

PROOF OF CLAIM FORM

**Jeffrey Friedland Fair Fund
c/o JND Legal Administration
PO Box 91436
Seattle, WA 98111**

**Toll-Free Number: (877) 379-5985
Distribution Website: www.jeffreyfriedlandfairfund.com
Email: info@jeffreyfriedlandfairfund.com**

To be considered for eligibility for a distribution from the Jeffrey Friedland Fair Fund, created in the civil action: *SEC v. Jeffrey O. Friedland, et al.*, 18-cv-00529-MSK-MEH (District of Colorado) (the “Civil Action”), you must complete and sign this Proof of Claim Form (“Claim Form”), include all necessary documentation and a completed tax certification, and submit the package to JND Legal Administration (the “Distribution Agent”). Submissions may be **by First Class Mail postmarked by June 6, 2022; and if not by First Class mail, received by the Distribution Agent by June 6, 2022.** June 6, 2022 is referenced herein as the “Filing Deadline”.

Failure to submit your Claim Form by the Filing Deadline will subject your claim to rejection and may preclude you from being eligible to recover any money from the Jeffrey Friedland Fair Fund. Your Claim Form must be submitted in compliance with the directions herein.

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GENERAL INSTRUCTIONS

1. Your completed and signed Claim Form, including a completed tax certification and adequate supporting documentation, **sent by First Class Mail, postmarked no later than June 6, 2022 or, if not sent by First Class Mail, received by the Distribution Agent no later than June 6, 2022.**

2. You must include all your transactions requested in Part II, the Schedule of Transactions (page 6), and you and/or your representative must fully complete this Claim Form. The Claim Form must be signed by the beneficial owner of the Eligible Security (see paragraph 7 below) or by their representative, under the penalty of perjury. If you fail to complete and sign the Claim Form, including adequate supporting documentation and a completed tax certification, your claim may be rejected, and you may be precluded from any recovery from the Jeffrey Friedland Fair Fund.

3. DO NOT use highlighter on the Claim Form or any supportive documents.

4. Submission of the Claim Form does not guarantee that you will be eligible for a Distribution Payment; eligibility will be determined in accordance with the criteria in the Court-approved Distribution Plan, available for review and download at www.jeffreyfriedlandfairfund.com.

5. **Tax Forms:** The interest component of the distribution is U.S. source income. Therefore, to ensure that the Jeffrey Friedland Fair Fund can comply with its reporting and/or withholding obligations, U.S. persons (defined below) must complete the Substitute Form W-9 on page 9 of this Claim Form; persons who are not U.S. persons as defined below must obtain the proper IRS Form W-8 series (W-8BEN, W-8BEN-E, W-8IMY, W-8ECI, or W-8EXP). The appropriate tax form must be completed, signed, and submitted with your completed Claim Form. IRS Forms W-8BEN, W-8BEN-E, or other W-8 series forms, can be obtained from the IRS website: <https://www.irs.gov/forms-instructions>.

(a) The term "U.S. person" means:

1. A citizen or resident of the United States,
2. 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,
3. 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,
4. Any estate or trust other than a foreign estate or foreign trust, (See IRS Code Section 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
5. Any other person that is not a foreign person.

(b) Your completed W-9 or W-8 series form must be received by the Distribution Agent with your completed and signed Claim Form, **no later than June 6, 2022.** If the Distribution Agent does not receive a valid and complete Form W-9 or W-8 from you, the Distribution Agent may be required under the Internal Revenue Code to make certain presumptions about you for purposes of tax reporting and, as applicable, withholding. The Distribution Agent 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.

(c) You may wish to consult with your tax advisor to determine the appropriate tax treatment for your particular situation.

6. **Claim Form Submission:**

(a) **First Class Mail or other Delivery:** Submissions by **First Class Mail must be postmarked no later than June 6, 2022; submissions by other delivery service must be RECEIVED by the Distribution Agent no later than June 6, 2022.** Unless your Claim Form is submitted with a U.S. Mail postmark, it will be deemed to have been submitted when received by the Distribution Agent. You must send your completed and signed Claim Form, adequate supporting documentation, and completed tax certification, to the address below:

**Jeffrey Friedland Fair Fund
c/o JND Legal Administration
PO Box 91436
Seattle, WA 98111**

(b) It is your responsibility to timely submit your completed and signed Claim Form, tax certification, and adequate supporting documentation in accordance with the directions herein and you must be able to document timely, proper, and complete submission.

7. Use the Schedule of Transactions in Part II of this Claim Form, page 6, to supply all required details of your transaction(s) (including free transfers and deliveries) and holdings of the Eligible Security. On the Schedule of Transactions, please provide all the requested information with respect to your holdings, purchases, acquisitions, and sales of the Eligible Security, regardless of whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested Relevant Period may result in the rejection of your claim.

