

MUST BE POSTMARKED
(IF MAILED) OR
RECEIVED
(IF SUBMITTED ONLINE)
NO LATER THAN
JUNE 22, 2023

Orrstown Securities Settlement
c/o Kroll Settlement Administration
P.O. Box 5324
New York, NY 10150-5324
833-709-0094

www.OrrstownSecuritiesSettlement.com

Email: info@OrrstownSecuritiesSettlement.com

PROOF OF CLAIM AND RELEASE FORM

Please Type or Print - Use Blue or Black Ink Only

For Office Use
Only

To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Action, you must be a Settlement Class Member and complete and sign this Proof of Claim and Release Form ("Claim Form") and either submit it online at www.OrrstownSecuritiesSettlement.com or mail it by First-Class Mail to the above address. Your Claim Form must be **submitted online or postmarked no later than June 22, 2023**.

Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to recover any money in connection with the Settlement.

Do not mail or deliver your Claim Form to the Court, the Settling Parties or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above.

PART I – CLAIMANT INFORMATION

(Please read General Instructions below before completing this page.)

The Claims Administrator will use this information for all communications regarding this Claim Form. Please also note that, if eligible for payment, the check will be issued according to the information listed below. If this information changes, you **MUST** notify the Claims Administrator in writing at the address above.

Beneficial Owner (Enter name exactly as you would like it to appear on a payment.)

Beneficial Owner (continued)

Beneficial Owner (continued)

Street Address:

Street Address:

City: State: Zip Code: -

Foreign Province: Foreign Postal Code:

Foreign Country:

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Area Code Telephone No. (day)

Area Code Telephone No. (evening)

Account Number¹ (account(s) through which the securities were traded):

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

Last Four Digits of
Social Security Number

OR

Last Four Digits of Taxpayer Identification
Number (for estates, corporations, etc.)

¹ If the account number is unknown, you may leave this blank. If the same legal entity traded through more than one account you may write "multiple." Please see paragraph 12 of the General Instructions for more information on when to file separate Claim Forms for multiple accounts, i.e., when you are filing on behalf of distinct legal entities.

PART II – GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of Pendency of Class Action and Proposed Settlement, Motion for Attorneys' Fees, and Settlement Hearing (the "Notice") that accompanies this Claim Form, including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Settlement Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Settlement Notice, including the terms of the releases described therein and provided for herein.

2. This Claim Form is directed to all persons who and entities that purchased or otherwise acquired the common stock of Orrstown Financial Services, Inc. from March 15, 2010 through April 26, 2012, inclusive (the "Class Period"). All persons who and entities that are members of the Class are referred to as "Class Members."

3. Excluded from the Class are (a) Defendants and their families, officers, affiliates, entities in which they have or had a controlling interest, and the legal representatives, heirs, successors-in-interest or assigns of any such excluded party; and, (b) Any Persons who timely and validly request and submit exclusion from the Class, pursuant to the requirements described in Section 9 in the Notice, that is accepted by the Court.

4. If you are not a Class Member do not submit a Claim Form. **YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A CLASS MEMBER. THUS, IF YOU ARE EXCLUDED FROM THE SETTLEMENT CLASS (AS SET FORTH IN PARAGRAPH 3 ABOVE), ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.**

5. If you are a Class Member, you will be bound by the terms of any judgments or orders entered in the Action **WHETHER OR NOT YOU SUBMIT A CLAIM FORM**, unless you submit a valid and timely request for exclusion from the Class. Thus, if you are a Class Member, the Judgment will release, and you will be barred and enjoined from commencing, instituting, prosecuting, or continuing to prosecute any action or other proceeding in any court of law or equity, arbitration tribunal, or administrative forum, asserting each and every Released Plaintiff's Claim (including Unknown Claims) against Defendants' Released Parties.

6. You are eligible to participate in the distribution of the Net Settlement Fund only if you are a member of the Class and if you complete and return this form as specified below. If you fail to submit a timely, properly addressed, and completed Claim Form with the required documentation, your claim may be rejected and you may be precluded from receiving any distribution from the Net Settlement Fund.

7. Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Settlement Notice, if it is approved by the Court, or by such other plan of allocation approved by the Court.

8. Any Class Member who files a Claim Form shall reasonably cooperate with the Claims Administrator, including by promptly responding to any inquiry made by the Claims Administrator.

9. Use the Schedule of Transactions in Section III of this Claim Form to supply all required details of your transaction(s) (including free transfers) in and holdings of Orrstown Stock. On the Schedule of Transactions, please provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of Orrstown Stock, whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested time periods may result in the rejection of your claim.

10. Please note: Only Orrstown Common Stock purchased or acquired during the Class Period is eligible under the Settlement. However, because the PSLRA provides for a "90-day look back period" (described in the Plan of Allocation set forth in the Notice), you must provide documentation related to your purchases and sales of Orrstown Stock during the period from April 27, 2012 through and including July 26, 2012 (*i.e.*, the 90-day look back period) in order for the Claims Administrator to calculate your Recognized Loss amount under the Plan of Allocation and process your claim.

11. You are required to submit genuine and adequate documentation for all of your transactions and holdings in Orrstown Stock that are set forth in the Schedule of Transactions in this Claim Form. Documentation may consist of copies of broker confirmation slips, broker account statements, or an authorized statement from the broker containing the transactional and holding information found in a broker confirmation slip and or account statement. The Parties and the Claims Administrator do not independently have information about your investments in Orrstown Stock. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.**

12. Separate Claim Forms should be submitted for each separate legal entity (*e.g.*, a claim from joint owners should not include separate transactions through an account that is in the name of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made through an account in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity, including all transactions made by that entity on one Claim Form, no matter how many separate accounts that entity has (*e.g.*, a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).

13. All joint beneficial owners must sign this Claim Form. If you purchased or otherwise acquired Orrstown Stock during the Class Period and held the Orrstown Stock in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to participate in the Settlement. If, however, you purchased or otherwise acquired Orrstown Stock during the Class Period and the Orrstown Stock was registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these securities, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form.

14. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, Social Security Number (or Taxpayer Identification Number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the Orrstown Stock; and,
- (c) furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade stock in another person's accounts.)

15. By submitting a signed Claim Form, you will be swearing that you:

- (a) own(ed) the Orrstown Stock you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

16. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after the completion of all claims processing. This could take substantial time. Please be patient.

17. PLEASE NOTE: As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her or its *pro rata share* of the Net Settlement Fund. **If the prorated payment to any Authorized Claimant, however, calculates to less than \$10.00, it will not be included in the calculation and no distribution will be made to that Authorized Claimant.**

18. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

19. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Settlement Notice, you may contact the Claims Administrator, Kroll Settlement Administration, LLC by emailing info@OrrstownSecuritiesSettlement.com, by toll-free telephone at 833-709-0094, or by writing to Orrstown Securities Settlement, c/o Kroll Settlement Administration, P.O. Box 5324, New York, NY 10150-5324. You may also download the documents from the Settlement website, www.OrrstownSecuritiesSettlement.com.

20. NOTICE REGARDING ELECTRONIC FILES: Certain Claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the Settlement website at www.OrrstownSecuritiesSettlement.com or you may email the Claims Administrator at info@OrrstownSecuritiesSettlement.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 Claims Administrator issues an email to that effect 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 such an email within 10 days of your submission, you should contact the electronic filing department at info@OrrstownSecuritiesSettlement.com to inquire about your file and confirm it was received and acceptable.

IMPORTANT: PLEASE NOTE

FOR MAILED CLAIMS, YOU WILL RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 833-709-0094.

PART III – SCHEDULE OF TRANSACTIONS IN ORRSTOWN COMMON STOCK

Complete this Part III if and only if you purchased/acquired common stock of Orrstown Financial Services, Inc. (“Orrstown Stock”) from March 15, 2010 through April 26, 2012, inclusive (“Class Period”). Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions, Paragraph 11, above.

