



**BP FAIR FUND
CLAIM FORM**

Claim Forms may be submitted online by visiting the BP p.l.c. Fair Fund ("BP Fair Fund") website: www.bpfairfund.com. If you wish to complete and mail a paper Claim Form, please direct the Claim Form to BP Fair Fund, P.O. Box 6980, Syracuse, NY 13217-6980. If you need assistance in completing the Claim Form or if you have any questions, please contact our customer service department at (866) 344-7868 or visit the BP Fair Fund website.

INFORMATION ABOUT THE CLAIMANT

PLEASE TYPE OR PRINT USING BLUE OR BLACK INK.

1. Beneficial Owner Information:

Name of Beneficial Owner: _____
First, Middle, Last or Entity Name (if the Beneficial Owner is a corporation, trust, estate, etc.)

Name of Joint Beneficial Owner, if any: _____
First, Middle, Last

If loss occurred in an IRA, name of **current** custodian: _____

2. Mailing / Contact Information:

Attention: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Foreign Province: _____ Foreign Postal Code: _____

Country (if other than the United States): _____

Daytime Phone Number: _____ Evening Phone Number: _____

E-Mail Address: _____

3. Enter Social Security Number or Tax Identification Number ("EIN") in the appropriate box below.

SSN: Joint SSN: EIN:

If you are not a U.S. citizen, please include a copy of your passport or other identification.

Country: ID Type: ID #

4. Claimant Account Type (check appropriate box below):

Account Type: Individual / IRA Partnership Estate Trust LLC
 Joint Owners Corporation UGMA Other: _____

If you have investments through more than one Account Type, you must complete a separate Claim Form for each Account Type.

TRANSACTION INFORMATION

YOU MUST SUBMIT DOCUMENTATION TO SUPPORT THE INFORMATION BELOW. FAILURE TO PROVIDE PROPER DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM.

5. BP AMERICAN DEPOSITARY SHARES (“ADS”) BEGINNING HOLDING ON APRIL 26, 2010: _____

Enter Total Number of Shares of BP ADS (CUSIP: 055622104) held as of the opening of trading on April 26, 2010. If none, write “0” or “Zero.”

6. BP ADS PURCHASES FROM APRIL 26, 2010 THROUGH AND INCLUDING MAY 26, 2010:

List (in chronological order) separately each purchase and/or acquisition of BP ADS made after the opening of trading on April 26, 2010 through May 26, 2010. Please note that transactions in BP ADS that are pursuant to, or in connection with, a swap, an option or other derivative instrument are not eligible.

Date(s) of Purchase (Trade Date) MM/DD/YYYY	Transaction Type Purchase <u>or</u> Transfer (Received In)	Number of Shares Purchased <u>or</u> Transferred (Received In)	Total Purchase Price	Cover a Short position? Y / N

7. BP ADS SALES FROM APRIL 26, 2010 THROUGH AND INCLUDING MAY 26, 2010:

List (in chronological order) separately each sale and/or delivered transfer of BP ADS made after the opening of trading on April 26, 2010 through May 26, 2010. Please note that transactions in BP ADS that are pursuant to, or in connection with, a swap, an option or other derivative instrument are not eligible.

Date(s) of Sale (Trade Date) MM/DD/YYYY	Transaction Type Sale <u>or</u> Transfer (Delivered Out)	Number of Shares Sold <u>or</u> Transferred (Delivered Out)	Total Sale Price	Short Sale? Y / N

8. BP ADS ENDING HOLDING ON MAY 26, 2010: _____

Enter Total Number of BP ADS shares held as of May 26, 2010. If none, write “0” or “Zero.”

*If you require additional space, please make copies of this schedule. Sign and print your name on each additional page.
You may also submit your claim form on-line by visiting our website: www.bpfairfund.com*

CERTIFICATION AND RELEASE

Each of the undersigned represents and certifies UNDER PENALTY OF PERJURY that such person or entity:

