

**Must be
Postmarked
No Later Than
February 15, 2022**

**Logitech Fair Fund
c/o EPIQ
P.O. Box 10568
Dublin, OH 43017-7268
(877) 919-5896
www.logitechfairfund.com**



CLAIM FORM

This claim is being solicited pursuant to a Second Plan of Distribution approved by the Securities and Exchange Commission (the “Plan”) in the administrative proceeding: Logitech International, S.A., et al., Admin. Proc. File No. 3-17212, information about which is publicly available at: <https://www.sec.gov/divisions/enforce/claims/logitech-bardman.htm>. Epiq Class Action and Claims Solutions, Inc. (“Epiq”) is the Commission-appointed Fund Administrator (“Fund Administrator”).¹ You can obtain a copy of the Plan at www.logitechfairfund.com, by emailing Questions@logitechfairfund.com, or by calling the Fund Administrator at (877) 919-5896. The security at issue is Logitech ordinary stock traded on the SIX Swiss Exchange under the trading symbol LOGN (the “Security”). Claims may be made by persons who purchased the Security during the period May 28, 2011 through July 27, 2011, inclusive.

Any and all claims must be asserted via this proof of claim form. Any prior or alternative communications with the Court, the SEC, the Fund Administrator, or any other person or entity, do not constitute a claim.

YOU MUST COMPLETE AND MAIL THIS PROOF OF CLAIM FORM POSTMARKED BY FEBRUARY 15, 2022 TO BE ELIGIBLE TO SHARE IN THE LOGITECH FAIR FUND.

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¹ On March 30, 2018, the Commission appointed Garden City Group, LLC “GCG” as the Fund Administrator. On June 15, 2018 GCG was acquired by Epiq and is now continuing as part of Epiq.



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 8 9 0

PART I - CLAIMANT IDENTIFICATION

Last Name (CLAIMANT)

[Grid for Last Name (CLAIMANT)]

First Name (CLAIMANT)

[Grid for First Name (CLAIMANT)]

Last Name (Joint Claimant)

[Grid for Last Name (Joint Claimant)]

First Name (Joint Claimant)

[Grid for First Name (Joint Claimant)]

Company/Other Entity (If Claimant Is Not an Individual)

[Grid for Company/Other Entity (If Claimant Is Not an Individual)]

Contact Person (If Claimant is Not an Individual)

[Grid for Contact Person (If Claimant is Not an Individual)]

Record Owner's Name (If Different From Claimant or Beneficial Owner Listed Above, e.g. Brokerage Firm, Bank, Trustee, Nominee, etc.)

[Grid for Record Owner's Name]

Account Number

[Grid for Account Number]

Claimant Social Security Number/Taxpayer ID Number

[Grid for Claimant Social Security Number/Taxpayer ID Number]

Address Line 1

[Grid for Address Line 1]

Address Line 2 (If Applicable)

[Grid for Address Line 2 (If Applicable)]

City

[Grid for City]

State

[Grid for State]

ZIP Code

[Grid for ZIP Code]

Foreign Province

[Grid for Foreign Province]

Foreign Country

[Grid for Foreign Country]

Foreign Zip Code

[Grid for Foreign Zip Code]

Telephone Number (Day)

[Grid for Telephone Number (Day)]

Telephone Number (Night)

[Grid for Telephone Number (Night)]

Email Address (Please provide your email address for the Fund Administrator to contact you regarding your claim. By providing your email address, you authorize the Fund Administrator to contact you with information relevant to this claim.)

[Grid for Email Address]

IDENTITY OF CLAIMANT (check only one box - please review Part II of Instructions for documentation requirements):

- Individual
- Joint Owners
- Estate
- Trust
- Corporation
- Partnership
- Private Pension Fund
- Legal Representative
- Limited liability company
- IRA, Keogh, or other type of individual retirement plan (indicate type of plan, mailing address, and name of current custodian)
- Other (specify, describe on separate sheet)

Please indicate the currency in which you wish to receive payment should your claim be eligible for distribution

[Grid for Currency]



