

**MUST BE  
POSTMARKED  
NO LATER THAN  
MAY 18, 2017**

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
IN RE MOLYCORP, INC. SECURITIES LITIGATION  
CASE NO. 13 Civ. 5697 (PAC)**

**MOLY**

**INSTRUCTIONS FOR COMPLETEING THE PROOF OF CLAIM AND RELEASE**

**I. GENERAL INSTRUCTIONS**

1. To recover as a member of the Settlement Class based on your claims in the action entitled *In re Molycorp, Inc. Securities Litigation*, 13 Civ. 5697 (the "Action"), you must complete and, on page 11 hereof, sign this Proof of Claim and Release Form (the "Claim Form"). If you fail to file a properly addressed Claim Form (as set forth in section 3 below), your Claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed Settlement of the Action.<sup>1</sup>

2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement in the Action.

3. YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM POSTMARKED ON OR BEFORE MAY 18, 2017, ADDRESSED AS FOLLOWS:

*In re Molycorp, Inc. Securities Litigation*  
Claims Administrator  
c/o Angeion Group  
1801 Market Street, Suite 660  
Philadelphia, PA 19103  
(855) 306-1914  
[www.MolycorpSecuritiesLitigation.com](http://www.MolycorpSecuritiesLitigation.com)

If you are NOT a Member of the Settlement Class, as defined in the Notice of Settlement of Class Action and Settlement Fairness Hearing, and Motion for an Award of Attorneys' Fees and Reimbursement of Litigation Expenses (the "Notice"), DO NOT submit a Claim Form.

4. If you are a Member of the Settlement Class, you are bound by the terms of any judgment entered in the Action, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

**II. DEFINITIONS**

1. "Settling Defendants" means Constantine E. Karayannopoulos, Mark A. Smith, Michael F. Doolan, John L. Burba, and John F. Ashburn, Jr.

2. "Released Parties" and "Settled Claims" are defined below.

**III. CLAIMANT IDENTIFICATION**

1. If you purchased Molycorp, Inc. ("Molycorp") securities during the Class Period (February 21, 2012 through October 15, 2013, inclusive), and held the securities in your name, you are the beneficial purchaser, as well as the record purchaser. If, however, the Molycorp securities were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

2. In Section IV below, use Part I of the form entitled "Claimant Identification" to identify each purchaser of record, if different from the beneficial purchaser of the Molycorp securities that forms the basis of this Claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S), OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OF MOLYCORP SECURITIES UPON WHICH THIS CLAIM IS BASED, **NOT** THE RECORD PURCHASER.

3. All joint purchasers must sign this Claim Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this Claim Form on behalf of Persons represented by them and their authority must accompany this Claim Form and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the Claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

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1. Otherwise undefined terms have the definitions provided in the Stipulation of Settlement, dated October 21, 2016 (the "Stipulation").

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CASE NO. 13 Civ. 5697 (PAC)

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**IV. CLAIM FORM**

1. Use Part II of this Claim Form, entitled “Schedule of Transactions in Molycorp Common Stock,” to supply all required details of your transaction(s) in Molycorp securities. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all of the requested information with respect to *all* of your purchases and *all* of your sales of Molycorp common stock that took place during the Class Period, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your Claim.

3. List each transaction in the Class Period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

4. The date of covering a “short sale” is deemed to be the date of purchase of Molycorp securities. The date of a “short sale” is deemed to be the date of sale of Molycorp securities.

5. Broker confirmations or other documentation of your transactions in Molycorp securities *must* be attached to your Claim. Do *not* send original documents, including security certificates. If you no longer have copies of your broker’s confirmations or statements, your broker may be able to get you copies. Failure to provide this documentation could delay verification of your Claim or result in rejection of your Claim.

6. The above requests are designed to provide the minimum amount of information necessary to process the most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses. In some cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Settlement Class with the information provided, the Claims Administrator may condition acceptance of the Claim upon the production of additional information and/or the hiring of an accounting expert at the Claimant’s cost.

