

MagnaChip Fair Fund
 c/o Strategic Claims Services
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 600 N. Jackson Street, Suite 205
 Media, PA 19063

Telephone: (866) 274-4004
 Email: info@strategicclaims.net
 Website: www.strategicclaims.net/secvmagnachip

CLAIM FORM FOR CLASS ACTION SECOND SETTLEMENT CLAIMANTS

NAME
ADDRESS
CITY, ST ZIP

You are listed in the Fund Administrator’s system as an Eligible Claimant who did not previously submit a claim form covering your transactions for the period from March 12, 2014 through February 12, 2015, inclusive, in connection with the *Thomas, et al. v. MagnaChip Semiconductor Corp., et al.*, Case No. 3:14-cv-01160-JST (N.D. Cal) and such transaction information is necessary to process your claim in the MagnaChip Fair Fund. You must submit this Claim Form in order to be eligible to recover from the MagnaChip Fair Fund.

WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW:
Name:
Address:
City, State, and Zip Code:
Foreign Providence and/or Foreign Postal Code (if applicable):
Foreign Country Name/Abbreviation (if applicable):
Email Address:

PART 1: PAYEE CONFIRMATION

ELIGIBLE INVESTOR

Name:

PAYEE INFORMATION *(to whom the Distribution Payment should be made if different from the Eligible Investor, e.g. heirs, successors in interest, trustees, and IRA custodians) **

Name:

* Please attach a separate page to list additional Payees. In order to receive payment on behalf of an Eligible Investor, a successor, heir, administrator, or other person authorized to act on an Eligible Investor’s behalf must provide proper supporting documentation validating their identity as the lawful recipient. At a minimum, a copy of a death certificate must be submitted to demonstrate that an Eligible Investor is deceased. Additionally, the representative must provide documentation including, but not limited to, a Last Will and Testament, estate records, applicable trust documents, power of attorney, Letters Testamentary, letters of administration, evidence of probate and/or any other testamentary provisions of the harmed investor to demonstrate their status as payee. Please provide plain copies of these documents as they will not be returned. Certified copies are not required.

PLEASE COMPLETE AND SIGN PAGE 9.

PART 2: SCHEDULE OF TRANSACTIONS IN MAGNACHIP COMMON STOCK

- A. Holdings at Start of Recovery Period: List all shares of MagnaChip Semiconductor Corp. held as of the close of trading on March 11, 2014.

Quantity of Shares Held

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- B. Purchases: List all purchases of MagnaChip common stock between March 12, 2014 and May 13, 2015³, inclusive. Be sure to attach documentation verifying your transactions.

<u>Trade Date (List Chronologically) (Month/Day/Year)</u>	<u>Number of Shares</u>	<u>Price Per Share</u>	<u>Total Purchase Price (Excluding Commissions)</u>

- C. Sales: List all sales of MagnaChip common stock between March 12, 2014 and May 13, 2015, inclusive. Be sure to attach documentation verifying your transactions.

<u>Trade Date (List Chronologically) (Month/Day/Year)</u>	<u>Number of Shares</u>	<u>Price Per Share</u>	<u>Total Sales Proceeds (Excluding Commissions)</u>

- D. Unsold Holdings: List the number of shares of MagnaChip common stock held as of the close of trading on May 13, 2015. Be sure to attach documentation verifying your holdings.

Quantity of Shares Held

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If you require additional space to list your transactions, use photocopies of this page and check this box.

³ The purchases provided here and previously during the Relevant Period (February 1, 2012 through and including February 12, 2015) are eligible; however, purchase and sale transactions from February 13, 2015 through and including May 13, 2015 are required in order to reconcile the Claim Form.

PART 3: PAYEE IDENTIFYING INFORMATION

* This section is required. The SSN or TIN provided must match the name of the Person or Entity receiving payment.

Social Security Number: _____	or	Taxpayer Identification Number: _____
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Tax Certifications

The interest component of your distribution payment is U.S. source income. To ensure that the Fair Fund can comply with its reporting and/or withholding obligations, please complete and provide the Fund Administrator of the Distribution Fund with one (1) of the following forms, as applicable:

- IRS Form W-9; **OR**
- IRS Form W-8BEN, W-8BEN-E, or other W-8 series form

If you are a U.S. person, as that term is defined below, then you should complete the Substitute IRS Form W-9 below.

If you are **not** a U.S. person, then you should **not** complete the Substitute IRS Form W-9 below. Instead, you should complete IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: <https://www.irs.gov/forms-instructions>.

The term “U.S. person” means:

- A citizen or resident of the United States,
- 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,
- 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,
- Any estate or trust other than a foreign estate or foreign trust (see Internal Revenue Code § 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
- Any other person that is not a foreign person.

If the Fair Fund does not receive a valid and complete Form W-9 or W-8 from you, the Fair Fund may be required under the Internal Revenue Code to make certain presumptions about you for purposes of tax reporting and, as applicable, withholding. The Fair Fund 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.

Substitute Form W-9
Taxpayer Identification Number Certification

Social Security Number / Tax 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
 - Limited Liability Company-choose tax classification:
 - C Corporation
 - S Corporation
 - Partnership
 - Other _____
- Check this box if you are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding.

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

For Individuals, First Name and Last Name. For Business and Trusts, Entity Name.
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Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; **and**
2. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); **and**
3. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Signature of U.S. Person: _____ Date: _____

PLEASE RETURN THE CLAIM FORM NO LATER THAN DECEMBER 6, 2023 TO:

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