

PROOF OF CLAIM FORM

**Comscore Fair Fund
c/o JND Legal Administration
PO Box 91203
Seattle, WA 98111**

**Toll-Free Number: 1-877-231-0640
Website: www.ComscoreFairFund.com
Email: Info@ComscoreFairFund.com**

To be considered eligible for a distribution from the Comscore Fair Fund you must complete and sign this Proof of Claim Form ("Claim Form"), include all necessary documentation and submit the package to JND Legal Administration (the "Fund Administrator"). Submissions must be submitted electronically by **March 31, 2025** or must be sent via **First Class Mail postmarked by March 31, 2025** (the "Claims Bar Date").

Failure to submit your Claim Form by the Claims Bar Date will subject your claim to rejection and may preclude you from being eligible to recover any money from the Comscore Fair Fund. Your Claim Form must be submitted in compliance with the directions herein.

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CASE INFORMATION AND INSTRUCTIONS

1. On September 24, 2019, the Commission issued separate, but related orders (the “Orders”) instituting and simultaneously settling cease-and-desist proceedings against the Respondents. In the Orders, the Commission found that, from February 2014 through February 2018, at the direction and oversight of its former Chief Executive Officer, Matta, Comscore’s public filings materially overstated revenue by approximately \$43 million as result of a fraudulent scheme and improper accounting involving the manipulation of non-monetary and monetary contracts. Comscore’s and Matta’s actions enabled the company to artificially exceed its analysts’ consensus revenue targets in seven consecutive quarters. In addition, from April 2014 through February 2016, Comscore and Matta made false and misleading statements about two important performance metrics. As a result of the conduct described its Orders, the Commission found that Comscore and Matta the federal securities laws. In their respective Orders, the Commission ordered Comscore and Matta, to pay \$5,000,000 and \$700,000 in civil money penalties, respectively, to the Commission.
2. In each of the Orders, the Commission created a fair fund, pursuant to Section 308(a) of the Sarbanes-Oxley Act of 2002, so the penalties collected can be distributed to harmed investors. On April 27, 2023, the Commission issued an Order Consolidating Fair Funds to consolidate the two fair funds into a single fair fund (the “Comscore Fair Fund” or “Fair Fund”).
3. The Respondents have paid in full. In accordance with the Order Consolidating Fair Funds, the \$5,700,000 paid by Respondents has been combined and comprises the Fair Fund, and any accrued interest will be added to the Fair Fund.
4. You are receiving this Notice to advise you of a distribution of the funds collected in the above-referenced proceedings to investors who purchased or acquired Comscore common stock from February 20, 2014 through March 23, 2018, inclusive (the “Relevant Period”), and suffered losses due to the misconduct of the Respondents. To be eligible to participate in the distribution, you must file a completed Claim Form on the accompanying form as described below.

The Security and Relevant Period

Company Name	Trading Symbol	Relevant Period Start Date	Relevant Period End Date
Comscore Inc.	SCOR	2/20/2014	3/23/2018

5. You must submit your Claim Form and supporting documentation electronically on the Fair Fund website, www.ComscoreFairFund.com, or mail your completed and signed Claim Form, together with all required supporting documentation, so that it is postmarked no later than **March 31, 2025, to the following address:**

Comscore Fair Fund
c/o JND Legal Administration
P.O. Box 91203
Seattle, WA 98111

6. To be considered timely, **your Claim Form must be postmarked by the Claims Bar Date, listed above.** Unless your Claim Form is submitted with a postmark, it will be deemed to have been submitted when received by the Fund Administrator.
7. **Submission of the Claim Form does not guarantee that you will receive payment.** The Fund Administrator will determine whether you are eligible to receive a payment and the amount of your payment, if any, in accordance with the Plan of Distribution. To obtain a copy of the Plan of Distribution,

visit www.ComscoreFairFund.com or <https://www.sec.gov/enforcement-litigation/distributions-harmed-investors/comscore>.

