

MILLER ENERGY SETTLEMENT CLAIM FORM

<u>TABLE OF CONTENTS</u>	<u>PAGE NO.</u>
GENERAL INFORMATION	1
2 OPTIONS TO SUBMIT YOUR CLAIM FORM	2
CLAIM FORM PART I - CLAIMANT INFORMATION	3
CLAIM FORM PART II - SCHEDULE OF TRANSACTIONS IN MILLER ENERGY STOCK	4 & 5
CLAIM FORM PART III - CERTIFICATION AND SIGNATURE	6
REMINDER CHECKLIST	7

GENERAL INFORMATION

THIS FUND IS TO COMPENSATE INVESTORS BASED ON LOSSES OF MILLER ENERGY COMMON STOCK PURCHASED/ACQUIRED ON MARCH 22, 2010, THROUGH APRIL 29, 2015.

To be eligible to share in the proceeds of the Miller Energy Fair Fund, your completed Claim form must be submitted to the Fund Administrator, electronically or sent by U.S. First Class mail (or equivalent common carrier) by **October 21, 2024**.

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

Please read the Miller Energy Fair Fund Plan Notice carefully before filling out the Claim form. The Plan Notice is available at Miller.FundAdministratorGBP.com/Documents.

If you have any questions about the Plan Notice or this Claim form packet, please contact the Fund Administrator, GBP, at Support@FundAdministratorGBP.com or 1-833-410-9090.

We strongly encourage electronic filing of your Claim form through the Fund's secure website: Miller.FundAdministratorGBP.com.

Electronically filing your claim through the secure website allows you to avoid mailing sensitive documents while also allowing you to easily track the receipt and review of your claim.

Detailed instructions for registering, submitting your claim and documentation, plus tracking your claim, are available at Miller.FundAdministratorGBP.com.

Institutional Filers: Claims filed by institutional filers **must be submitted using the electronic filing template**. After registering, the electronic filing requirements and templates for institutional filers to upload claims into our system can be found at Miller.FundAdministratorGBP.com.

2 OPTIONS TO SUBMIT A CLAIM FORM

#1. We strongly encourage electronic filing your Claim form through the Fund's secure website: Miller.FundAdministratorGBP.com.

- a. Register for an account at Miller.FundAdministratorGBP.com.
- b. Input your information in the electronic claim form.
- c. Upload support for the transactions, name changes, and any other relevant documentation.
- d. To be eligible to share in the proceeds of the Miller Energy Fair Fund, your completed Claim form must be submitted for Fund Administrator's review by **October 21, 2024**.

The benefits of secure electronic submission at Miller.FundAdministratorGBP.com include:

- Avoid mailing sensitive documents and save on postage.
- Have 24/7/365 ability to easily track the review of your claim.
- Quickly and easily resolve any data or documentation issues found during the Fund Administrator's review of your claim.

#2. Fill out and mail this packet's Claim form, plus supporting documentation:

- a. Fill out sections I, II, and III of this Claim form.
- b. Sign the Claim form Certification in Part III.
- c. Mail your populated Claim form pages, along with support for the transactions, name changes, and any other relevant documentation, via U.S. First Class mail (or equivalent common carrier), postmarked by **October 21, 2024**, to:

Miller Energy Fair Fund
c/o GBP / PACE, Fund Administrator
200 American Metro Blvd – Suite 129
Hamilton, NJ 08619

CLAIM FORM PART I - CLAIMANT IDENTIFICATION

Only use this paper form if *NOT* submitting your claim securely at Miller.FundAdministratorGBP.com.

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 in this packet or by email at Support@FundAdministratorGBP.com.

ALL OF THE BELOW FIELDS ARE REQUIRED

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			Daytime 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.)				

ALL OF THE ABOVE FIELDS ARE REQUIRED

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 MILLER ENERGY COMMON STOCK

<p>A. Beginning Balance: Total Number of <u>Miller Energy Common Stock</u> shares held at the beginning of trading on March 22, 2010. (Must be Documented if B1 is >0. If none, write “0” (zero).)</p>	Common Stock Shares
--	---------------------

<p>B1. Total Purchases/Acquisitions: Total Number of <u>Miller Energy Common Stock</u> shares that were purchased or acquired from <u>March 22, 2010</u>, through and including <u>July 28, 2015</u>. (Must be Documented if >0.)</p>	<p>Common Stock Shares</p>
---	----------------------------

IF B1 = 0, PLEASE DO NOT SUBMIT A CLAIM AS YOU ARE NOT ENTITLED TO A RECOVERY.
THIS FUND IS TO COMPENSATE INVESTORS BASED ON LOSSES OF MILLER ENERGY
COMMON STOCK PURCHASED/ACQUIRED ON MARCH 22, 2010, THROUGH APRIL 29, 2015.

[illegible]

C1. Total Sales/Transfers: Total Number of <u>Miller Energy Common Stock</u> shares that were sold from <u>March 22, 2010</u> , through and including <u>July 28, 2015</u> . (Must be Documented. If none, write "0" (zero).)	Common Stock Shares
--	---------------------

C2. Individual Sales/Transfers: Separately list each sale of <u>Miller Energy Common Stock</u> shares that were sold from <u>March 22, 2010</u> , through and including <u>July 28, 2015</u> (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)

D. Ending Holdings: Number of <u>Miller Energy Common Stock</u> shares held at the close of trading on <u>July 28, 2015</u> . (Must be Documented. If none, write "0" (zero).)	Common Stock Shares
---	---------------------

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY PAGE 4 & 5 AND CHECK THIS BOX <input type="checkbox"/>

PART III - 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 Claim Form 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 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 Claim Form 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 Claim Form.
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 Claim Form 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 October 21, 2024, 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 Claim Form—including all information entered into your Claim Form, and all information contained in the supporting documentation you intend to submit with your 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 Claim form 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 Claim form, 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.

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or print your name here)

(Capacity of person signing
e.g., Beneficial Purchaser or Acquirer of
Securities, Executor, or Administrator, etc.)

(Capacity of person signing
e.g., Beneficial Purchaser or Acquirer of
Securities, Executor, or Administrator, etc.)

REMINDER CHECKLIST

1. Ensure that section I, II, and III of this form are fully completed.
2. If this Claim form is filed on behalf of Joint Claimants, both must sign the Claim form.
3. Attach documentation to support transactions, name changes, and any other relevant documentation.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Claim form and all documentation submitted for your records.
6. If you move, send your new address to the Fund Administrator via mail or email at the address below.
7. Do not use highlighter on the Claim form or supporting documentation.

THIS CLAIM FORM MUST BE POSTMARKED NO LATER THAN October 21, 2024

**Miller Energy Fair Fund
c/o GBP / PACE, Fund Administrator
200 American Metro Blvd – Suite 129
Hamilton, NJ 08619**

1-833-410-9090

Support@FundAdministratorGBP.com

Miller.FundAdministratorGBP.com