

# PROOF OF CLAIM AND RELEASE FORM

**Deadline for Submission: October 9, 2023**

If you purchased or otherwise acquired defendant Clover Health Investments, Corp. f/k/a Social Capital Hedosophia Holdings Corp. III (“Clover”) securities, including common stock or warrants, during the period October 6, 2020 through February 3, 2021, both dates inclusive (the “Settlement Class Period”), you are a “Settlement Class Member” and you may be entitled to share in the settlement proceeds. (Excluded from the Class are Clover, the Individual Defendants, the officers and directors of the Company, at all relevant times, members of their immediate families and their legal representatives, heirs, successors or assigns and any entity in which Defendants have or had a controlling interest.)

If you are a Settlement Class Member, you must complete and submit this Claim and Release Form (“Claim Form”) in order to be eligible for any Settlement benefits. You can complete and submit the electronic version of this Claim Form **by 11:59 p.m. EST on October 9, 2023** at [www.CloverHealthSecuritiesLitigation.com](http://www.CloverHealthSecuritiesLitigation.com).

If you do not complete and submit an electronic version of this Claim Form, you must complete and sign this Claim Form and mail it by first class mail, **postmarked no later than October 9, 2023**, to JND Legal Administration (“JNDLA”), the Claims Administrator, at the following address:

Clover Health Securities Litigation  
c/o JND Legal Administration  
PO Box 91462  
Seattle, WA 98111

Your failure to submit your claim by **October 9, 2023** will subject your claim to rejection and preclude you from receiving any money in connection with the Settlement of this Action. Do not mail or deliver your claim to the Court or to any of the Parties or their counsel, as any such claim will be deemed not to have been submitted. Submit your claim only to the Claims Administrator. If you are a Settlement Class Member and do not submit a proper Claim Form, you will not share in the Settlement, but you nevertheless will be bound by the Judgment of the Court unless you exclude yourself.

Submission of a Claim Form does not assure that you will share in the proceeds of the Settlement.

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# CLAIMANT'S STATEMENT

1. I (we) purchased or otherwise acquired Clover securities, including common stock or warrants, during the Settlement Class Period. (Do not submit this Claim Form if you did not purchase or otherwise acquire Clover securities during the Settlement Class Period.)

2. By submitting this Claim Form, I (we) state that I (we) believe in good faith that I am (we are) a Settlement Class Member(s) as defined above and in the Notice of (I) Pendency of Class Action, Certification of Settlement Class, and Proposed Settlement of Class Action; (II) Settlement Hearing; and (III) Motion for an Award of Attorneys' Fees and Reimbursement of Litigation Expenses (the "Notice"), or am (are) acting for such person(s); that I am (we are) not a Defendant in the Action or anyone excluded from the Settlement Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund, as defined in the Notice; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Settlement Class Member [e.g., as an executor, administrator, trustee, or other representative], you must submit evidence of your current authority to act on behalf of that Settlement Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

3. I (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Claim Form. I (we) understand and agree that my (our) claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my (our) status as a Settlement Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Claim Form.

4. I (we) have set forth where requested below all relevant information with respect to each purchase or acquisition of Clover common stock during the Settlement Class Period, and each sale, if any, of such securities. I (we) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.

5. I (we) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase/acquisition and sale of Clover common stock listed below in support of my (our) claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)

6. I (we) understand that the information contained in this Claim Form is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Loss (as that term is defined in the Notice). In some cases, the Claims Administrator may condition

acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivative securities such as options.)

7. Upon the occurrence of the Court's approval of the Settlement, as detailed in the Notice, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a full and final release, relinquishment and discharge by me (us) and my (our) successors and assigns in any capacity (or, if I am (we are) submitting this Claim Form on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their successors and assigns in any capacity) of each of the "Releasees" of all "Released Claims," as those terms are defined in the Stipulation of Settlement, dated May 19, 2023 ("Stipulation"). I (we) further agree and acknowledge that I (we) and anyone claiming through or on my behalf (or, if I am (we are) submitting this Claim Form on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her, or them and anyone claiming through or on its, his, her, or their behalf), will be permanently and forever barred and enjoined from commencing, instituting, prosecuting or continuing to prosecute, in any capacity, any action or other proceeding in any court of law or equity, arbitration tribunal, administrative forum, or any other forum asserting the Released Claims against any of the Releasees.

8. Upon the occurrence of the Court's approval of the Settlement, as detailed in the Notice, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a covenant by me (us) and anyone claiming through or on my behalf (or, if I am (we are) submitting this Claim Form on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and anyone claiming through or on its, his, her, or their behalf) to permanently refrain from instituting, commencing or prosecuting in any capacity any Released Claims against any of the Releasees.

9. "Releasees" has the meaning laid out in the Stipulation.