8. DO NOT use highlighter on the Claim Form or any supportive documents.
9. Use the Schedule of Transactions in Part II of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries, and shares acquired in exchange for Rentrak Inc. common stock) and holdings of Comscore common stock. On this schedule, please provide all the requested information with respect to your holdings, purchases, acquisitions, and sales of Comscore common stock, regardless of whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested period may result in the rejection of your claim.
10. You must submit supporting documentation for the transactions reported in this Claim Form, such as broker confirmation slips, broker account statements, an authorized statement from your broker reporting information about your transactions, or other similar documents. **The Fund Administrator does not independently have information about your investments in Comscore common stock. If such documents are not in your possession, please obtain copies or equivalent 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 Fund Administrator.
11. Separate Claim Forms should be submitted for each separate legal entity (e.g., a claim from joint owners should not include the transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity that includes all transactions made by that entity, 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).
12. All joint beneficial owners must each sign this Claim Form and their names must appear in Part I of this Claim Form. If you purchased or acquired Comscore common stock during the Relevant Period and held the 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 you purchased or acquired Comscore common stock during the Relevant Period for your own benefit, but the stock was registered in the name of a third party, such as a nominee or brokerage firm, you are still the beneficial owner of these shares, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be considered for a Distribution Payment from the Comscore Fair Fund.
13. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons and entities 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 Comscore common stock; and
 - (c) furnish 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 securities in another person/entity's accounts.)

14. By submitting this Claim Form, you will be making a request to share in the proceeds of the Comscore Fair Fund described in the Notice. If you are an Excluded Party or you did not acquire Comscore common stock during the Relevant Period, DO NOT submit a Claim Form. You may not, directly, or indirectly, participate in the Fair Fund. If you are an Excluded Party or did not purchase or acquire Comscore common stock during the Relevant Period, any Claim Form that you submit, or that may be submitted on your behalf, will be rejected.
15. 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 file format. To obtain the mandatory electronic filing requirements and file layout, you may visit the Fair Fund website at www.ComscoreFairFund.com or you may email the Fund Administrator's electronic filing department at CSFSECURITIES@JNDLA.com. Any file not submitted in accordance with the required electronic file 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 number(s) 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 CSFSECURITIES@JNDLA.com to inquire about your file and confirm it was received and accepted.
16. If you have questions concerning the Claim Form or need additional copies of the Claim Form or the Notice, you may contact the Fund Administrator by calling the toll-free hotline at 1-877-231-0640, by sending an email to Info@ComscoreFairFund.com, or by writing to the above address. All relevant documents are available for download at www.ComscoreFairFund.com.

PLEASE NOTE: YOUR CLAIM IS NOT DEEMED SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT EMAIL OR POSTCARD. THE FUND ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY EMAIL OR BY MAIL WITHIN 60 DAYS OF THE POSTMARK DATE. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL OR POSTCARD WITHIN 60 DAYS OF SUBMITTING YOUR CLAIM, PLEASE CONTACT THE FUND ADMINISTRATOR.

PART I. CLAIMANT IDENTIFICATION

The Fund Administrator will use the information supplied below for all communications regarding this Claim Form. If this information changes, you MUST notify the Fund Administrator in writing by mail or by email.

Complete names of all persons and entities must be provided.

Beneficial Owner's First Name

Beneficial Owner's Last Name

Joint Beneficial Owner's First Name (if applicable)

Joint Beneficial Owner's Last Name (if applicable)

If this claim is submitted for an IRA that MAY be eligible for payment by check, include "IRA" in the "Last Name" box above (e.g., Jones IRA).

Entity Name (if the Beneficial Owner is not an individual)

Name and Title of Representative, if applicable (e.g., Jane Smith, Plan Administrator), if different from Beneficial Owner

Street Address

Address 2

City

State/Province

Zip Code

Foreign Postal Code (if applicable)

Country

Telephone Number (Day)

Telephone Number (Evening)

Email Address (If you provide an email address, you authorize the Fund Administrator to use it to provide you with information relevant to this claim electronically)

Account Number (where security was traded)¹

Last 4 Digits of SSN/TIN

Claimant Account Type (check appropriate box):

Individual (includes joint owner accounts)

Pension Plan

Trust

Corporation

Estate

IRA/401K

Other (please specify): _____

¹ If the account number is unknown, you may leave this field blank. If filing for more than one account for the same legal entity, you may write "multiple." Please see ¶11 of the Case Information and Instructions above for more information on when to file separate Claim Forms for multiple accounts.

PART II. SCHEDULE OF TRANSACTIONS IN COMSCORE COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in detail in the Case Information and Instructions above. Do not include information regarding securities other than Comscore common stock ("SCOR").