NOTE TO INSTITUTIONAL FILERS: Claims with 100 or more transactions or on behalf of 20 or more different accounts must be submitted electronically and in the required format. To obtain the mandatory electronic filing requirements and file layout, you may visit the Logitech Fair Fund website at www.logitechfairfund.com or you may e-mail the Fund Administrator at eClaim@epiqglobal.com. Any submission not in accordance with the required electronic filing format may be rejected. Proof of authority to submit a Claim Form on behalf of any managed accounts must be submitted with any Proof of Claim Forms for such accounts. If you intend to file electronically, you can submit and track the history of your claims by using our secure website, GCG ICE™ (www.gcgice.com), which is available 24/7. GCG ICE™ allows institutional investors to upload electronic claims and documents, track the history and status of submissions, view claim rejections and how to fix them, update contact information, and receive important status alerts via e-mail.

PART II - INSTRUCTIONS

REQUIREMENTS FOR FILING

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all portions of this Claim Form.

NOTE: The Claim Form contains purchase and sale schedules for the Security. You must carefully complete these schedules. Do not omit any potentially relevant information regarding your purchases and sales of the Security. This information is necessary to determine your distribution payment if you are determined to be eligible under the Plan. If you cannot list all transactions in the spaces provided in the Claim Form, or if you believe that you must or should supply additional information with respect to any transaction, attach additional sheets to the Claim Form supplying the required information. You must be properly identified on each additional sheet of paper by full name and last 4 digits of your Tax Identification Number. The date of purchase and sale is the “trade” or “contract” date, and not the “settlement” or “payment” date. The purchase price is the price paid excluding commissions or other expenses. The sale price is the price received less commissions or other expenses.

2. You must sign the Claim Form.

NOTE: If the Securities were or are owned jointly, all joint owners must sign the Claim Form. Executors, administrators, guardians, conservators and trustees may complete and sign the Claim Form on behalf of persons or entities represented by them, but they must identify such persons or entities and provide proof of their authority (for example, currently effective letters testamentary or letters of administration) to complete and execute the Claim Form. Any Claim Form submitted by legal representatives of a claimant must be executed by all such representatives.

Separate Claim Forms 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 his 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).

3. You must attach to the Claim Form legible copies of broker confirmation slips, monthly brokerage statements or other satisfactory proof confirming your purchases and sales, your closing balance as of October 26, 2011 of the Security. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.**

4. You must mail the completed and signed Claim Form and supporting documents by first-class mail, postage prepaid, postmarked no later than February 15, 2022 to:

Logitech Fair Fund
c/o EPIQ
P.O. Box 10568
Dublin OH 43017-7268

IF YOU FAIL TO SUBMIT A COMPLETE CLAIM POSTMARKED BY FEBRUARY 15, 2022 YOU WILL BE BARRED FROM RECEIVING A PAYMENT FROM THE LOGITECH FAIR FUND. So that you will have a record of the date of your mailing and its receipt by the Fund Administrator, you are advised to use certified mail, return receipt requested. Please keep a copy of all documents that you send to the Fund Administrator.



PART III - LOGITECH COMMON STOCK

A. BEGINNING HOLDINGS: List the number of shares of Logitech ordinary stock owned at the close of business on **May 27, 2011**. If none, write "zero" or "0"(must be documented).

Shares					

B. PURCHASES: List (in chronological order) all purchases of Logitech ordinary stock made on the SIX Swiss Exchange between **May 28, 2011** through **July 27, 2011**, inclusive (must be documented).

Date(s) of Purchase/ Acquisition (List Chronologically) Month/Day/Year	Number of Shares of Ordinary Stock Purchased	Purchase Price Per Share of Ordinary Stock	Net Amount Paid (Excluding fees, taxes, and commissions)	Currency	Transaction Type (P/R)
/ /		.	.		
/ /		.	.		
/ /		.	.		
/ /		.	.		

C. PURCHASES: Number of Logitech ordinary stock purchased on the SIX Swiss Exchange between **July 28, 2011** through **October 26, 2011**, inclusive (if none, write "zero" or "0", if other than zero, must be documented).²

Shares					

D. SALES: List (in chronological order) all sales of Logitech ordinary stock made between **May 28, 2011** through **October 26, 2011**, inclusive (must be documented).

