

Petrobras Fair Fund
c/o Epiq
Fund Administrator
P.O. Box 10573
Dublin, OH 43017



BRA

**Must be received
No Later Than JANUARY 10, 2022**

**www.PetrobrasFairFund.com
(800) 665-0329**

PROOF OF CLAIM FORM

TO BE ELIGIBLE TO SHARE IN THE PROCEEDS OF THE PETROBRAS FAIR FUND, YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM TO THE FUND ADMINISTRATOR BY FIRST CLASS MAIL, TO THE ADDRESS SET FORTH AT THE TOP OF THIS PAGE, SO THAT IT IS RECEIVED NO LATER THAN **JANUARY 10, 2022**.

IF YOU FAIL TO SUBMIT A TIMELY, PROPERLY ADDRESSED AND COMPLETED PROOF OF CLAIM FORM, YOUR CLAIM MAY BE REJECTED AND YOU MAY BE PRECLUDED FROM RECEIVING ANY PROCEEDS FROM THE FAIR FUND.

SUBMIT YOUR PROOF OF CLAIM FORM ONLY TO THE FUND ADMINISTRATOR AT THE ADDRESS ABOVE.

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Important - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0



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.

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address:

City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country (if Other than U.S.):

Account Number:	Last 4 digits of Claimant SSN/TIN:
<input type="text"/>	<input type="text"/>

Name of the Person you would like the Fund Administrator to Contact Regarding This Claim
(if different from the Claimant Name(s) listed above):

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone Number:	Evening Telephone Number:
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address (Email address is not required, but if you provide it you authorize the Fund Administrator to use it in providing you with information relevant to this claim.):

NOTICE REGARDING ELECTRONIC FILES: Certain Investors with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, visit the Petrobras Fair Fund website at www.PetrobrasFairFund.com or e-mail the Fund Administrator at Eclaim@epiqglobal.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Fund Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive an email within 10 days of your submission, you should contact the electronic filing department at Eclaim@epiqglobal.com to inquire about your file and confirm it was received and acceptable.



PART II - SCHEDULE OF TRANSACTIONS IN PETROBRAS COMMON ADS

A. BEGINNING HOLDINGS: State the total number of Petrobras Common ADS that were purchased/acquired and were held at the beginning of trading on March 1, 2010. If none write "zero" or "0". (Must be documented.)

Common ADS									

B. PURCHASES/ACQUISITIONS: separately list each PURCHASE or ACQUISITION of Petrobras **Common ADS** that were purchased or acquired from March 1, 2010, through and including April 22, 2015. (Must be documented.)

Date(s) of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of ADS Purchased/ Acquired	Purchase/Acquisition Price Per ADS	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>

C. PURCHASES/ACQUISITIONS: Number of Petrobras **Common ADS** that were purchased or acquired from April 23, 2015 to July 21, 2015. (Must be documented.)

Common ADS									

D. SALES: Separately list each and every sale of Petrobras Common ADS that were sold during the period of March 1, 2010 to July 21, 2015. (Must be documented.)

Date(s) of Sale (List Chronologically) (Month/Day/Year)	Number of ADS Sold	Sale Price Per ADS	Total Sale Price (excluding taxes, commissions, and fees)
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>

E. ENDING HOLDINGS: Number of Petrobras Common ADS held at the close of trading on July 21, 2015. If none, write "zero" or "0". (Must be documented.)

Common ADS									

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE
AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED



PART III - SCHEDULE OF TRANSACTIONS IN PETROBRAS PREFERRED ADS

A. BEGINNING HOLDINGS: State the total number of Petrobras Preferred ADS that were purchased/acquired and were held at the beginning of trading on March 1, 2010. If none write "zero" or "0". (Must be documented.)

Preferred ADS									

B. PURCHASES/ACQUISITIONS: separately list each PURCHASE or ACQUISITION of Petrobras Preferred ADS that were purchased or acquired from March 1, 2010, through and including April 22, 2015. (Must be documented.)

Date(s) of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of ADS Purchased/ Acquired	Purchase/Acquisition Price Per ADS	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>

C. PURCHASES/ACQUISITIONS: Number of Petrobras Preferred ADS that were purchased or acquired from April 23, 2015 to July 21, 2015. (Must be documented.)

Preferred ADS									

D. SALES: Separately list each and every sale of Petrobras Preferred ADS that were sold during the period of March 1, 2010 to July 21, 2015. (Must be documented.)

Date(s) of Sale (List Chronologically) (Month/Day/Year)	Number of ADS Sold	Sale Price Per ADS	Total Sale Price (excluding taxes, commissions, and fees)
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>

E. ENDING HOLDINGS: Number of Petrobras Preferred ADS held at the close of trading on July 21, 2015. If none, write "zero" or "0". (Must be documented.)

Preferred ADS									

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE
AND CHECK THIS BOX

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PART IV – CERTIFICATION AND SIGNATURE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am (we are) not:
 - a. A Respondent;
 - b. Any person who was an officer or director of Petrobras during the Relevant Period, including, but not limited to, the Corrupt Executives identified by the SEC and the Individual Defendants as defined in the Class Action;
 - c. Any firm, trust, corporation, officer, or other entity in which Respondent has or had a controlling interest;
 - d. Advisers, agents, affiliates, nominees, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities of any Excluded Party; and/or
 - e. Petrobras's directors' and officers' liability insurance carriers, and/or any affiliates or subsidiaries thereof.
2. If signing this Proof of Claim Form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Proof of Claim Form;
3. I agree to submit to the jurisdiction of the Securities and Exchange Commission for all purposes relating to this claim;
4. I understand that the Fund Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Fund Administrator for those purposes. If necessary, I authorize the Fund Administrator to obtain and review any and all trading records relevant to my transactions in Petrobras Common and Preferred ADS from any brokerage firm or other entity that has possession of such records, and further consent to the release of such records by such brokerage firm or other entity to the Fund Administrator;
5. I agree that under no circumstances shall the Fund Administrator or its agents incur any liability to me or to any other person if it makes a distribution in accordance with the list of all Eligible Claimants and their Recognized Claims as approved by the SEC and that I am enjoined from taking any action in contravention of this provision;
6. I agree that upon receipt and acceptance by me of a distribution from the Petrobras Fair Fund, I shall be deemed to have released all claims that I may have against the Fund Administrator and its agents and shall be deemed enjoined from prosecuting or asserting any such claims; and
7. If I am a custodian, trustee, or professional investing on behalf of and representing more than one potentially eligible claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management.



PART IV – CERTIFICATION AND SIGNATURE (CONTINUED)

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim Form by the undersigned is true and correct and that the documents submitted herewith are true and genuine.

Executed this _____ day of _____ in _____.
(Month) (Year) (City, State, Country)

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

Signature of Claimant

Print Name of Claimant

Date: - -
MM DD YYYY

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

Date: - -
MM DD YYYY

If Claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of Person Completing Form

Print Name of Person Completing Form

Date: - -
MM DD YYYY

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, trustee, custodian, etc.



PART V - REMINDER CHECKLIST

1. Please sign the Signature Section of the Proof of Claim form.
2. If this Proof of Claim and Release form is being made on behalf of Joint Claimants, then both must sign.
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 at the address below.
7. Do not use highlighter on the Proof of Claim form or supporting documentation.

***THIS PROOF OF CLAIM MUST BE RECEIVED NO LATER THAN
JANUARY 10, 2022 AND MUST BE MAILED TO:***

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