

Fifth Third Bancorp Fair Fund
c/o GBP / PACE Claims Services LLC
Fund Administrator
200 American Metro Blvd – Suite 129
Hamilton, NJ 08619

We strongly encourage electronic filing of your Proof of Claim through our website located at FifthThird.FundAdministratorGBP.com. If you prefer a paper option, please use the form below.

Institutional Filers: Claims filed by institutional filers **must submit using the electronic filing template**. The electronic filing requirements and file layout for institutional filers to upload into our system can be found at FifthThird.FundAdministratorGBP.com.

FIFTH THIRD BANCORP SETTLEMENT PROOF OF CLAIM FORM

To be eligible to share in the proceeds of the Fifth Third Bancorp Fair Fund, your completed and signed Proof of Claim must be sent by U.S. First Class mail (or equivalent common carrier) and be postmarked **by April 4, 2023**, and sent to the below address.

Failure to submit a timely and properly completed Proof of Claim may result in your claim being rejected.

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INSTRUCTIONS

Please read the Notice provided with this document carefully before filling out this Proof of Claim form. If you have any questions about the Notice or this form, please contact the GBP Team at 1-833-373-3535 or support@fundadministratorGBP.com.

HOW YOU CAN SUBMIT A PROOF OF CLAIM TO RECEIVE COMPENSATION

To submit a claim to receive compensation, you must:

- 1) Fill out this Proof of Claim form with as much detail as you can;
- 2) Sign the Proof of Claim form in Part IV; and
- 3) Return the Proof of Claim form and any supporting documents by the deadline by mail.

By Website (Electronic Proof of Claim) (Must be submitted on or before 11:59 PM Eastern Time on April 4, 2023)	FifthThird.FundAdministratorGBP.com
By Mail (Must be postmarked by April 4, 2023)	To: Fifth Third Bancorp Fair Fund c/o GBP / PACE 200 American Metro Blvd – Suite 129 Hamilton, NJ 08619

PART I - CLAIMANT IDENTIFICATION

Claimant or Representative Contact Information:

The Fund 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 Fund Administrator in writing at the address above or by email at support@fundadministratorGBP.com.

Claimant/Beneficial Owner Name + SSN/ITIN or EIN or Foreign TIN/GIIN					
Joint Claimant Name (If applicable) + SSN/ITIN or EIN or Foreign TIN/GIIN					
Residential Address	Number & Street	City	State	Zip	Country
Mailing Address (if different from residential address)	Number & Street	City	State	Zip	Country
Email Address					
Phone Number					
Account Number(s)					
<input type="checkbox"/>	If you received the Securities as a gift, inheritance, devise, or by operation of law, check this box. (If checked, you must provide copies of all transfer paperwork.)				

Information of the Person You Would Like the Fund Administrator to Contact Regarding This Claim

(If different from the Claimant Information listed above):

Name	Last Name	First Name	Middle Name	Suffix	
Mailing Address	Number & Street	City	State	Zip	Country
Email Address					
Daytime Phone Number					

PART II - SCHEDULE OF TRANSACTIONS IN FIFTH THIRD BANCORP COMMON STOCK

<p>A. Beginning Balance: Total Number of <u>Fifth Third Bancorp Common Stock</u> shares held at the beginning of trading on <u>October 21, 2008</u>. (Must be Documented if B1 is >0. If none, write “0” (zero).)</p>	<p align="center">Common Stock Shares</p>
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<p>B1. Total Purchases/Acquisitions: Total Number of <u>Fifth Third Bancorp Common Stock</u> shares that were purchased or acquired from <u>October 21, 2008</u>, through and including <u>April 21, 2009</u>. (Must be Documented if >0. <i>If none, write “0” (zero) and skip to Part III.</i>)</p>	<p align="center">Common Stock Shares</p>
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B2. Individual Purchases/Acquisitions: Separately list each purchase or acquisition of **Fifth Third Bancorp Common Stock** shares that were purchased or acquired from October 21, 2008, through and including January 22, 2009 (Must be Documented).

Date(s) of Purchase (Month/Day/Year - List Chronologically)	Account Number	Number of Common Stock Shares Purchased/Acquired	Purchase Price Per Share	Total Purchase Price (excluding taxes, commissions, and fees)

<p>C1. Total Sales/Transfers: Total Number of <u>Fifth Third Bancorp Common Stock</u> shares that were sold from <u>October 21, 2008</u>, through and including <u>April 21, 2009</u>. (Must be Documented. If none, write “0” (zero).)</p>	<p align="center">Common Stock Shares</p>
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C2. Individual Sales/Transfers: Separately list each sale of **Fifth Third Bancorp Common Stock** shares that were sold from October 21, 2008, through and including April 21, 2009 (Must be Documented).

Date(s) of Sale (Month/Day/Year – List Chronologically)	Account Number	Number of Common Stock Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)

<p>D. Ending Holdings: Number of <u>Fifth Third Bancorp Common Stock</u> shares held at the close of trading on <u>April 21, 2009</u>. (Must be Documented. If none, write “0” (zero).)</p>	<p align="center">Common Stock Shares</p>
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IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX

PART III – SCHEDULE OF TRANSACTIONS IN FIFTH THIRD BANCORP
SERIES G PREFERRED ADS

<p>D. Beginning Balance: Total Number of <u>Fifth Third Bancorp Series G Preferred ADS</u> shares held at the beginning of trading on October 21, 2008. (Must be Documented if B1 is >0. If none, write “0” (zero).)</p>	<p align="center">Series G Preferred ADS</p>
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<p>B1. Total Purchases/Acquisitions: Total Number of <u>Fifth Third Bancorp Series G Preferred ADS</u> shares that were purchased or acquired from <u>October 21, 2008</u>, through and including <u>April 21, 2009</u>. (Must be Documented if >0. <i>If none, write “0” (zero) and skip to Part IV.</i>)</p>	<p align="center">Series G Preferred ADS</p>
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B2. Individual Purchases/Acquisitions: Separately list each purchase or acquisition of **Fifth Third Bancorp Series G Preferred ADS** shares that were purchased or acquired from October 21, 2008, through and including January 22, 2009 (Must be Documented).