1. BEGINNING HOLDINGS OF COMMON STOCK – State the total number of shares of Comscore common stock held as of the opening of trading on FEBRUARY 20, 2014 . (Must be documented.) If none, write "zero" or "0."				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>				
2. SHARES OF COMSCORE COMMON STOCK ACQUIRED ON FEBRUARY 1, 2016 IN CONNECTION WITH THE COMSCORE/RENTRAK MERGER – State the total number of shares of Comscore common stock acquired in exchange for shares of Rentrak Inc. common stock as a result of the merger finalized on January 29, 2016. Shares counted here SHOULD NOT also be included in section 3, below. (Must be documented.)				Proof of Acquisition Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>				
3. PURCHASES/ACQUISITIONS OF COMMON STOCK DURING THE PERIOD FROM FEBRUARY 20, 2014, THROUGH AND INCLUDING JUNE 22, 2018 – Separately list every purchase/acquisition (including free receipts) during this period, NOT INCLUDING those shares acquired on February 1, 2016, as a result of the Retrak merger, counted in section 2, above. (Must be documented.) <i>Purchases from March 24, 2018, through June 22, 2018 (look-back) will not be used to calculate the recognized loss but will be needed for balancing purposes.</i>				IF NONE, CHECK HERE <input type="checkbox"/>
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding all fees, taxes, and commissions)	Proof of Purchase/ Acquisition Enclosed
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

PART II. SCHEDULE OF TRANSACTIONS IN COMSCORE COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in the Case Information and Instructions above. Do not include information regarding securities other than Comscore common stock ("SCOR").

4. SALES OF COMMON STOCK DURING THE PERIOD FROM FEBRUARY 20, 2014, THROUGH AND INCLUDING JUNE 22, 2018 – Separately list every sale/disposition (including free deliveries) during this period. (Must be documented.)				IF NONE, CHECK HERE <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding all fees, taxes, and commissions)	Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5. ENDING HOLDINGS OF COMMON STOCK – State the total number of shares of Comscore common stock held as of the close of trading on JUNE 22, 2018 . (Must be documented.) If none, write "zero" or "0."				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<input type="checkbox"/> IF YOU REQUIRE ADDITIONAL SPACE FOR YOUR TRANSACTIONS, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER'S FULL NAME AND LAST FOUR DIGITS OF THEIR SSN/TIN ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX.				

PART III. CERTIFICATION

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

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

(Signature)

(Signature)

(Printed Name)

(Printed Name)

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

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

PART IV. REMINDER CHECKLIST



1. **Please sign the above certification.** If this Claim Form is being made on behalf of joint claimants, then both must sign.



2. Do not send original documents. Attach only **copies** of 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. Keep copies of the completed Claim Form and supporting documents for your own records.

5. The Fund Administrator will acknowledge receipt of your Claim Form by email or postcard within 60 days. Your claim is not deemed submitted until you receive an acknowledgement email or postcard. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL OR POSTCARD WITHIN 60 DAYS OF SUBMITTING YOUR CLAIM, PLEASE CALL THE FUND ADMINISTRATOR TOLL FREE AT 1-877-231-0640.**

6. Immediately notify the Fund Administrator, in writing, of any address change or name change. If this Claim Form was sent to an old or incorrect address, please provide your current address to the Fund Administrator.



7. If you have any questions or concerns regarding your claim, please contact the Fund Administrator toll-free at 1-877-231-0640, by email at info@ComscoreFairFund.com, by mail at the address below, or visit www.ComscoreFairFund.com. **Please DO NOT call the Court, the SEC, Comscore, any other related party or their counsel with questions regarding your claim.**



THIS CLAIM FORM MUST BE SUBMITTED ELECTRONICALLY ON THE FAIR FUND'S WEBSITE AT www.ComscoreFairFund.com BY MARCH 31, 2025, OR BY MAIL AT THE ADDRESS BELOW SO LONG AS IT IS **POSTMARKED NO LATER THAN MARCH 31, 2025**, ADDRESSED AS FOLLOWS:

**Comscore Fair Fund
c/o JND Legal Administration
PO Box 91203
Seattle, WA 98111**

Be aware that it will take a significant amount of time to fully process all the submitted Claim Forms. This work will be completed as promptly as time permits. We appreciate your patience.