, **NOT** THE RECORD PURCHASER.

<sup>1</sup> Otherwise undefined terms have the definitions provided in the Stipulation of Settlement, dated January 30, 2018 (the "Stipulation").



## PART I - GENERAL INSTRUCTIONS (CONT)

3. All joint purchasers must sign this Claim Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this Claim Form on behalf of Persons represented by them and their authority must accompany this Claim Form and their titles or capacities must be stated. 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.

### IV. CLAIM FORM

1. Use Part III of this Claim Form entitled "Schedule of Transactions in ARAH Securities," to supply all required details of your transaction(s) in ARAH 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 on each additional sheet.

2. On the schedules, provide all of the requested information with respect to **all** of your purchases and **all** of your sales of ARAH securities that took place during the Settlement Class 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.

3. List each transaction in the Settlement Class Period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

4. The date of covering a "short sale" is deemed to be the date of purchase of ARAH securities. The date of a "short sale" is deemed to be the date of sale of ARAH securities.

5. Broker confirmations or other documentation of your transactions in ARAH securities **must** be attached to your Claim. Do **not** send original documents, including security certificates. If you no longer have copies of your broker's confirmations or statements, your broker may be able to get you copies. Failure to provide this documentation could delay verification of your Claim or result in rejection of your Claim.

6. The above requests are designed to provide the minimum amount of information necessary to process the most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses. In some cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Settlement Class with the information provided, the Claims Administrator may condition acceptance of the Claim upon the production of additional information and/or the hiring of an accounting expert at the Claimant's cost.



## PART II - CLAIMANT IDENTIFICATION

### Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Claims Administrator in writing at the address above.

**Claimant Name(s)** (as you would like the name(s) to appear on the check, if eligible for payment):


**Street Address:**


**City:**

**State:**

**Zip:**

--	--	--

**Country (if Other than U.S.):**

--

**Account Number:**

**Last 4 digits of Claimant SSN/TIN:\***

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**Name of the Person you would like the Claims Administrator to Contact Regarding This Claim**

(if different from the Claimant Name(s) listed above):

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**Daytime Telephone Number:**

**Evening Telephone Number:**

	-		-	
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**Email Address** (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.):

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**NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the website at [www.choosegcg.com](http://www.choosegcg.com) or you may e-mail the Claims Administrator at [eClaim@choosegcg.com](mailto:eClaim@choosegcg.com). Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive an email within 10 days of your submission, you should contact the electronic filing department at [eClaim@choosegcg.com](mailto:eClaim@choosegcg.com) to inquire about your file and confirm it was received and acceptable.

**To view Garden City Group, LLC's Privacy Notice, please visit <http://www.choosegcg.com/privacy>**

\*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 in verifying this claim.



**PART III - SCHEDULE OF TRANSACTIONS IN ARAH SECURITIES**

**A. PURCHASES OR ACQUISITIONS:** Purchases or acquisitions of ARAH securities during the period **April 20, 2016** through **November 16, 2016**, inclusive<sup>2</sup> (must be documented):

Trade Date (List Chronologically) (Month/Day /Year)	Number of Shares Purchased or Acquired	Purchase or Acquisition Price Per Share	Net Purchase or Acquisition Price (less commissions and fees)	Identify if shares acquired pursuant to: (1) sale of put options; (2) employee shares; (3) cover of short position; or (4) exercise of call option during Settlement Class Period <sup>3</sup>
/ /		.	.	
/ /		.	.	
/ /		.	.	
/ /		.	.	

**B. SALES:** Sales from **April 20, 2016** through **November 16, 2016**, inclusive (must be documented):

Trade Date (List Chronologically) (Month/Day /Year)	Number of Shares Sold	Sale Price Per Share	Net Sale Price (less commissions and fees)	Shares Sold Short (Y/N)
/ /		.	.	
/ /		.	.	
/ /		.	.	
/ /		.	.	

**C. ENDING HOLDINGS:** Number of shares of ARAH securities held at close of trading on **November 16, 2016** (If none, write "zero" or "0"; if other than zero, must be documented):

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Shares

<sup>2</sup> Information requested with respect to your purchases of ARAH securities from August 19, 2016 through and including November 16, 2016 is needed in order to balance your claim; purchases during this period, however, are not eligible for recovery under the Stipulation of Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

<sup>3</sup> If you indicate that the purchase or sale was the result of the exercise or assignment of an options contract, you must provide documentation to support both the options purchase or sale and the exercise or assignment to purchase common stock.

**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**



## PART IV - SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

1. I (We) submit this Claim Form under the terms of the Stipulation described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the District of Massachusetts with respect to my (our) Claim as a Settlement Class Member(s) (as defined in the Notice) 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 Lead Plaintiffs' Counsel to support this Claim if required to do so. I (We) have not submitted any other Claim covering the same purchases or sales of ARAH securities during the Settlement Class Period and know of no other Person having done so on my (our) behalf.

