

# **ELECTRONIC FILING INSTRUCTIONS**

## **LOGITECH FAIR FUND**

### **“The Second Plan”**

#### **I. Important Notes – PLEASE READ**

Electronic claim submission is available to institutions filing on their own behalf or on behalf of others as well as to claim preparers filing on behalf of clients, or to individuals filing a large number of transactions who have requested or been requested to file claims electronically.

Electronic claim submissions MUST be accompanied by all **required** documents as set forth in Section IV of these instructions.

**ALL ELECTRONIC CLAIMS SUBMISSIONS MUST BE ENTERED ON THE TEMPLATE THAT FOLLOWS THESE INSTRUCTIONS.** Electronic claim submissions MUST be submitted in the **required** format, specified in this document.

Provide all trade dates in **US** date format (**MM/DD/YYYY**).

Electronic filers must provide for each claim submitted the holding positions and transactions in the eligible securities as set forth in Section II.

**NOTE:** As set forth in the Proof of Claim Form that you are submitting as the Master Proof of Claim for your submission (see Section IV 1. below), a separate claim should be submitted for each separate legal entity (for example, a claim form by joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine her or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity no matter how many separate accounts that entity has (for example, a corporation with multiple brokerage accounts should include all transactions made in the Security during the Recovery Period on one Claim Form, no matter how many accounts the transactions were made in).

You MUST provide in Column W of your submission the **correct complete, unabbreviated name of the beneficial owner(s) of the security supporting each claim.** **Your submission may be rejected if you do not provide this information.** Do not include honorifics (e.g., Mr., Mrs., Ms., Dr., Capt., Sgt.) and do not put “FBO” or the like in front of the beneficial owner's name. PLEASE NOTE: A trustee, in that capacity, is not the beneficial owner of the security; the full name of the trust should be entered followed by the full name(s) of the trustee(s). A comma should separate the name of the trust and the name(s) of the trustee(s).

**CLAIM FILING DEADLINE:** The claim filing deadline for this action is **February 15, 2022**. Any claim received after that date will be late.

## II. Eligible Securities

1. **Eligible Security:** Shares of Logitech common stock purchased on the **SIX Swiss Exchange**  
**TICKER:** LOGN, **ISIN:** CH0025751329
2. **Recovery Period:** May 28 2011 through July 27, 2011, inclusive.
3. Electronic filers **MUST** provide for each claim submitted:
  - (i) Beginning holdings are the number of shares of Logitech common stock owned as of the **close of business on May 27, 2011.**
  - (ii) Provide in chronological order all purchases of Logitech common stock made on the SIX Swiss Exchange between **May 28, 2011** through **October 26, 2011**, inclusive.
    - Information requested with respect to your purchases of Logitech common stock from July 28, 2011 through October 26, 2011 is needed in order to balance the claim; purchases during this period are not eligible under the Plan and will not be used for purposes of calculating the Recognized Loss pursuant to the Plan
  - (iii) Provide in chronological order all sales of Logitech common stock made between **May 28, 2011** through **October 26, 2011**, inclusive.
  - (iv) Unsold holdings are the number of shares of Logitech common stock purchased on the SIX Swiss Exchange that were held as of the **close of business on October 26, 2011.**

## III. Methods of Submission

Electronic files will not be deemed submitted unless the Fund Administrator sends you an email acknowledging receipt of your file. Do not assume that your file has been received until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at [eClaim@epiglobal.com](mailto:eClaim@epiglobal.com) to inquire about your file and confirm it was received.

The following methods are available for submitting electronic claims:

1. **INTERNET – GCG ICE<sup>®</sup> (www.gcgice.com)**

GCG ICE<sup>®</sup> is our secure and user-friendly website designed to meet the claim filing needs of institutional investors and claim preparers<sup>1</sup> in securities class actions and similar administrations. Using GCG ICE<sup>®</sup>, registered users have the ability to upload their electronic claim submissions directly and securely to Epiq and the benefit of being able to view the history and status of these submissions 24 hours a day, 7 days a

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<sup>1</sup> Although GCG ICE<sup>®</sup> was not designed for individuals, if you are an individual with a large number of transactions who requests or is requested to file claims electronically you may use this feature to file claims. Please contact the Electronic Filing Department for further information related to using GCG ICE<sup>®</sup>.

week. The history and status functionality features access to claim numbers and specific claim rejection reasons, with instructions on how to fix rejected claims.