The Security and Relevant Period

Company Name	Trading Symbol	Relevant Period Start Date	Relevant Period End Date
OWC Pharmaceutical Research Corp.	OWCP	11/18/16	9/22/17

8. You must submit supporting documentation for the transactions reported on this Claim Form, such as broker confirmation slips, broker account statements, an authorized statement from your broker reporting information about your transactions, or other similar documents. **If such documents are not in your possession, please obtain copies or equivalent documents from your broker. Failure to supply this documentation may result in the rejection of your claim.** DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Distribution Agent. Also, please do not highlight any portion of the Claim Form or any supporting documents.

9. Separate Claim Forms should be submitted for each separate legal entity (i.e., a separate Claim Form should be filed for an individual account, a joint account, an IRA account, an account held for minor, etc.). Conversely, a single Claim Form should be submitted on behalf of one legal entity that includes all transactions made by that entity, no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form, as should an individual with multiple accounts maintained in his or her same name).

10. If you purchased or otherwise acquired the Eligible Security during the Relevant Period and held the stock in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to be considered for participation in the Jeffrey Friedland Fair Fund. Joint beneficial owners must **each** sign this Claim Form and their names must appear in Part I of this Claim Form. If you purchased or otherwise acquired the Eligible Security during the Relevant Period for your own benefit, but the stock was registered in

the name of a third party, such as a nominee or brokerage firm, you are still the beneficial owner of these shares, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be considered for eligibility for a distribution payment from the Jeffrey Friedland Fair Fund.

11. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons and entities represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, Social Security Number (or taxpayer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the Eligible Security; and
- (c) furnish evidence of their authority to submit the Claim Form on behalf the beneficial owner (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person/entity's accounts.)

12. By submitting this Claim Form, you will be seeking a determination of your eligibility to participate in the distribution of the Jeffrey Friedland Fair Fund. If you are NOT a Potentially Eligible Claimant (as defined in the Distribution Plan, paragraph 6(x)), or are an Excluded Party (Distribution Plan, paragraph 6(m)), DO NOT submit a Claim Form.

13. **NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request, 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 Jeffrey Friedland Fair Fund's website at www.jeffreyfriedlandfairfund.com, or you may email the Distribution Agent's electronic filing department at JOFsecurities@jndla.com. Any file not submitted 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 Distribution Agent issues an email after processing your file with your claim number(s) 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 such an email within 20 days of your submission, you should contact the electronic filing department at JOFsecurities@jndla.com to inquire about your file and confirm it was received and acceptable.

14. If you have questions concerning the Claim Form or need additional copies of the Claim Form or the Distribution Plan Notice, you may contact the Distribution Agent by writing to the above address, by calling the toll-free hotline at (877) 379-5985, by sending an email to info@jeffreyfriedlandfairfund.com, or you may download the documents from www.jeffreyfriedlandfairfund.com. **PLEASE NOTE: YOUR CLAIM IS NOT CONFIRMED AS SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE DISTRIBUTION AGENT WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL WITHIN 60 DAYS OF RECEIPT. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CONTACT THE DISTRIBUTION AGENT.**

I. CLAIMANT IDENTIFICATION

The Distribution Agent will use the information supplied below for all communications regarding this Claim Form. If this information changes, you MUST notify the Distribution Agent in writing at the address above.

Complete names of all persons and entities must be provided.

Beneficial Owner's First Name

Beneficial Owner's Last Name

Joint Beneficial Owner's First Name (if applicable)

Joint Beneficial Owner's Last Name (if applicable)

If this claim is submitted for an IRA, and if you would like any check that you MAY be eligible to receive made payable to the IRA, please include "IRA" in the "Last Name" box above (e.g., Jones IRA).

Entity Name (if the Beneficial Owner is not an individual)

Name of Representative, if applicable (e.g., executor, administrator, trustee, c/o, etc.), if different from Beneficial Owner

Street Address

Address 2

City

State/Province

Zip Code

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

Telephone Number (Day)

Telephone Number (Evening)

Email Address (email address is not required, but if you provide it you authorize the Distribution Agent to use it in providing you with information relevant to this claim)

Account Number (where security was traded)¹

SSN/TIN

¹ If the account number is unknown, you may leave blank. If filing for more than one account for the same legal entity, you may write "multiple." Please see ¶9 of the General Instructions above for more information on when to file separate Claim Forms for multiple accounts.

II. SCHEDULE OF TRANSACTIONS IN OWCP COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in detail in the General Instructions above. Do not include information regarding securities other than OWC Pharmaceutical Research Corp. common stock ("OWCP").

1. BEGINNING HOLDINGS OF OWCP COMMON STOCK – State the total number of shares of OWC Pharmaceutical Research Corp. common stock held as of the open of trading on NOVEMBER 18, 2016 . (Must be documented.) If none, write "zero" or "0."				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>				
2. PURCHASES/ACQUISITIONS OF OWCP COMMON STOCK DURING THE PERIOD FROM NOVEMBER 18, 2016 THROUGH AND INCLUDING DECEMBER 22, 2017 – Separately list each and every purchase/acquisition (including free receipts) during this period. (Must be documented.)				IF NONE, CHECK HERE <input type="checkbox"/>
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding all fees, taxes, and commissions)	Proof of Purchase/ Acquisition Enclosed
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3. SALES OF OWCP COMMON STOCK DURING THE PERIOD FROM NOVEMBER 18, 2016 THROUGH AND INCLUDING DECEMBER 22, 2017 – Separately list each and every sale/disposition (including free deliveries) during this period. (Must be documented.)				IF NONE, CHECK HERE <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding all fees, taxes, and commissions)	Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4. ENDING HOLDINGS OF OWCP COMMON STOCK – State the total number of shares of OWC PHARMACEUTICAL RESEARCH CORP. common stock held as of the close of trading on DECEMBER 22, 2017 . (Must be documented.) If none, write "zero" or "0."				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>				
<input type="checkbox"/> IF YOU REQUIRE ADDITIONAL SPACE FOR YOUR TRANSACTIONS, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER'S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX.				