1. Has provided accurate records pertaining to **all** transactions in BP ADS during the period from April 26, 2010 through May 26, 2010;
2. Is not and/or has not been:
 - a. A person who served from January 1, 2010 through May 26, 2010 as an officer or director of BP, or any subsidiary or affiliate of BP directly involved in the conduct detailed in the complaint;
 - b. An employee or former employee of BP or any of its affiliates who has been terminated for cause, or has otherwise resigned, in connection with the conduct described in the complaint;
 - c. A person who, as of the claims filing deadline, has been the subject of criminal charges related to the conduct detailed in the complaint, unless and until such defendant is found not guilty in all such criminal actions prior to the claims filing deadline, and proof of the finding(s) is included in such defendant's timely filed Claim Form;
 - d. The defendant in SEC v. Keith A. Seilhan, 2:14-cv-00893-CJB-SS (E.D. LA.);
 - e. An affiliate, assign, creditor, heir, distributee, spouse, parent, child or controlled entity of any of the foregoing persons or entities described in (a) – (d) above;
 - f. The Distribution Agent and those persons assisting the Distribution Agent in its role as Distribution Agent; or
 - g. A purchaser or assignee of another person's right to obtain a recovery from the BP 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, devise or operation of law.
3. Has not submitted any other claim covering the same transactions and holdings in BP ADS and knows of no other person having done so on the claimant's (claimants') behalf;
4. Agrees to provide such additional information with respect to the Claim Form as the SEC or the Distribution Agent may require;
5. Consents to the SEC's, the Distribution Agent's and their respective agents' use of any of the information provided here including, but not limited to, Social Security Number (or Taxpayer Identification Number), address, telephone number, brokerage account and trading information in any way deemed appropriate in order to verify the Claim or the Claimant's identity; acknowledges that this information will not be sold to any third parties or used for any purpose other than the processing of this Claim Form;
6. If executing this Claim Form on behalf of a beneficial owner of the BP ADS (e.g., person, corporation, partnership, trust), possesses all requisite power and authority to execute this Claim Form, to grant the release provided below, and to do all other things necessary and appropriate in connection with the submission of this Claim Form on behalf of the beneficial owner, with the same effect as if the beneficial owner were personally present and acting; and
7. I agree that under no circumstances shall the Distribution Agent or its agents incur any liability to me or to any other person if it makes a distribution in accordance with the list of Eligible Claimants as approved by the Commission and that I am enjoined from taking any action in contravention of this provision.

(continued on the next page)

I (we) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned in this Claim Form is true, correct, and complete, and that all documents submitted in support of the foregoing information are true and correct copies of what they purport to be.

Executed this _____ day of _____, 201__ in _____, _____
(Date) (Month) (City) (State / Country)

Signature of Claimant	(Type /Print name of Claimant)
Signature of Joint Claimant	(Type / Print name of Joint Claimant)
Signature of Person signing on behalf of Claimant	(Type / print name of person signing on behalf of Claimant)
Capacity of person signing on behalf of Claimant (if other than an individual, e.g., Administrator, Executor, Trustee, President, Custodian, POA, etc.)	

- For legal representatives of the beneficial owner(s), you must provide proof of your authority to act on the beneficial owner's behalf with this Claim Form. Please check this box to indicate that you have attached documentation authorizing you to complete this Claim Form on behalf of the beneficial owner named above.

*Failure to sign the **Certification and Release** may result in a delay in processing or the rejection of your claim.*

CLAIM FORM INSTRUCTIONS

Information About the Claimant (Nos. 1-4)

Please make sure you complete the requested information in #s 1-4 in their entirety. The Claim Form must be completed by the beneficial owner of the BP ADS (or his/her authorized legal representative) with respect to which the Claim Form is being filed. If there is more than one beneficial owner of the BP ADS, all beneficial owners must be identified and all owners (or an authorized legal representative of such owners) must sign the Claim Form. Failure to provide any of the information requested may result in a delay in the processing of the claim or result in the rejection of the claim.

Transaction Information (Nos. 5-8)

In order to accurately compute your claim, we must have the information requested in this section. Please review and complete #s 5-8 in their entirety, entering your relevant beginning and ending holdings of BP ADS, as well as all of your purchases and sales of BP ADS during the relevant period. If any of the transactions listed in #s 6 or 7 were short sales or cover-short purchases, please identify them for us.

Note: A Potential Claimant's Eligible Loss Amount will be reduced by the amount of any compensation for the loss that resulted from the conduct described in the complaint in this case that was received from another source (e.g., class action settlement) to the extent it is known to the Distribution Agent. In addition, consistent with the purpose of Section 21(d)(4) of the Securities and Exchange Act of 1934, no funds distributed from the BP Fair Fund may be used for payment of attorneys' fees or expenses.