Please visit [www.gcgice.com](http://www.gcgice.com) to register today so that you can benefit from this service in this administration as well as other, future settlements.

## 2. **EMAIL**

You may email your electronic claim submission to [eClaim@epiqglobal.com](mailto:eClaim@epiqglobal.com).

If you choose to email your file, you **MUST** also attach all required documentation to the email as .pdf documents or equivalent.

## 3. **MAIL**

You may send your electronic claim submission in the mail on a disk or CD along with all required documentation. Use the P.O. Box address on top of page 1 of the Proof of Claim and add "Attn: Electronic Filing Department". If you need to send your submission via Federal Express or UPS, use the below street address:

Logitech Fair Fund  
c/o Epiq  
Attn: Electronic Filing Department  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

## **IV. Documentation Requirements**

The required documentation outlined below **must** be submitted with your electronic file. Your electronic claims will **not** be eligible for consideration until all required documents are received. Please note that one single document may meet more than one requirement.

### **1. ONE SIGNED PROOF OF CLAIM**

You must complete the Claimant Identification Page, (Part I, Page 2) and Certification and Signature Page, (Part IV, Page 6) of a single Proof of Claim form, which will serve as an "umbrella" or "master" claim form for all claims in your electronic file.

The claim form **must** be signed by an authorized signatory who is also listed on your signature verification document and state the capacity (job title) of the signatory.

You may reference the term "Various Beneficial Owners" for the beneficial owner name if you are filing on behalf of multiple beneficial owners. However, as noted above, the correct complete unabbreviated name of each beneficial owner (without honorifics) **MUST** be provided for each claim in your electronic claim submission.

## **2. SIGNATURE VERIFICATION DOCUMENT**

If you are an institution filing on your own behalf or on behalf of other beneficial owners or a claim preparer filing on behalf of beneficial owners, you must provide a document verifying that the individual who signed the claim form and any supplemental documents is authorized to sign on your behalf. Some common types of documents that fulfill this requirement include the following (this list is not exclusive and non-US entities may have different documents that fulfill this requirement. If you are a non-US entity, you must submit an equivalent document):

- Copy of filer's By-Laws, including signature page(s)
- Copy of filer's Corporate Resolution, including signature page(s)
- Notarized Affidavit signed by an officer of the filing institution or company clearly granting a specific individual(s) authorization or confirming his/her authority to sign on behalf of his/her institution or company.

## **3. DATA VERIFICATION DOCUMENT(S)**

If you are an institution filing on your own behalf or on behalf of other beneficial owners or a claim preparer filing on behalf of beneficial owners, you must provide a notarized affidavit or signed letter on your firm's letterhead which meets the below criteria:

- Confirms the number of distinct claims and transactions in your file
- Sets forth the source of the data for each claim included in your file
- Attests to the truth and accuracy of the data for each claim in your file
- Is executed by an authorized signatory who is listed on your firm's signature verification document, and specifies both the capacity and contact information of that signatory.

## **4. AUTHORIZATION DOCUMENT (IF FILING ON BEHALF OF CLIENTS OR CUSTOMERS)**

If you are an institution or claim preparer filing on behalf of beneficial owners other than yourself, you must provide a current document verifying that you are authorized to file and sign claims on behalf of the beneficial owners of the securities. Some common types of documents that fulfill this requirement include the following (this list is not exclusive and non-US entities may have different documents that fulfill this requirement. If you are a non-US entity, you must submit an equivalent document):

- Power of Attorney
- Service Agreement
- Signed/dated letter on client's company letterhead specifically granting your company authority to file/sign claims on their behalf
- Notarized affidavit or signed letter on your company's letterhead confirming your authority to file and sign claims on behalf of each client for whom you filed a claim. It must be executed by an officer of the company who is also listed on your signature verification document and reference the capacity and contact information of the signatory.

## **ADDITIONAL DOCUMENTATION (IF REQUESTED) - DATA INTEGRITY AUDIT**

Epiq may request filers, as deemed appropriate by Epiq and/or the Commission, who file claims electronically to provide additional documentation to support the claims submitted. This data integrity audit is designed to verify the overall integrity of a data file. Accordingly, you must provide all the requested documentation and the documentation provided must be independent in nature.