III. CERTIFICATION, SUBSTITUTE W-9 AND SIGNATURE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am NOT:
 - a. A Defendant or Relief Defendant, one of their current or former employees, affiliates, or controlled entities who served in such capacity during the Relevant Period, and their assigns, creditors, heirs, distributees, spouses, parents, and children;
 - b. A Defendant in any action brought by the Commission or any class action lawsuit related to the conduct described in the Commission's complaint in this action or any related Commission action (or any of his or her affiliates, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities) unless and until such defendant is found not liable in all such civil suits prior to the Filing Deadline, and proof of the finding(s) is included in such defendant's timely filed Proof of Claim Form;
 - c. A Person who, as of the Filing Deadline, has been the subject of criminal charges related to the violations alleged in the Commission's complaint in this action or any related Commission action (or any of his or her affiliates, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities) unless and until such defendant is found not guilty in all such criminal actions prior to the Filing Deadline, and proof of the finding(s) is included in such defendant's timely filed Proof of Claim Form;
 - d. A Person who assigned their right to obtain a recovery in the Commission's action against Defendants; provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by gift, inheritance, devise or operation of law; or
 - e. The Distribution Agent, its employee, or a person assisting the Distribution Agent in its role as the Distribution Agent.
2. I understand that the Distribution Agent may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Distribution Agent for those purposes;
3. I agree that under no circumstances shall the Distribution Agent or its agents incur any liability to me or to any other Person if it makes a distribution in accordance with the list of all Eligible Claimants as approved by the Commission and that I am enjoined from taking any action in contravention of this provision;
4. I agree that upon receipt and acceptance by me of a distribution from the Jeffrey Friedland Fair Fund, I shall be deemed to have released all claims that I may have against the Distribution Agent and its agents and shall be deemed enjoined from prosecuting or asserting any such claims;
5. 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 any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management;
6. If signing this Claim Form on behalf of a corporation, partnership, or other business entity, I have the legal authority to act on its behalf and execute this Claim Form;
7. I agree to submit to the jurisdiction of the Court in the Civil Action for all purposes relating to this claim;
8. I (we) have read my (our) foregoing Claim Form, including any attachments and enclosures, and that the Claim Form including any attachments and enclosures is true and correct in every aspect; and
9. I (we) have not authorized nor am aware of anyone else who has filed a Claim Form on my (our) behalf for the same losses covered in this Claim Form.

Certification and Substitute FORM W-9

Social Security Number / Taxpayer 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

Other _____

Limited Liability Company - choose tax classification C Corporation S Corporation Partnership

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

First Name and Last Name, for Individuals.

Entity Name for businesses and trusts.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; **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.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS, IF ANY, SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Country)

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or Print your name here)

Capacity of person signing, if other than an individual, e.g., executor, president, trustee, custodian, etc.

Capacity of person signing, if other than an individual, e.g., executor, president, trustee, custodian, etc.

IV. REMINDER CHECKLIST



1. **Please sign the above certification.** If this Claim Form is being made on behalf of joint claimants, then both must sign.



2. Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.



3. Please do not highlight any portion of the Claim Form or any supporting documents.

4. Keep copies of the completed Claim Form and documentation for your own records.

5. The Distribution Agent will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed submitted until you receive an acknowledgement postcard. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE DISTRIBUTION AGENT TOLL FREE AT (877) 379-5985.**

6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Distribution Agent written notification of your new address. If you change your name, please inform the Distribution Agent.



7. If you have any questions or concerns regarding your claim, please contact the Distribution Agent in writing at the below address, toll-free at (877) 379-5985, by email at info@jeffreyfriedlandfairfund.com, or visit www.jeffreyfriedlandfairfund.com. **Please DO NOT call the Court, the SEC, OWC Pharmaceutical Research Corp., any other Defendant or their counsel with questions regarding your claim.**



THIS CLAIM FORM MUST BE SUBMITTED TO THE DISTRIBUTION AGENT SO THAT IT IS **POSTMARKED NO LATER THAN JUNE 6, 2022**, ADDRESSED AS FOLLOWS:

**Jeffrey Friedland Fair Fund
c/o JND Legal Administration
PO Box 91436
Seattle, WA 98111**

You should be aware that it will take a significant amount of time to fully process all the submitted Claim Forms. This work will be completed as promptly as time permits. Please be patient and notify the Distribution Agent of any change of address.