

**Must be
Postmarked
No Later Than
March 11, 2019**

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



Claim Number:

Control Number:

CLAIM FORM

This claim is being solicited pursuant to a Distribution Plan 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 common stock traded on the Nasdaq Global Market under the trading symbol LOGI (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 MARCH 11, 2019 TO BE ELIGIBLE TO SHARE IN THE LOGITECH FAIR FUND.

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¹On 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 0


PART I - CLAIMANT IDENTIFICATION
Last Name (CLAIMANT)
First Name (CLAIMANT)
Last Name (Joint Claimant)
First Name (Joint Claimant)
Company/Other Entity (If Claimant Is Not an Individual)
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.)
Account Number
Last Four Digits of Claimant Social Security Number/Taxpayer ID Number
Address Line 1
Address Line 2 (If Applicable)
City
State
Zip Code
Foreign Province
Foreign Country
Foreign Zip Code
Telephone Number (Day)
Telephone Number (Night)
Email Address (Email address is not required, but if you provide it you authorize the Fund Administrator to use it in providing you with information relevant to this claim.)

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)

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@epiglobal.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 share of any distributions 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 Social Security 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 ANY 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 March 11, 2019 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 MARCH 11, 2019 YOUR CLAIM IS SUBJECT TO REJECTION OR YOUR PAYMENT MAY BE DELAYED. 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 common 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 common stock made on the Nasdaq Global Market 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 Common Stock Purchased | Purchase Price Per Share of Common Stock | Net Amount Paid (Excluding fees, taxes, and commissions) |
|---|--|---|--|
| / / | | . | . |
| / / | | . | . |
| / / | | . | . |
| / / | | . | . |

C. PURCHASES: Number of Logitech common stock purchased on the Nasdaq Global Market between **July 28, 2011** through **October 26, 2011**, inclusive (if none, write "zero" or "0", if other than zero, must be documented.)¹.

Shares

D. SALES: List (in chronological order) all sales of Logitech common 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 Common Stock Sold | Sale Price Per Share of Common Stock | Net Amount (Excluding taxes, fees, other commissions) |
|---|---|---|---|
| / / | | . | . |
| / / | | . | . |
| / / | | . | . |
| / / | | . | . |

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

Shares

¹Information requested with respect to your purchases of Logitech common 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.

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 – CERTIFICATION AND SIGNATURE**

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am (we are) not Logitech International, S.A., Michael Doktorczyk, or Sharralyn Bolles (collectively, the “Respondents”) or an assign, heir, spouse, parent, dependent, or controlled entity of any of the Respondents; Eric K. Bardman (“Bardman”) or Jennifer F. Wolf (“Wolf”), the defendants in *SEC v. Bardman*, et al., Civ. Act. No. 3:16-2023 (N.D.Cal.), or any of Bardman’s or Wolf’s assigns, heirs, spouses, parents, dependents, or controlled entities; or Epiq, including the Garden City Group, LLC, an employee of the Fund Administrator, or a person assisting the Fund Administrator in its role as Fund Administrator.

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 last four digits of the Social Security 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. I agree that upon receipt and acceptance by me of a distribution from the Logitech Fair Fund, I shall be deemed to have released all claims that I may have against the Fund Administrator and its agents and shall be deemed enjoined from prosecuting or asserting any such claims; and

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 (CONTINUED)

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 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 signing on behalf of claimant

Print Name of person signing on behalf of claimant

Date

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, any funds allocated to your claim are subject to forfeiture.
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
MARCH 11, 2019 AND MUST BE MAILED TO:**

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