Even if you provided a letter/affidavit attesting to the truth and accuracy of the data you initially submitted with your electronic file, we will **require** specific documentary evidence, which may include trade confirmations, monthly statement, or equivalent, to independently verify the details of transactions and/or holding positions, if your file is selected for a data integrity audit.

**\*FAILURE TO COMPLY WITH THIS AUDIT REQUEST WILL RESULT IN THE REJECTION OF ALL CLAIMS ON YOUR ELECTRONIC SUBMISSION\***

## **V. Electronic Filing Notes**

### **ADDRESSES**

Claims and checks (if the claim is eligible) will be created based on the information provided on your electronic file.

If you require checks to be made out directly to the beneficial owner but still sent to your company, please include a "c/o" before your company name in Column A of your file.

If you require checks to be mailed to some other party (i.e. directly to the custodian bank for each beneficial owner or directly to the beneficial owner), please include *their* name in the 'Company Name' field of the file, but include your name in the 'Submitting Filer's Name' field (Column U).

If you require checks be made out directly to the beneficial owner, do not include **any** company name in the 'Company Name' field (Column A) of the file.

For foreign addresses, the two character country code must be provided in column H, all address information (including full country names and provinces) must be included in the two address fields (Columns B-C), and the city, state, zip fields (Columns D-G) should be left blank.

If you are a third-party claim preparer filing on behalf of clients who represent the beneficial owner of the securities, you **must** provide the complete name of your client in Column T of your electronic claim submission.

### **SECURITIES**

All transactions and holding positions **must** reference an appropriate security identifier (CUSIP, ISIN, or SEDOL) in Column K of your file.

All securities for each account must balance. This means that the beginning holdings plus purchases (including free receives) during the Recovery Period **MUST EQUAL** total sales (including free deliveries) during the Recovery Period plus the ending/unsold holdings.

Negative values may **only** be given for beginning and ending/unsold holdings (transaction type “B” and “U”). All other transactions must reflect positive values.

## **TRANSFERS**

Free receive/free deliver (transfer in/out) transactions must be included in the claim data as this information is necessary in order for the claim to balance. Please note, free receives are not eligible for payment and will not be included in the calculation of the claim unless the shares received were purchased during the Recovery Period and you provide the original purchase information for these shares.

A free receive or transfer in must be reflected as a transaction type “R” and a free deliver or transfer out must be reflected as a transaction type “D” (prices and net amounts must be zero).

## **VI. Required Filing Format**

### **GENERAL INSTRUCTIONS**

Files should be submitted as an Excel spreadsheet.

All fields in the below format must be included on your file.

Any fields that do not apply to the claims you submitted must be left blank (do not delete any fields).

Your file must include one header row with each of the column headings specified below.

Your file must be sorted in the following order:

- complete correct name of the beneficial owner of the securities supporting the claim
- security identifier
- transaction type

If a maximum character length for any field is specified, do not exceed the limit.

Do not leave any blank rows on your file.

Any files not in accordance with the below format are subject to rejection.

For Excel spreadsheets:

- Whenever possible, your file should be limited to one tab that contains all the fields listed below
- The “Length” column in the below format specifies the maximum number of characters for each Excel field as to which a maximum character number applies