10. "Released Claims" has the meaning laid out in the Stipulation.

11. "Unknown Claims" has the meaning laid out in the Stipulation.

12. I (we) acknowledge that I (we) may hereafter discover facts in addition to or different from those which I (we) now know or believe to be true with respect to the subject matter of the Released Claims, but expressly fully, finally and forever settle and release, any and all Released Claims, known or unknown, suspected or unsuspected, contingent or non-contingent, whether or not concealed or hidden, which now exist, or heretofore have existed, upon any theory of law or equity now existing or coming into existence in the future, including, but not limited to, conduct which is negligent, intentional, with or without malice, or a breach of fiduciary duty, law or rule, without regard to the subsequent discovery or existence of such different or additional facts.

13. I (We) acknowledge that the inclusion of "Unknown Claims" in the definition of claims released pursuant to the Stipulation was separately bargained for and is a material element of the Settlement of which this release is a part.

14. NOTICE REGARDING INSTITUTIONAL FILERS: Representatives with authority to file on behalf of (a) accounts of multiple Settlement Class Members and/or (b) institutional accounts with large numbers of transactions ("Representative Filers") must submit information regarding their

transactions in an electronic spreadsheet format. If you are a Representative Filer, you must contact the Claims Administrator at Clover Health Securities Litigation, c/o JND Legal Administration, PO Box 91462, Seattle, WA 98111 or visit their website at [www.CloverHealthSecuritiesLitigation.com](http://www.CloverHealthSecuritiesLitigation.com) to obtain the required file layout. Claims which are not submitted in electronic spreadsheet format and in accordance with the Claims Administrator's instructions may be subject to rejection. All Representative Filers MUST also submit a manually signed Claim Form, as well as proof of authority to file (see Item 2 of the Claimant's Statement), along with the electronic spreadsheet format. No claims submitted in electronic spreadsheet format will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

15. NOTICE REGARDING ONLINE FILING: Claimants who are not Representative Filers may submit their claims online using the electronic version of the Claim Form hosted at [www.CloverHealthSecuritiesLitigation.com](http://www.CloverHealthSecuritiesLitigation.com). If you are not acting as a Representative Filer, you do not need to contact the Claims Administrator prior to filing; you will receive an automated e-mail confirming receipt once your Claim Form has been submitted. If you are unsure if you should submit your claim as a Representative Filer, please contact the Claims Administrator at Clover Health Securities Litigation, c/o JND Legal Administration, PO Box 91462, Seattle, WA 98111, by phone on 1-877-381-0387, or via email at [info@CloverHealthSecuritiesLitigation.com](mailto:info@CloverHealthSecuritiesLitigation.com). If you are not a Representative Filer, but your claim contains a large number of transactions, the Claims Administrator may request that you also submit an electronic spreadsheet showing your transactions to accompany your Claim Form.

# I – CLAIMANT INFORMATION

Beneficial Owner's First Name

MI

Beneficial Owner's Last Name

Joint-Beneficial Owner's First Name

MI

Joint-Beneficial Owner's Last Name

Entity Name (If claimant is not an individual)

Representative or Custodian Name (If different from Beneficial Owner(s) listed above)

Street Address

City

State

ZIP

Foreign Province

Foreign Country

Day Phone

Evening Phone

Email Address

Account Number

Account Type

- Individual(s)     Corporation     UGMA Custodian     IRA     Partnership  
 Estate     Trust     Other (describe): \_\_\_\_\_

Social Security Number (for individuals):

OR

Taxpayer Identification Number (for estates, trusts, corporations, etc.):

# II – SCHEDULE OF TRANSACTIONS IN CLOVER COMMON STOCK

1. State the total number of shares of Clover Common Stock<sup>1</sup> owned at the close of the U.S. financial markets on October 5, 2020, long or short (*if none, enter “0”; if other than zero, must be documented*):

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2. Separately list each and every purchase of Clover Common Stock during the period from October 6, 2020 through May 4, 2021, both dates inclusive, and provide the following information (*must be documented*):

Trade Date (list chronologically) (MM/DD/YY)	Ticker Symbol (IPOC or CLOV)	Number of Shares Purchased	Price Per Share (excluding commissions, taxes, and other fees)	Total Purchase Price (excluding commissions, taxes, and other fees)	Was Stock Purchase due to Exercise of Warrant? (Y/N)
/ /			\$	\$	
/ /			\$	\$	
/ /			\$	\$	