Supporting Documentation

Attach to your Claim Form documentation verifying the information provided in the Claim Form. Acceptable supporting documentation may include: (a) monthly account statements; (b) trade confirmation slips; (c) applicable year-end statement(s); (d) a signed letter from your broker on firm letterhead verifying the information you are providing; (e) a deposit or escrow receipt showing your holdings; or (f) other equivalent proof of your transactions.

Please be sure that the documentation confirms the details of your beginning and ending holdings (i.e., your full April 2010 brokerage statement showing all activity and holding position; and your full May 2010 brokerage statement showing all activity and holding position), and all purchases and/or sales of BP ADS during the relevant period. Adequate identifying information (i.e., your name and account number) must appear on all documentation submitted; handwritten modifications to the documentation or self-generated schedules or statements are not acceptable. Failure to provide full documentation for all requested holdings and transactions may delay the processing of or the invalidation of your claim.

Certification and Release (Pages 3-4)

You must read the Certification and Release and sign and date the signature page of the Claim Form. Your signature serves as a certification that the information provided in the Claim Form and any documentation provided in support of the Claim Form is true, accurate and complete.

- A legal representative of the beneficial owner(s) of the BP ADS (e.g., executor, guardian, trustee, conservator, etc.) may sign the Certification and Release on behalf of the beneficial owner(s), as long as adequate proof of their authority to act on behalf of the beneficial owner of the BP ADS is provided with the Claim Form.
- If the shares of BP ADS were jointly owned, all beneficial owners (or an authorized legal representative of such owners) must sign the Certification and Release.
- If the shares of BP ADS were owned by an entity (e.g., trust, estate, corporation, partnership, etc.) the Certification and Release must be signed by an individual authorized by such entity to execute the Claim Form, grant the certification and release provided, and to do all other things necessary in connection with the submission of the Claim Form. Please provide documentary evidence of the signer's authority with the Claim Form.

THIS CLAIM FORM MUST BE POSTMARKED ON OR BEFORE SEPTEMBER 13, 2016.

REMINDER CHECKLIST

Before mailing your Claim Form, please read these reminders.

- 1) Your Claim Form must be submitted on-line or with a postmark on or before September 13, 2016. We cannot accept Claim Forms via email or fax. If you are submitting a paper Claim Form by mail, please direct the Claim Form to: **BP Fair Fund, P.O. Box 6980, Syracuse, NY 13217-6980**. If you wish to send your Claim Form via FedEx, UPS or a similar service, please direct the Claim Form to: **BP Fair Fund, c/o RCB Fund Services LLC, 17 Technology Place, Suite 1, East Syracuse, NY 13057**.

If you require proof of delivery, please use a service that provides tracking and delivery confirmation.

- 2) If you submit your Claim electronically on our website, you **do not** need to mail us a hard copy.
- 3) Remember to carefully review and sign the Certification and Release beginning on page 3. If this Claim Form is being submitted on behalf of joint owners, then both must sign.
- 4) Remember to supply your Social Security Number or Tax Identification Number (or the foreign equivalents of such identifying information) and any joint owners Social Security Number(s) if applicable. If you are not a U.S. citizen, please include a copy of your passport or other identification.
- 5) Be sure the required documentation is attached. All documentation must be legible and include your name, the account number, date of transaction, quantity, total transaction amount and security name or CUSIP. Do not send originals of any supporting documentation; **send copies**.
- 6) Be sure to keep copies of the completed Claim Form and supporting documentation for your records; we may not be able to supply them to you in the future.
- 7) You are responsible for notifying us of any changes in the information you file, including changes of address or contact information. Please call us at (866) 344-7868 (Domestic) or (315) 671-5770 (International) or email us at **info@bpfairfund.com** with your new contact information. Please include the Claim ID on any correspondence.

A Note about Providing your Social Security Number or Tax Identification Number:

We recognize the importance of keeping your personal information secure, and we do everything under our control to ensure this data is protected. We use the personal information that is collected only as necessary to administer your claim during the claim administration process. Your SSN or Tax ID is required before we are able to complete payments to eligible claimants.