## PART V - RELEASE

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever compromise, settle, resolve, release, relinquish, waive, and discharge all Released Claims and also acknowledge that we are forever barred and enjoined from commencing, instituting, prosecuting, continuing to prosecute, participating in, or soliciting or encouraging the prosecution of any action or proceeding in any court of law or equity, arbitration tribunal, administrative forum, or other forum of any kind, asserting any of the Released Claims.

2. "Released Claims" means any and all manner of claims, including any Unknown Claims, debts, demands, rights, interests, actions, suits, causes of action, cross-claims, counter-claims, charges, judgments, obligations, setoffs, or liabilities for any obligations of any kind whatsoever (however denominated), whether class, individual or otherwise in nature, for fees, costs, penalties, damages whenever incurred, and liabilities of any nature whatsoever (including, without limitation, direct or indirect claims or demands for rescission, damages, interest, attorneys' fees, and any other costs, expenses or liabilities whatsoever, including joint and several), whether based on federal, state, local, statutory or common law, in equity, or on any other law, rule, regulation, ordinance, contract, or the law of any foreign jurisdiction, whether fixed or contingent, known or unknown, liquidated or unliquidated, suspected or unsuspected, asserted or unasserted, matured or unmatured, which Settlement Class Members or any of them, whether directly, representatively, derivatively, or in any other capacity, now have, ever had, or ever will have against Released Parties, arising from or relating in any way to, directly or indirectly, (1) the purchase, sale, or other acquisition or disposition, or holding, of ARAH securities during the Settlement Class Period, and/or (2) any conduct alleged in the Action or that could have been alleged in the Action against any of the Defendants or the other Released Parties. However, claims to enforce the settlement are not released.

3. "Released Parties" means all and each of Defendants, and all and each of their respective past and present parent, subsidiary, and affiliated corporations and entities, the predecessors and successors and assigns in interest of any of them, associates (all as defined in SEC Rule 12b-2 promulgated pursuant to the Securities Exchange Act of 1934), and all of their respective past and present officers, directors, employees, managers, members, agents, affiliates, partners, representatives, spouses, heirs, executors, trustees, administrators, insurers, and legal or other representatives; and the predecessors, successors, heirs, executors, administrators, advisors, and assigns of each of the foregoing.

4. "Unknown Claims" means any Released Claims that Lead Plaintiffs or any other Settlement Class Member do not know or suspect to exist in his, her or its favor at the time of the grant of such release, which if known by him, her or it might have affected their decision(s) with respect to the settlement of the Action. It is the intention of the Parties hereto that, upon the Effective Date, Lead Plaintiffs and Defendants shall expressly waive, and each of the Settlement Class Members shall be deemed to have waived, and by operation of the Final Judgment Order shall have expressly waived and relinquished, to the fullest extent permitted by law, the provisions, rights and benefits of any statute or law, which is similar, comparable, equivalent to, or which has the effect of, California Civil Code §1542, which provides:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

Lead Plaintiffs and Defendants acknowledge, and each of the Settlement Class Members shall be deemed by operation of the Final Judgment Order to have acknowledged, that he, she or it is aware that they may hereafter discover facts in addition to or different from those which he, she or it now knows or believes to be true with respect to the subject matters of the Released Claims, but that it is his, her, or its intention upon the Effective Date, to have fully, finally, and forever settled and released any and all claims within the scope of the Released Claims, whether known or unknown, suspected or unsuspected, contingent or noncontingent, whether or not concealed or hidden, which now exist, may hereafter exist or may heretofore have existed, without



PART V - RELEASE (CONTINUED)

regard to the subsequent discovery or existence of such different or additional facts. In entering and making this Stipulation, the Parties assume the risk of any mistake of fact or law and the release shall be irrevocable and remain in effect notwithstanding any mistake of fact or law. The Parties acknowledge, and Settlement Class Members shall be deemed to have acknowledged, that the release of such unknown claims was separately bargained for and was a key element of the Stipulation.

5. This release shall be of no force or effect unless and until the District Court approves the Stipulation and it becomes effective on the Effective Date.

6. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

7. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in ARAH securities that occurred during the period April 20, 2016 through November 16, 2016, inclusive, as well as the number and type of ARAH securities held by me (us) at the beginning of trading on April 20, 2016 and at the close of trading on November 16, 2016.

I 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.

Executed this \_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Month) (Year) (City, State, Country)

**Signature of Claimant (if this claim is being made on behalf of Joint Claimants, then each must sign.)**

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Print Name of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
Print Name of Joint Claimant, if any

\_\_\_\_\_  
Date

***If Claimant is other than an individual, or is not the person completing this form, the following also must be provided:***

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Print Name of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, trustee, custodian, etc.

**REMINDER CHECKLIST**

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

1. Please sign the Signature Section of the Proof of Claim and Release form.
2. If this Proof of Claim and Release form is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach supporting documentation.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Proof of Claim and Release form and all documentation submitted for your records.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail, within 60 days. **Your claim is not deemed filed until you receive an acknowledgement postcard.** If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator.
7. If you move, please send your new address to the Claims Administrator at the address below.
8. Do not use highlighter on the Proof of Claim and Release form or supporting documentation.

***THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN  
JULY 6, 2018 AND MUST BE MAILED TO:***

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