1. BEGINNING HOLDINGS – State the total number of shares of Orrstown Stock held as of the opening of trading on March 15, 2010. (Must be documented.) If none, write “zero” or “0.” _____

2. PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD – Separately list each and every purchase/acquisition (including free receipts) of Orrstown Stock from after the opening of trading on March 15, 2010, through and including the close of trading on April 26, 2012. (Must be documented.)

Date of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase/ Acquisition Price Per Share (check box if result of a stock option)	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)
/ /		\$ <input type="checkbox"/>	\$
/ /		\$ <input type="checkbox"/>	\$
/ /		\$ <input type="checkbox"/>	\$
/ /		\$ <input type="checkbox"/>	\$

3. PURCHASES/ACQUISITIONS DURING THE 90-DAY LOOKBACK PERIOD – State the total number of shares of Orrstown Stock purchased/acquired (including free receipts) from after the opening of trading on April 27, 2012, through and including the close of trading on July 26, 2012. If none, write “zero” or “0.”² _____

4. SALES DURING THE CLASS PERIOD AND THROUGH JULY 26, 2012 – Separately list each and every sale/disposition (including free deliveries) of Orrstown Stock from after the opening of trading on March 15, 2010, through and including the close of trading on July 26, 2012, the end of the 90-Day Lookback Period. (Must be documented.)

**IF NONE,
CHECK HERE**
☐

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share (check box if result of a stock option)	Total Sale Price (excluding taxes, commissions, and fees)
/ /		\$ <input type="checkbox"/>	\$
/ /		\$ <input type="checkbox"/>	\$
/ /		\$ <input type="checkbox"/>	\$

5. ENDING HOLDINGS – State the total number of shares of Orrstown Common Stock held as of the close of trading on July 26, 2012. (Must be documented.) If none, write “zero” or “0.” _____

**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

² Please note: Information requested with respect to your purchases/acquisitions of Orrstown Stock from after the opening of trading on April 27, 2012, through and including July 26, 2012, is needed in order to balance your claim; but purchases/acquisitions during this period are **not** eligible under the Settlement and will not be used for purposes of calculating your Recognized Loss pursuant to the Plan of Allocation.

PART IV – RELEASE OF CLAIMS AND SIGNATURE

**YOU MUST ALSO READ THE RELEASE AND CERTIFICATION
BELOW AND SIGN ON PAGES 5-6 OF THIS CLAIM FORM.**

I (we) hereby acknowledge that as of the Effective Date of the Settlement, pursuant to the terms set forth in the Stipulation, I (we), on behalf of myself (ourselves) and my (our) respective current and former parents, affiliates, subsidiaries, successors, predecessors, assigns, assignees, officers, directors, heirs, trusts, trustees, executors, estates, administrators, beneficiaries, agents, insurers, reinsurers, and advisors, in their capacities as such and who has the right, ability, standing, or capacity to assert or maintain any of the Released Claims, shall be deemed to have, and by operation of law and of the Judgment shall have, fully, finally, and forever compromised, settled, released, resolved, relinquished, waived and discharged each and every Released Plaintiff's Claim (as defined in the Stipulation and in the Notice) against Defendants' Released Parties (as defined in the Stipulation and in the Settlement Notice), and shall forever be barred and enjoined from commencing, instituting, prosecuting, or maintaining any and all of the Released Claims against any of the Defendants' Released Parties in any jurisdiction.