Date(s) of Sale (List Chronologically) Month/Day/Year	Number of Shares of Ordinary Stock Sold	Sale Price Per Share of Ordinary Stock	Net Amount (Excluding taxes, fees, other commissions)	Currency	Transaction Type (S/D)
/ /		.	.		
/ /		.	.		
/ /		.	.		
/ /		.	.		

E. ENDING HOLDINGS: List the number of shares of Logitech ordinary stock purchased on the SIX Swiss Exchange that were held at the close of business on **October 26, 2011**. If none, write "zero" or "0" (Must be documented).

Shares					

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

² Information requested with respect to your purchases of Logitech ordinary stock from July 28, 2011 through October 26, 2011 is needed to balance your claim; purchases during this period are not eligible under the Plan and will not be used for purposes of calculating your Recognized Loss pursuant to the Plan.

**PART IV – CERTIFICATION AND SIGNATURE**

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am (we are) not Doktorczyk and Bolles and their assigns, heirs, spouses, parents, children, dependents, or controlled entities; Logitech and its directors, officers, advisers, agents, affiliates who served in such capacity during the Relevant Period; Eric K. Bardman and Jennifer F. Wolf, the Defendants in *SEC v. Bardman, et al.*, Civ. Act. No. 3:16-2023 (N.D. Cal.), and any of their assigns, heirs, spouses, parents, children, dependents, or controlled entities; The Fund Administrator, its employees, and those persons assisting the Fund Administrator in its role as Fund Administrator; Any purchaser or assignee of a Potential Claimant's right to obtain a recovery from the Fair Fund for value.

2. 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;

3. I agree to submit to the jurisdiction of the Securities and Exchange Commission for all purposes relating to this claim;

4. I understand that the Fund Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Fund Administrator for those purposes. If necessary, I authorize the Fund Administrator to obtain and review any and all trading records relevant to my transactions in the Security from any brokerage firm or other entity that has possession of such records, and further consent to the release of such records by such brokerage firm or other entity to the Fund Administrator;

5. The Tax Identification Number shown on page 2 of this form is the correct Social Security Number or Taxpayer Identification Number;

6. I agree that under no circumstances shall the Fund Administrator or its agents incur any liability to me or to any other person if it makes a distribution in accordance with the Plan and that I am enjoined from taking any action in contravention of this provision;

7. If you move, you must send the Fund Administrator your new address. Otherwise, you may not receive a Distribution Payment even if you are determined to be eligible for one.

8. If I am a custodian, trustee, or professional investing on behalf of and representing more than one Potential 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.



PART IV – CERTIFICATION AND SIGNATURE

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct and that the documents submitted herewith are true and genuine.

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

[Signature box]

Signature of Claimant

[Print Name box]

Print Name of Claimant

Date

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MM DD YYYY

[Signature box]

Signature of Joint Claimant, if any

[Print Name box]

Print Name of Joint Claimant, if any

Date

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MM DD YYYY

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

[Signature box]

Signature of person signing on behalf of claimant

[Print Name box]

Print Name of person signing on behalf of claimant

Date

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MM DD YYYY

[Capacity box]

CAPACITY OF PERSON SIGNING ON BEHALF OF CLAIMANT,
IF OTHER THAN AN INDIVIDUAL, E.G., EXECUTOR, PRESIDENT, CUSTODIAN, ETC.

**REMINDER CHECKLIST**

1. Please sign the Certification and Signature Section of the Claim Form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents. (Supporting documents include trade confirmations, official monthly, quarterly or annual brokerage statements).
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. If you aggregated accounts, be sure to include supporting documents for all accounts.
6. Keep a copy of your Claim Form, evidence of mailing date, and all documentation submitted for your records.
7. If you move, you must send the Fund Administrator your new address. Otherwise, you may not receive a Distribution Payment even if you are determined to be eligible for one.
8. If you are anyone other than the record holder of the Security, please submit documentation supporting your right to make the claim.
9. Do not use highlighter on the Claim Form or supporting documentation.

**THIS CLAIM MUST BE POSTMARKED NO LATER THAN
FEBRUARY 15, 2022 AND MUST BE MAILED TO:**

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Dublin, OH 43017-7268