*Please continue to next page for Required File Layout.*

## REQUIRED FILE LAYOUT

| COL | FIELD                                 | START POSITION | LENGTH | NOTES   |
|-----|---------------------------------------|----------------|--------|---|
| A   | Company Name                          | 1              | 40     | Name of Company for Mailing of Checks (see Address Notes above)<br>Include a "c/o" before your company name if you require checks made out to the beneficial owner c/o your company. Include an "FBO" (or similar ownership acronym) after your company name if you require checks to be made out to your company for the benefit of the beneficial owner   |
| B   | Address 1                             | 41             | 40     | Address 1 Information for Mailing of Checks (see Address Notes above)   |
| C   | Address 2                             | 81             | 40     | Address 2 Information for Mailing of Checks (see Address Notes above)   |
| D   | City                                  | 121            | 30     | City for Mailing of Checks (see Address Notes above)  |
| E   | State                                 | 151            | 2      | 2 Character State Abbreviation for Mailing of Checks (see Address Notes above)  |
| F   | Zip5                                  | 153            | 5      | 5 Digit Zip for Mailing of Checks (see Address Notes above)   |
| G   | Zip4                                  | 158            | 4      | 4 Digit Zip for Mailing of Checks (see Address Notes above)   |
| H   | Country Code                          | 162            | 2      | 2 character Country abbreviation ( <b>only</b> for foreign addresses)   |
| I   | Short beneficial owner name           | 164            | 40     | Short Name of Beneficial Owner, for printing/ mailing purposes<br>You <b>MUST</b> also provide the correct, complete, unabbreviated name of the beneficial owner in Column W of your submission   |
| J   | Account Number(s) of Beneficial Owner | 204            | 70     | List the numbers of all the accounts through which the beneficial owner trades  |
| K   | Security Identifier Number            | 274            | 14     | CUSIP, ISIN, or SEDOL Number of the Security  |
| L   | Transaction Type                      | 288            | 2      | <b>B</b> = Beginning Holdings<br><b>P</b> = Purchase (includes purchases to cover short sales)<br><b>S</b> = Sale (includes short sales)<br><b>U</b> = Unsold (Ending) Holdings<br><b>R</b> = Free Receipt (transfer in)<br><b>D</b> = Free Deliver (transfer out)<br><br><b>Note:</b> When inputting beginning and unsold holdings, the trade date column <u>must</u> indicate the holding date. Price per share and net amount columns <u>must</u> be left blank. |
| M   | Trade Date                            | 290            | 10     | Trade date in <b>MM/DD/YYYY</b> format (including foreign entities)   |
| N   | Quantity                              | 300            | 20     | Number of shares associated with this transaction (this value can <u>ONLY</u> be negative for short beginning or ending holdings positions)   |
| O   | Price Per Share                       | 320            | 20     | Price of each Share<br>This column should be blank <u>ONLY</u> when providing beginning or ending holdings or shares involved in a receipt or deliver.  |

|   |   |     |     |   |
|---|---|-----|-----|---|
| P | Aggregate Cost / Amount Received        | 340 | 20  | Total value of the transaction (excluding commissions, taxes, and fees);<br>This column should be blank <u>ONLY</u> when providing beginning or ending holdings or shares involved in a receipt or deliver.   |
| Q | Currency Type                           | 360 | 3   | Type of currency associated to transaction (USD, EUR, GBP, etc.)  |
| R | Option Exercise / Assign Flag           | 363 | 1   | <b>A = Assigned, E = Exercised</b><br>This column must be used if the common stock transaction is the result of the exercise or assignment of an option.  |
| S | Stock Exchange                          | 364 | 30  | You <u>must</u> provide the stock exchange on which the relevant transaction took place.  |
| T | Submitting Filer's Client Name(s)       | 394 | 20  | <b>If you are a third-party claim preparer filing on behalf of clients either: (i) for the client as beneficial owner (in which case the entry in this field will be the same as the entry in Field I); or (ii) for a client which represents the beneficial owner(s), provide the complete name of your client in this column</b>  |
| U | Submitting Filer's Name                 | 414 | 20  | Name of filer submitting electronic claim   |
| V | Beneficial Owner's SSN or Tax ID Number | 434 | 4   | Last four digits of Social Security Number or Tax ID Number of beneficial owner (leave column blank for foreign entities)   |
| W | Complete Beneficial Owner Name          | 438 | n/a | Full Name of Beneficial Owner <b>MUST</b> be the correct, complete, unabbreviated name of the beneficial owner. Do not include honorifics, e.g., Mr., Mrs., Ms., Dr., Capt., Sgt. and do not put "FBO" or the like in front of the beneficial owner's name.<br><br><b>Please note:</b> A trustee, in that capacity, is not the beneficial owner of the security; the full name of the trust should be entered followed by the name(s) of the trustee(s). A comma should separate the name of the trust and the name(s) of the trustee(s).<br><br><b>YOUR SUBMISSION MAY BE REJECTED IF THIS INFORMATION IS NOT INCLUDED</b> |