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CASE NO. 13 Civ. 5697 (PAC)

**MOLY**

**PROOF OF CLAIM AND RELEASE**

Please Type or Print

**PART I: CLAIMANT IDENTIFICATION**

Beneficial Owner's Name (First, Middle, Last OR Name of Entity)

Please Provide Joint Owners Name, if Applicable (First, Middle, Last)

Street Address

City

State or Province

Zip Code or Postal Code

Country

Social Security Number or Taxpayer Identification Number

Individual

Corporation/Other

Telephone Number (work)

 -  - 

Telephone Number (home)

 -  - 

Record Owner's Name (if different from beneficial owner listed above)

**PROCEED TO NEXT PAGE**



**PART II: SCHEDULE OF TRANSACTIONS IN MOLYCORP COMMON STOCK**

**A. BEGINNING HOLDINGS:** Number of shares of Molycorp common stock held at the beginning of trading on February 21, 2012. If none, write "zero" or "0"; if other than zero, must be documented):

**B. COMMON STOCK PURCHASES OR ACQUISITIONS:** Purchases or acquisitions of Molycorp common stock during the period February 21, 2012 through January 13, 2014, inclusive (excluding short sales):<sup>2</sup>

**Identify if shares acquired pursuant to: (1) sale of put options; (2) corporate merger or acquisition; (3) employee shares; (4) cover of short position; or (5) exercise of call option during Class Period<sup>3</sup>**

	<b>Trade Date (Mo. / Day / Year) List Chronologically</b>	<b>Number of Shares Purchased or Acquired</b>	<b>Purchase or Acquisition Price Per Share</b>	<b>Net Purchase or Acquisition Price (less commissions and fees)</b>	
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**C. COMMON STOCK SALES:** Sales from February 21, 2012 through January 13, 2014, inclusive (excluding short sales):

	<b>Trade Date (Mo. / Day / Year) List Chronologically</b>	<b>Number of Shares Sold</b>	<b>Sales Price Per Share</b>	<b>Net Sale Price less commissions and fees)</b>	<b>Share Sold Short (Y/N)</b>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**D.** Number of shares of Molycorp common stock held at close of trading on January 13, 2014: (If none write "zero" or "0"; if other than zero, must be documented):

**If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.**

2. Information requested with respect to your purchases of Molycorp securities from October 16, 2013 through and including January 13, 2014 is needed in order to balance your claim; purchases during this period, however, are not eligible for recovery under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

3. If you indicate that the purchase or sale was the result of the exercise or assignment of an options contract, you must provide documentation to support both the options purchase or sale and the exercise or assignment to purchase common stock.



**YOU MUST READ AND SIGN THE RELEASE ON THIS PAGE**

**V. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS**

I (We) submit this Claim Form under the terms of the Stipulation described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Southern District of New York with respect to my Claim as a Settlement Class Member (as defined in the Notice) and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I (we) am (are) bound by and subject to the terms of any judgment that may be entered in the Action. I (We) agree to furnish additional information to Lead Counsel to support this Claim if required to do so. I (We) have not submitted any other Claim covering the same purchases or sales of Molycorp securities during the 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, all of the Settled Claims against each and all of the Defendants and each and all of the "Released Parties," defined as Settling Defendants and each of any Settling Defendant's past or present partners, insurers, co-insurers, re-insurers, attorneys, advisors, accountants, auditors, personal or legal representatives, successors-in-interest, joint ventures, assigns, spouses, estates, executors, administrators, heirs, related or affiliated entities, any entity in which any Settling Defendant has or had a controlling interest, any member of any Settling Defendant's immediate family, or any trust of which any Settling Defendant is the settlor or which is for the benefit of any member of a Settling Defendant's immediate family, as well as Molycorp, and its current or former directors, officers, members, administrators, agents, insurers, beneficiaries, trustees, employee benefit plans, representatives, servants, employees, attorneys, parents, subsidiaries, affiliates, divisions, branches, units, shareholders, investors, contractors, successors, joint venturers, predecessors, related entities, and assigns, and all other individuals and entities acting on their behalf. All Released Parties (other than the Settling Defendants) are intended third-party beneficiaries of the Stipulation.