CERTIFICATION

By signing and submitting this Claim Form, the Claimant(s) or the person(s) who represent(s) the Claimant(s) certifies (certify), as follows:

1. that I (we) have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;
2. that the Claimant(s) is a (are) Class Member(s), as defined in the Notice and in paragraph 2 on page 2 of this Claim Form, and is (are) not excluded from the Class by definition or pursuant to request as set forth in the Notice and in paragraph 3 on page 2 of this Claim Form;
3. that I (we) own(ed) the Orrstown Stock identified in the Claim Form and have not assigned the claim against the Defendants' Released Parties to another, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
4. that the Claimant(s) has (have) not submitted any other claim covering the same purchases/acquisitions of Orrstown Stock and knows (know) of no other person having done so on the Claimant's (Claimants') behalf;
5. that the Claimant(s) submit(s) to the jurisdiction of the Court with respect to Claimant's (Claimants') claim and for purposes of enforcing the releases identified above and in the Notice;
6. that I (we) agree to furnish such additional information with respect to this Claim Form as Lead Counsel, the Claims Administrator or the Court may require;
7. that the Claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the Court's summary disposition of the determination of the validity and amount of the claim made by means of this Claim Form and knowingly and intentionally waive(s) any right of appeal to any court including the U.S. Court of Appeals for the Third Circuit;
8. that I (we) acknowledge that the Claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and
9. that the Claimant(s) is (are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the Claimant(s) is (are) exempt from backup withholding or (b) the Claimant(s) has (have) not been notified by the IRS that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the Claimant(s) that he/she/it is no longer subject to backup withholding. **If the IRS has notified the Claimant(s) that he, she, or it is subject to backup withholding, please strike out the language in the preceding sentence indicating that the claim is not subject to backup withholding in the certification above.**

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Claimant

_____/_____/_____
Date (mm/dd/yyyy)

Print your name here

Signature of Joint Claimant, if any

_____/_____/_____
Date (mm/dd/yyyy)

Print your name here

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

Signature of person signing on behalf of Claimant

Date

Print your name here

CAPACITY OF PERSON SIGNING ON BEHALF OF CLAIMANT, IF OTHER THAN AN INDIVIDUAL, *E.G.*, EXECUTOR, PRESIDENT, TRUSTEE, CUSTODIAN, *ETC.* (MUST PROVIDE EVIDENCE OF AUTHORITY TO ACT ON BEHALF OF CLAIMANT – SEE PARAGRAPH 14 ON PAGE 3 OF THIS CLAIM FORM.)

REMINDER CHECKLIST:

1. Please sign the above release and certification. If this Claim Form is being made on behalf of joint Claimants, then both must sign.
2. Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.
3. Please do not highlight any portion of the Claim Form or any supporting documents.
4. Do not send original security certificates or documentation. These items cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Claim Form and documentation for your own records.
6. The Claims Administrator will acknowledge receipt of your mailed Claim Form by mail, within 60 days. **If you do not receive an acknowledgement postcard within 60 days, please email the Claims Administrator at info@OrrstownSecuritiesSettlement.com, or call toll-free at 833-709-0094.**
7. If any claimant whose claim has been rejected in whole or in part wishes to contest such rejection, the claimant must, within twenty (20) calendar days after the date of mailing of the notice of rejection, serve upon the Claims Administrator a notice and statement of reasons indicating the claimant's ground for contesting the rejection along with any supporting documentation. If an issue concerning a claim cannot be otherwise resolved, the claimant may thereafter present the request for review to the Court.
8. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
9. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below, by email at info@OrrstownSecuritiesSettlement.com, or by toll-free telephone call at 833-709-0094, or visit www.OrrstownSecuritiesSettlement.com. Please DO NOT call the Court, Defendants, or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST CLASS MAIL, **POSTMARKED NO LATER THAN JUNE 22, 2023**, ADDRESSED AS FOLLOWS:

Orrstown Securities Settlement
c/o Kroll Settlement Administration
P.O. Box 5324
New York, NY 10150-5324

OR SUBMITTED ONLINE AT WWW.ORRSTOWNSECURITIESSETTLEMENT.COM ON OR BEFORE JUNE 22, 2023.

A Claim Form received by the Claims Administrator shall be deemed to have been submitted (when posted) if a postmark date on or before June 22, 2023 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.

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Claims Administrator of any change of address.

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c/o Kroll Settlement Administration
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New York, NY 10150-5324