

EXELON FAIR FUND CLAIM FORM

UNITED STATES OF AMERICA
Before the
SECURITIES AND EXCHANGE COMMISSION

In the Matter of Exelon Corporation and Commonwealth Edison Company, Respondents.
Administrative Proceeding File No. 3-21761

Exelon Fair Fund
Fund Administrator
P.O. Box 25199
Santa Ana, CA 92799

866-675-2445
info@ExelonFairFund.com
www.ExelonFairFund.com

THIS CLAIM FORM APPLIES TO PERSONS AND ENTITIES WHO PURCHASED OR ACQUIRED EXELON COMMON STOCK FROM DECEMBER 1, 2016, THROUGH OCTOBER 30, 2019, INCLUSIVE.

GENERAL INSTRUCTIONS

THE CLAIMS BAR DATE IS JULY 6, 2025.

Eligibility:

You may be eligible for a payment from the Exelon Fair Fund if:

1. You purchased or acquired Exelon common stock during the period December 1, 2016, through October 30, 2019, inclusive; and,
2. Your approved transactions calculate to a Recognized Loss equal to or greater than the Minimum Distribution Amount of \$10.00, as calculated under the Plan.

You are excluded from participation in the Exelon Fair Fund if you are an Excluded Party as defined in the SEC-approved distribution plan (the "Plan"), available at www.ExelonFairFund.com, including:

- a. The Respondents (Exelon Corporation and Commonwealth Edison Company);
- b. Present or former officers or directors of Respondents or any assigns, creditors, heirs, distributees, spouses, parents, 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 the Claims Bar Date, has been the subject of 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 has or had a controlling interest;
- f. The Fund Administrator, its employees, and those Persons assisting the Fund Administrator in its role as the 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.

Considerations and Preparation:

- A. To be considered for eligibility for a Distribution Payment from the Exelon Fair Fund, you must provide the information requested on this Claim Form, sign, and submit the Claim Form online at www.ExelonFairFund.com or via mail to Exelon Fair Fund, Fund Administrator, P.O. Box 25199, Santa Ana, CA 92799. Claim Forms completed online must be submitted on or before 11:59 p.m. Eastern Standard Time on **July 6, 2025**. Claim Forms submitted via mail must be sent to the address provided on the Claim Form and postmarked (or if not sent by U.S.

Mail, then received) by **July 6, 2025**. Failure to timely submit the completed form by the Claims Bar Date set forth in the Plan may result in your claim being rejected and you being precluded from any recovery from the Exelon Fair Fund.

- B. Timely submission of your Claim Form does not guarantee you will be eligible for a Distribution Payment from the Exelon Fair Fund or that you will be compensated for your claimed loss; eligibility and compensation will be determined in accordance with the Plan.
- C. Please fill out this Claim Form completely. Failure to completely fill out the Claim Form or timely provide all requested documentation will result in rejection of your claim.
- D. Providing a valid email address is required as part of the Claim Form. Failure to provide a valid email address that remains valid throughout the administration of the matter may result in rejection of your claim. The Fund Administrator must be notified in writing via email or mail of any changes to your email address or any other contact information. Contact information for the Fund Administrator is located at the top of page 1 of this Claim Form.
- E. This Claim Form will require you to provide information necessary to substantiate the claim, including, but not limited to: copies of third party documentary evidence of purchases and sales and/or other dispositions of the Security during the Relevant Period, as well as holdings of the Security at pertinent dates; any requested explanatory information or attestations; and/or any required personal identification information.
- F. If you are not a U.S. Person as defined in Section IV, the Tax Certifications section of this Claim Form below, you must also submit a completed IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: www.irs.gov/forms-instructions.
- G. **Submitting your Claim Form using the Fund Administrator's online claim system is the fastest method to determine your potential eligibility for a Distribution Payment from the Exelon Fair Fund. If you are able to, you are encouraged to submit your Claim Form online at www.ExelonFairFund.com.**

If you have any questions, please contact the Fund Administrator via email at info@ExelonFairFund.com, or by calling 866-675-2445.

I. CLAIMANT INFORMATION

Please complete this section in its entirety. The Fund Administrator will use this information for all communications regarding this Claim Form. If this information changes, please notify the Fund Administrator via email at info@ExelonFairFund.com or by writing to Exelon Fair Fund, Fund Administrator, P.O. Box 25199, Santa Ana, CA 92799.

Beneficial Owner's First Name	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Beneficial Owner's First Name	MI	Co-Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Entity Name (if Beneficial Owner is not an individual)		
<input type="text"/>		
Representative or Custodian Name (if different from Beneficial Owner)		
<input type="text"/>		
Social Security Number (SSN) or Taxpayer Identification Number (TIN) of Beneficial Owner (if U.S. resident)		
<input type="text"/>		

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II. SCHEDULE OF TRANSACTIONS

- [illegible]

- | Purchase Date
(MM/DD/YY) | Number of Shares
Purchased | Purchase Price per Share | Total Cost
(Excluding Commissions,
Taxes, and Fees) |
|-----------------------------|-------------------------------|--------------------------|---|
|-----------------------------|-------------------------------|--------------------------|---|

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3. **Sales:** Separately list each and every sale of Exelon common stock during the period from **December 1, 2016, through January 28, 2020***, inclusive, and provide the following information for each transaction (*must be documented*):

Sale Date (MM/DD/YY)	Number of Shares Sold	Sale Price per Share	Total Proceeds (Excluding Commissions, Taxes, and Fees)

4. **Ending Exelon common stock:** Enter the quantity of Exelon common stock you owned at the close of trading on January 28, 2020,* long or short (*must be documented*):

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*Information requested with respect to your purchase or acquisition of Exelon common stock from December 1, 2016 through and including January 28, 2020 is needed in order to calculate your claim; purchases during this period, however, are not all date eligible under the Settlement.

