PROOF OF CLAIM AND RELEASE FORM

Deadline for Submission: March 4, 2019

I. GENERAL INSTRUCTIONS

IF YOU PURCHASED OR OTHERWISE ACQUIRED THE COMMON STOCK OF STATE STREET CORPORATION ("STATE STREET") DURING THE PERIOD FROM FEBRUARY 27, 2012 THROUGH JANUARY 18, 2017, 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 DEFENDANTS, MEMBERS OF THEIR IMMEDIATE FAMILIES, THE SUBSIDIARIES AND AFFILIATES OF STATE STREET (PROVIDED, HOWEVER, THAT NO ERISA PLAN FOR THE BENEFIT OF ANY EMPLOYEES OF STATE STREET SHALL BE EXCLUDED); ANY PERSON WHO IS A PARTNER, CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER, PRINCIPAL ACCOUNTING OFFICER (OR IF THERE IS NO SUCH ACCOUNTING OFFICER, THE CONTROLLER), DIRECTOR, MEMBERS, OR CONTROLLING PERSON OF STATE STREET; ANY ENTITY IN WHICH EXCLUDED PARTY HAS A CONTROLLING INTEREST; AND THE REPRESENTATIVES, HEIRS, SUCCESSORS AND ASSIGNS OF ANY SUCH EXCLUDED PARTY; PROVIDED, HOWEVER, THAT ANY INVESTMENT VEHICLE SHALL NOT BE EXCLUDED FROM THE SETTLEMENT CLASS. ALSO EXCLUDED FROM THE SETTLEMENT CLASS ARE THOSE PERSONS WHO FILE VALID AND TIMELY REQUESTS FOR EXCLUSION IN ACCORDANCE WITH THE COURT'S PRELIMINARY APPROVAL OF SETTLEMENT.)

IF YOU ARE A SETTLEMENT CLASS MEMBER, IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE FORM ("PROOF OF CLAIM") AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN MARCH 4, 2019 TO STRATEGIC CLAIMS SERVICES, THE CLAIMS ADMINISTRATOR, AT THE FOLLOWING ADDRESS:

State Street Corporation Securities Litigation c/o Strategic Claims Services P.O. Box 230 Media, PA 19063 Tel.: 844-333-6681 Fax: 610-565-7985

info@strategicclaims.net

YOUR FAILURE TO SUBMIT YOUR CLAIM BY MARCH 4, 2019 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 PROOF OF CLAIM AND RELEASE FORM, YOU WILL NOT SHARE IN THE SETTLEMENT PROCEEDS, BUT YOU NEVERTHELESS WILL BE BOUND BY THE ORDER AND FINAL JUDGMENT OF THE COURT UNLESS YOU EXCLUDE YOURSELF.

SUBMISSION OF A PROOF OF CLAIM DOES NOT ASSURE THAT YOU WILL SHARE IN THE PROCEEDS OF THE SETTLEMENT.

II. CLAIMANT INFORMATION

Name				
Address				
City		State	ZIP	
Foreign Province		Foreign Country		
Day Phone		Evening Phone		
Email				
Social Security Number (for olimitividuals):		Taxpayer Identification Number (for estates, trusts, corporations, etc.):		
Please supply all required details of yo confirmations, brokerage statements refl transactions in State Street common stord documentation from your broker, you may any federal tax return that reflect purchases February 27, 2012 through and including delay verification of your claim or result in If you are acting in a representative capacity administrator, trustee, or other representative	our tra lecting ck sho also a s, acqu April rejecti	insaction(s) in your purchase ould be attache attach any docu issitions or sales 18, 2017. Failution of your claim whalf of a Settler	State Street common stock. Broken les, or other documentation of your d to your claim. If you do not have ments or schedules that you attached to sof State Street common stock between re to provide this documentation could m.	
administrator, trustee, or other representative on behalf of that Settlement Class Mertestamentary, letters of administration, or a	mber.	Such evidence	would include, for example, letters	
Beginning Holdings: A. State the total number of shares of State the close of trading on February 26, 2 none, write "zero" or "0."				

Purchases/Acquisitions:

B. Separately list each and every purchase or acquisition of State Street common stock between February 27, 2012 and April 18, 2017, both dates inclusive, and provide the following information (*must be documented*):

			Total Cost
Trade Date			(Excluding
(List Chronologically)	Number of Shares		Commissions,
(Month/Day/Year)	Purchased/Acquired	Price per Share	Taxes, and Fees)
	_		

Sales:

C. Separately list each and every sale of State Street common stock between February 27, 2012 and April 18, 2017, both dates inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Price per Share	Amount Received (Excluding Commissions, Taxes, and Fees)

D. State the total number of shares of State Street common stock held at the close of trading on April 18, 2017 (*must be documented*).

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.

V. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGEMENTS

I (We), __________ submit this Proof of Claim under the terms of the Settlement Stipulation and described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the District of Massachusetts with respect to my (our) claim as a Settlement Class Member(s) (as defined herein) and for purposes of enforcing the release 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 the Action, including the releases set forth therein. I (We) agree to furnish additional information to Lead Counsel or the Claims Administrator to support this claim if required to do so. I (We) have not submitted any other claim covering the same purchases, acquisitions or sales of State Street common stock during the Settlement Class Period and know of no other Person having done so on my (our) behalf.

VI. RELEASE

- 1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, relinquish and discharge with prejudice all of the Released Claims against each and all of the Released Parties (as these terms are defined in the Settlement Stipulation).
- 2. I (We) hereby acknowledge that I (we) will not be entitled to bring, or receive recovery in, any other action against any of the Released Parties based on or arising out of the Released Claims (as these terms are defined in the Settlement Stipulation).
- 3. This Release shall be of no force or effect unless and until the Court approves the Settlement and it becomes effective on the Effective Date.
- 4. I (We) hereby warrant and represent that I (we) am (are) a member of the Settlement Class and I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

VII. CERTIFICATION

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 AND I (WE) AGREE TO BE BOUND BY ALL ORDERS ENTERED IN THE ACTION.

	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 III, above)
Date:	

The Claims Administrator will acknowledge receipt of your Proof of Claim and Release 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 844-333-6681 or by email at info@strategicclaims.net.

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

REMINDER CHECKLIST

- O Please be sure to sign this Proof of Claim and Release Form on page 14. If this Proof of Claim and Release Form is submitted on behalf of joint claimants, then both claimants must sign.
- o Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- o Do NOT use highlighter on the Proof of Claim and Release Form or any supporting documents.
- o 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 delivery payment to you.