Date(s) of Purchase (Month/Day/Year - List Chronologically)	Account Number	Number of Common Stock Shares Purchased/Acquired	Purchase Price Per Share	Total Purchase Price (excluding taxes, commissions, and fees)

<p>C1. Total Sales/Transfers: Total Number of <u>Fifth Third Bancorp Series G Preferred ADS</u> shares that were sold from <u>October 21, 2008</u>, through and including <u>April 21, 2009</u>. (Must be Documented. If none, write “0” (zero).)</p>	<p align="center">Series G Preferred ADS</p>
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C2. Sales: Separately list each sale of **Fifth Third Bancorp Series G Preferred ADS** shares that were sold from October 21, 2008, through and including April 21, 2009 (Must be Documented).

Date(s) of Sale (Month/Day/Year – List Chronologically)	Account Number	Number of Common Stock Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)

<p>D. Ending Holdings: Number of <u>Fifth Third Bancorp Series G Preferred ADS</u> shares held at the close of trading on <u>April 21, 2009</u>. (Must be Documented. If none, write “0” (zero).)</p>	<p align="center">Series G Preferred ADS</p>
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IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX

PART IV - CERTIFICATION AND SIGNATURE

1. All information or documents you or your Authorized Representative have provided are true, accurate and complete, and in conformance with the requirements of the Plan of Distribution.
2. Third-Party Filers: In accordance with the Plan, Third-Party Filers must have legal authority to submit a Proof of Claim on behalf of a Claimant. The Fund Administrator GBP, in its discretion, may seek evidence of the Third-Party Filer's authority, including a certification or similar attestation from the Third-Party Filer and/or the Claimant.
3. You understand that the Fund Administrator GBP may require additional information in order to validate or pay your claim, and you understand that your claim may be rejected if you fail to provide the requested information.
4. If submitting a Proof of Claim on behalf of a corporation, partnership, or other business entity, you certify that you have the legal authority to act on its behalf and execute this Proof of Claim.
5. You agree that neither GBP nor any of its officers, directors, agents or employees, shall bear any liability for any damages arising from your Proof of Claim submission, including but not limited to allegations that your claim was wrongfully denied by GBP.
6. You declare under penalty of perjury under the laws of the United States of America that you are NOT:
 - a) The Respondents;
 - b) Present or former officers or directors of Respondents or any assigns, creditors, heirs, distributees, spouses, parents, siblings, dependent children or controlled entities of any of the foregoing Persons or entities;
 - c) Any employee or former employee of the Respondents or any of its affiliates who has been terminated for cause or has otherwise resigned, in connection with the conduct described in the Order;
 - d) Any Person who, as of April 4, 2023, has been the subject of any criminal charges related to the conduct described in the Order or any related Commission action;
 - e) Any firm, trust, corporation, officer, or other entity in which Respondents have or had a controlling interest;
 - f) The Fund Administrator, its employees, and those Persons assisting the Fund Administrator in its role as Fund Administrator; or
 - g) Any purchaser or assignee of another Person's right to obtain a recovery from the Fair Fund for value; provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by gift, inheritance or devise.
7. You have reviewed the information contained in your Proof of Claim—including all information entered into your Proof of Claim form, and all information contained in the supporting documentation you intend to submit with your Proof of Claim form—and you declare under penalty of perjury under the laws of the United States of America that you are informed and believe, based upon credible information available, including the source, context, and type of documents submitted in support of this claim, that your Proof of Claim and the information contained therein is true and correct.
8. You consent to the Fund Administrator GBP's and its agents' use of any information provided in the Proof of Claim, including, but not limited to, Social Security Number or Taxpayer ID, mailing address, email address, and phone number, to verify and process your claim. You understand that the information provided will be processed in the United States, protected by appropriate safeguards, stored for as long as is required to complete the claim verification process and during the pendency of any related judicial proceedings, and shared with agents of the Fund Administrator GBP for purposes of verifying and responding to the claim.
9. Disclosure regarding your use of personal data for residents of the European Economic Area ("EEA"): You understand that you may withdraw your consent at any time, solely related to processing of your personal data, unless there are other legal grounds for processing your personal data. Revocation, however, will not affect any personal data that the Fund Administrator and its agents have already

processed and transferred with your consent. You may exercise certain rights that may be afforded to you under applicable data protection law, including to access, rectify, erase, or restrict, or object to the processing of personal data, or make use of the right to data portability by contacting the Fund Administrator at support@fundadministratorGBP.com. You also can lodge a complaint with the supervisory authority in your country of residence at any time.

If you bought your shares individually:

Signature: _____

Date: _____

Signature: _____

Date: _____

If you bought your shares through a company, trust, or other entity:

Name of Entity: _____

By: _____

Signature: _____

Title: _____

Date: _____

REMINDER CHECKLIST

1. Please sign the Certification and Signature section of the Proof of Claim form.
2. If this Proof of Claim is being filed on behalf of Joint Claimants, then both must sign the Proof of Claim form.
3. Remember to attach supporting documentation.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Proof of Claim form and all documentation submitted for your records.
6. If you move, please send your new address to the Fund Administrator via mail or e-mail at the address below.
7. Do not use highlighter on the Proof of Claim form or supporting documentation.

THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN APRIL 4, 2023

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c/o GBP / PACE Claims

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