<sup>1</sup> On January 7, 2021, the merger between Clover Health Investments, Corp. and Social Capital Hedosophia Holdings Corp. III (“SCH”) was consummated (the “Merger”). Prior to the Merger, SCH’s Class A ordinary shares, public warrants, and units were listed on the New York Stock Exchange (“NYSE”) under the ticker symbols “IPOC,” “IPOC.WS,” and “IPOC.U,” respectively. Each SCH warrant entitled the holder thereof to purchase one SCH Class A ordinary share at a price of \$11.50 per share. Each SCH unit (“SCH Unit”) consisted of one Class A ordinary share and one-third of one public warrant. As a result of and upon the effective time of the Merger: (1) each of the then issued and outstanding SCH Class A ordinary shares automatically converted, on a one-for-one basis, into a share of Clover Class A common stock; (2) each of the then issued and outstanding SCH Class B ordinary shares automatically converted, on a one-for-one basis, into a share of Clover Class A common stock; (3) each then issued and outstanding SCH warrant automatically converted into a Clover warrant; and (4) each of the then issued and outstanding SCH Units that had not been previously separated into the underlying SCH Class A ordinary shares and SCH warrants upon the request of the holder thereof, was cancelled, entitling the holder thereof to one share of Clover Class A common stock and one-third of one Clover warrant. The continuing company was renamed “Clover Health Investments, Corp.,” and the Company’s Class A stock and warrants were listed on the NASDAQ Stock Market (“Nasdaq”) under the ticker symbols “CLOV and “CLOVW,” respectively. The Company did not have publicly traded units followingly the closing of the Merger. Herein, SCH Class A ordinary shares (IPOC), SCH warrants (IPOC.WS), SCH Units (IPOC.U), Clover Class A stock (CLOV) and Clover warrants (CLOVW) are collectively referred to as “Clover Securities.” SCH Class A ordinary shares (IPOC) and Clover Class A stock (CLOV) are collectively referred to as “Clover Common Stock.” SCH warrants (IPOC.WS) and Clover warrants (CLOVW) are collectively referred to as “Clover Warrants.”

**3.** Separately list the number of shares of Clover Common Stock acquired during the period October 6, 2020 through January 7, 2021, both dates inclusive, as the result of the separation of SCH Units into the underlying component securities (*must be documented*):<sup>2</sup>

Date of Separation of SCH Units (MM/DD/YY)	Ticker Symbol of Shares Acquired (IPOC or CLOV)	Number of Shares Acquired
/ /		
/ /		

**4.** Separately list each and every sale of Clover Common Stock during the period from October 6, 2020 through May 4, 2021, both dates inclusive, and provide the following information (*must be documented*):

Trade Date (list chronologically) (MM/DD/YY)	Ticker Symbol (IPOC or CLOV)	Number of Shares Sold	Price Per Share (excluding commissions, taxes, and other fees)	Total Sale Price (excluding commissions, taxes, and other fees)
/ /			\$	\$
/ /			\$	\$
/ /			\$	\$

**5.** State the total number of shares of Clover Common Stock owned at the close of the U.S. financial markets on May 4, 2021, long or short (*if none, enter "0"; if other than zero, must be documented*):

<sup>2</sup> One SCH Unit consisted of one SCH Class A ordinary share and one-third of one SCH warrant. On January 7, 2021, each of the then issued and outstanding SCH Units that had not been previously separated into the underlying SCH Class A ordinary shares and SCH warrants upon the request of the holder thereof, was cancelled, entitling the holder thereof to one share of Clover Class A common stock and one-third of one Clover warrant.

# III – SCHEDULE OF TRANSACTIONS IN CLOVER WARRANTS

1. State the total number of Clover Warrants<sup>3</sup> owned at the close of the U.S. financial markets on October 5, 2020, long or short (*if none, enter “0”; if other than zero, must be documented*):

2. Separately list each and every purchase of Clover Warrants during the period from October 6, 2020 through May 4, 2021, both dates inclusive, and provide the following information (*must be documented*):

Trade Date (list chronologically) (MM/DD/YY)	Ticker Symbol (IPOC.WS or CLOWW)	Number of Warrants Purchased	Price Per Warrant (excluding commissions, taxes, and other fees)	Total Purchase Price (excluding commissions, taxes, and other fees)	Exercised? (Y/N)	Exercise Date (MM/DD/YY)
/ /			\$	\$		/ /
/ /			\$	\$		/ /
/ /			\$	\$		/ /

3. Separately list the number of Clover Warrants acquired during the period October 6, 2020 through January 7, 2021, both dates inclusive, as the result of the separation of SCH Units into the underlying component securities (*must be documented*):

Date of Separation of SCH Units (MM/DD/YY)	Ticker Symbol of Warrants Acquired (IPOC.WS or CLOV.W)	Number of Warrants Acquired
/ /		
/ /		

4. Separately list each and every sale of Clover Warrants during the period from October 6, 2020 through May 4, 2021, both dates inclusive, and provide the following information (*must be documented*):

Trade Date (list chronologically) (MM/DD/YY)	Ticker Symbol (IPOC.WS or CLOWW)	Number of Warrants Sold	Price Per Warrant (excluding commissions, taxes, and other fees)	Total Sale Price (excluding commissions, taxes, and other fees)
/ /			\$	\$
/ /			\$	\$
/ /			\$	\$

5. State the total number of Clover Warrants owned at the close of the U.S. financial markets on May 4, 2021, long or short (*if none, enter “0”; if other than zero, must be documented*):

<sup>3</sup> During the Settlement Class Period, the Clover Warrants were listed under the ticker symbols “IPOC.WS” and “CLOWW.”