If additional Schedules of Transactions are needed for additional wallets and/or exchanges, 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.

5. **Prior Recovery:** As called for in the Plan of Allocation, you must certify whether you have received a prior recovery for your losses of Exelon common stock.

I have received a prior recovery (check appropriate box):

YES

☐

NO

☐

Prior Recovery Date

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Prior Recovery Amount

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III. SUPPORTING DOCUMENTS

As part of your mail submission of this Claim Form, you are required to provide supporting documentation that includes but is not limited to copies of third party documentary evidence of purchases and sales and/or other dispositions of the Security during the Relevant Period, as well as holdings of the Security at pertinent dates; any requested explanatory information or attestations; and/or any required personal identification information.

If you submit a Claim Form that fails to provide all required information, or is otherwise deficient, you may receive a Claim Status Notice advising you of the reason(s) why the claim is deficient and of the opportunity to cure such deficiencies.

IV. TAX CERTIFICATIONS

To ensure that the Fair Fund can comply with its reporting and/or withholding obligations, you must complete and provide the Fund Administrator with one (1) of the following forms, as applicable:

- IRS Form W-9; **OR**
- IRS Form W-8BEN, W-8BEN-E, or other W-8 series form

If you are a U.S. person, as that term is defined below, then you should complete the Substitute IRS Form W-9 below.

If you are not a U.S. person, then you should not complete the Substitute IRS Form W-9 below. Instead, you should complete IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: <https://www.irs.gov/forms-instructions>

The term “U.S. person” means:

- A citizen or resident of the United States,
- A partnership created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
- A corporation created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
- Any estate or trust other than a foreign estate or foreign trust (see Internal Revenue Code Section 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
- Any other person that is not a foreign person.

If the Fair Fund does not receive a valid and complete Form W-9 or W-8 from you, the Fair Fund may be required under the Internal Revenue Code to make certain presumptions about you for purposes of tax reporting and, as applicable, withholding. The Fair Fund may be required to presume the interest is being paid to: (1) a payee subject to 30% withholding under the Foreign Account Tax Compliance Act (“FATCA”) and reporting on Form 1042-S; (2) a nonresident alien of the U.S. (“NRA”) subject to reporting and 30% NRA withholding and reporting on Form 1042-S; or (3) a U.S. person subject to 24% backup withholding and reporting on Form 1099-INT.

If you are not a U.S. Person, as defined above, please locate and complete the IRS Form most applicable to you and email to the Fund Administrator at info@ExelonFairFund.com along with your name, contact information, and the Claim Submission ID provided to you via email upon successful completion and submission of this Claim Form. You may also mail this information to the Fund Administrator at Exelon Fair Fund, Fund Administrator, P.O. Box 25199, Santa Ana, CA 92799.

If you are a U.S. Person, as defined above, please complete the Substitute Form W-9 below. **If you are not a U.S. Person, as defined above, please and submit with your Claim Form IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: www.irs.gov/forms-instructions.**

V. SUBSTITUTE FORM W-9

Taxpayer Identification Number Certification

Social Security Number (SSN) or Taxpayer Identification Number (TIN) or Employer Identification Number

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Exempt Payee Code (if any)

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Exemption from FATCA reporting code (if any)

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Check appropriate box for federal tax classification:

Individual

C Corporation

9

S Corporation

9

Partnership

Trust / Estate

11

Limited Liability Company – Choose Tax Classification:

C-Corp

S-Corp

☐

Partnership

5

Other

Describe, if "Other"

[illegible]

Print your name as it appears on your federal tax return:

(First Name and Last Name, for Individuals. Entity Name for businesses and trusts/estates)

[illegible]

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and,
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and,
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); and,
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

Signature of U.S. Person

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VI. CERTIFICATION & SIGNATURE(S)

By signing and submitting this Claim, the Claimant(s) or the person(s) who represent(s) the Claimant(s) certifies (certify) UNDER THE PENALTY OF PERJURY that:

- I. I am NOT an Excluded Party as defined in the Plan and described below in paragraphs (a) through (g):
 - a. The Respondent (Exelon Corporation and Commonwealth Edison Company);
 - b. Present or former officers or directors of Respondents or any assigns, creditors, heirs, distributees, spouses, parents, 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 the Claims Bar Date, has been the subject of criminal charges related to the conduct described in the Order or any related SEC action;
 - e. Any firm, trust, corporation, officer, or other entity in which Respondents has or had a controlling interest;
 - f. The Fund Administrator, its employees, and those Persons assisting the Fund Administrator in its role as the 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.
- II. I understand that the Fund Administrator may require additional information from me in order to validate or pay my claim, and I agree that I must timely provide any information requested by the Fund Administrator for those purposes in order to be considered for eligibility for a distribution.
- III. 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 Plan and that I am enjoined from taking any action in contravention of this provision.
- IV. If I am a custodian, trustee, or professional investing on behalf of and representing more than one claimant in a pooled investment fund or entity, I also attest that the full amount of any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management.

I (WE) DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING INFORMATION SUPPLIED BY THE UNDERSIGNED IS TRUE, CORRECT, AND COMPLETE.

Print Name of Claimant (Beneficial Owner)

[illegible]

Signature of Claimant (Beneficial Owner)

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MM

DD

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Print Name of Joint Claimant (Co-Beneficial Owner) (if any)

[illegible]