2. "Settled Claims" means and includes any and all claims, debts, demands, controversies, obligations, losses, rights or causes of action or liabilities of any kind or nature whatsoever (including, but not limited to, any claims for damages (whether compensatory, special, incidental, consequential, punitive, exemplary or otherwise), injunctive relief, declaratory relief, rescission or rescissionary damages, interest, attorneys' fees, expert or consulting fees, costs, expenses, or any other form of legal or equitable relief whatsoever), whether based on federal, state, local, statutory or common law or any other law, rule or regulation, whether fixed or contingent, accrued or unaccrued, liquidated or unliquidated, at law or in equity, matured or unmatured, whether class or individual in nature, including both known claims and Unknown Claims and including claims asserted or which could have been asserted in this Action, by the Plaintiff or Class Members, and based upon or related in any way to the purchase or other acquisition of Molycorp securities from February 21, 2012 to October 15, 2013. However, claims to enforce the Settlement are not released.

3. "Unknown Claims" means and includes any and all claims that Plaintiffs or any Class Member does not know or suspect to exist in his, her or its favor at the time of the release of the Released Parties which, if known by him, her or it, might have affected his, her or its settlement with and release of the Released Parties, or might have affected his, her or its decision to object or not to object to this Settlement. Plaintiffs, Class Members, and each of them may hereafter discover facts in addition to or different from those which he, she or it now knows or believes to be true with respect to the subject matter of the Settled Claims. The Settling Parties expressly acknowledge, and the Class Members shall be deemed to have, and by operation of the Judgment shall have acknowledged, that the waiver and release of Unknown Claims constituting Settled Claims, including a waiver of any rights under California Civil Code section 1542 and other similar applicable state statutes, was separately bargained for and a material element of the Settlement.

4. This release shall be of no force or effect unless and until the District Court approves the Stipulation and it becomes effective on the Effective Date.

5. I (We) hereby warrant and represent that 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.

6. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in Molycorp securities that occurred during the Class Period, as well as the number and type of Molycorp securities held by me (us) at the opening of trading on February 21, 2012 and at the close of trading on October 15, 2013.

\_\_\_\_\_  
Signature of Beneficial Owner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner, if Applicable

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

ACCURATE CLAIMS PROCESSING TAKES A  
SIGNIFICANT AMOUNT OF TIME.  
THANK YOU FOR YOUR PATIENCE.

**MOLY**

Reminder Checklist:

- Please sign the above release.
- Remember to attach supporting documentation, if available.
- Do not send original Molycorp securities certificates or originals of any supporting documents.
- Keep a copy of your Claim Form and all documentation submitted for your records.
- If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.

If you move, please send your new address to the Claims Administrator at the address below:

**Email:**

MolyCorp@AdministratorClassAction.com

**OR**

**Mailing Address:**

*In re Molycorp, Inc. Securities Litigation*  
Claims Administrator  
c/o Angeion Group  
1801 Market Street, Suite 660  
Philadelphia, PA 19103  
(855) 306-1914  
www.MolycorpSecuritiesLitigation.com

**SUBSTITUTE FORM W-9**



Request for Taxpayer Identification Number (“TIN”) and Certification

**PART I**

Name: \_\_\_\_\_

Check appropriate box:

- Individual/Sole Proprietor       Pension Plan
- Corporation       Partnership       Trust
- IRA       Other

Enter TIN on appropriate line.

- o For individuals, this is your Social Security Number (“SSN”).
- o For sole proprietors, you must show your individual name, but you may also enter your business or “doing business as” name. You may enter either your SSN or your Employer Identification Number (“EIN”).
- o For other entities, it is your EIN.

\_\_\_\_\_ — — — — —      **OR**      \_\_\_\_\_ — — — — —  
 Social Security Number      Employer Identification Number

**PART II**

For Payees Exempt from Backup Withholding

If you are exempt from backup withholding, enter your correct TIN in Part I and write “exempt” on the following line: \_\_\_\_\_

**PART III**

Certification

UNDER THE PENALTY OF PERJURY, I (WE) CERTIFY THAT:

1. The number shown on this form is my correct TIN; and
2. 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 Internal Revenue Service that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the Internal Revenue Service has notified me (us) that I am (we are) no longer subject to backup withholding.



NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you must cross out Item 2 above.

SEE ENCLOSED FORM W-9 INSTRUCTIONS

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_,  
(Month/Year)

in \_\_\_\_\_,  
(City) (State/Country)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor, or Administrator)