# IV – SCHEDULE OF TRANSACTIONS IN SCH UNITS

1. State the total number of SCH Units<sup>4</sup> owned at the close of the U.S. financial markets on October 5, 2020, long or short (if none, enter “0”; if other than zero, must be documented):

2. Separately list each and every purchase of SCH Units during the period from October 6, 2020 through January 7, 2021, both dates inclusive, and provide the following information (must be documented):

Trade Date (list chronologically) (MM/DD/YY)	Number of Units Purchased	Price Per Unit (excluding commissions, taxes, and other fees)	Total Purchase Price (excluding commissions, taxes, and other fees)	Separated Into Component Securities? (Y/N)	Separation Date (MM/DD/YY)	Number of Shares Received Upon Separation	Number of Warrants Received Upon Separation
/ /		\$	\$		/ /		
/ /		\$	\$		/ /		
/ /		\$	\$		/ /		

3. Separately list each and every sale of SCH Units during the period from October 6, 2020 through January 7, 2021, both dates inclusive, and provide the following information (must be documented):

Trade Date (list chronologically) (MM/DD/YY)	Number of Units Sold	Price Per Unit (excluding commissions, taxes, and other fees)	Total Sale Price (excluding commissions, taxes, and other fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

4. State the total number of SCH Units owned at the close of the U.S. financial markets on January 7, 2021, long or short (if none, enter “0”; if other than zero, must be documented):

<sup>4</sup> During the Settlement Class Period, through January 7, 2021, the SCH Units were listed under the ticker symbol “IPOC.U.”

# V – TAXPAYER IDENTIFICATION NUMBER

The Claimant Information form above requests a Taxpayer Identification Number. For most individuals, this is your Social Security Number. The Internal Revenue Service (“I.R.S.”) requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

# VI – CERTIFICATION

I (We) submit this Claim Form under the terms of the Settlement described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Middle District of Tennessee, with respect to my (our) claim as a Settlement Class Member(s) and for purposes of enforcing the release and covenant not to sue set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in this Action. I (We) have not submitted any other claim covering the same purchases/acquisitions or sales of Clover common stock or warrants during the Settlement Class Period and know of no other Person having done so on my (our) behalf.

I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am (We are) exempt from backup withholding; or (b) I (We) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign):

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)

Check here if proof of authority to file is enclosed.  
(See Item 2 under Claimant’s Statement)

Date: \_\_\_\_\_

**THIS CLAIM FORM MUST BE SUBMITTED ELECTRONICALLY AT WWW.CLOVERHEALTHSECURITIESLITIGATION.COM BY 11:59 P.M. EST ON OCTOBER 9, 2023, OR MAILED TO THE CLAIMS ADMINISTRATOR AT THE BELOW ADDRESS, POSTMARKED NO LATER THAN OCTOBER 9, 2023:**

Clover Health Securities Litigation  
c/o JND Legal Administration  
PO Box 91462  
Seattle, WA 98111  
Email: [info@CloverHealthSecuritiesLitigation.com](mailto:info@CloverHealthSecuritiesLitigation.com)

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by **October 9, 2023** and if a postmark is indicated on the envelope and it is mailed first class and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

The Claims Administrator will acknowledge receipt of your Claim Form by mail or email within 45 days of receipt. Your claim is not deemed filed until you receive such an acknowledgement. If you do not receive an acknowledgement within 45 days, please contact the Claims Administrator by telephone toll free at 1-877-381-0387 or by email at [info@CloverHealthSecuritiesLitigation.com](mailto:info@CloverHealthSecuritiesLitigation.com).

You should be aware that it will take a significant amount of time to process fully all of the Claim Forms and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Claim Form. Please notify the Claims Administrator of any change of address.

## REMINDER CHECKLIST



1. Please be sure to sign this Claim Form on page 10. If this Claim Form is submitted on behalf of joint claimants, then each claimant must sign.

2. Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.



3. Do NOT use highlighter on the Claim Form or any supporting documents.

4. If you move or change your address, telephone number, or email address, please submit the new information to the Claims Administrator, as well as any other information that will assist us in contacting you. NOTE: Failure to submit updated information to the Claims Administrator may result in the Claims Administrator's inability to contact you regarding issues with your claim or deliver payment to you.

