

**STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND**

**IN THE COURT OF COMMON PLEAS
FOR THE FIFTH JUDICIAL CIRCUIT**

KBC ASSET MANAGEMENT NV, on Behalf of Itself and
All Others Similarly Situated,

Plaintiff,

v.

KEVIN MARSH, GREGORY E. ALIFF, JAMES A.
BENNETT, JOHN F.A.V. CECIL, SHARON A. DECKER,
D. MAYBANK HAGOOD, LYNNE M. MILLER, JAMES W.
ROQUEMORE, MACEO K. SLOAN, ALFREDO
TRUJILLO, JIMMY ADDISON, and STEPHEN BYRNE,

Defendants.

Civil Action No.: 2019-CP-4002522

CLASS ACTION

**STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND**

**IN THE COURT OF COMMON PLEAS
FOR THE FIFTH JUDICIAL CIRCUIT**

TERESA PARLER, derivatively on behalf of SCANA
CORPORATION,

Plaintiff,

v.

KEVIN MARSH, GREGORY E. ALIFF, JAMES A.
BENNETT, JOHN F.A.V. CECIL, SHARON A. DECKER,
D. MAYBANK HAGOOD, LYNNE M. MILLER, JAMES
W. ROQUEMORE, MACEO K. SLOAN, ALFREDO
TRUJILLO, JIMMY ADDISON, and STEPHEN BYRNE,

Defendants,

-and-

SCANA CORPORATION,

Nominal Defendant.

Civil Action No.: 2017-CP-40-06621

PROOF OF CLAIM AND RELEASE

I. GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action titled *KBC Asset Management NV v. Marsh*, Case No. 2019-CP-4002522 (S.C. Ct. Common Pleas) (the “*KBC Action*”), you must complete and, on page 6 below, sign this Proof of Claim and Release form (“*Claim Form*”). If you fail to submit a timely and properly addressed (as explained in paragraph 3 below) *Claim Form*, your claim may be rejected and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement.

2. Submission of this *Claim Form*, however, does not assure that you will share in the proceeds of the Settlement of the *KBC Action*. The distribution of the proceeds will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court in the *KBC Action*, or by such other plan of allocation as the Court approves.

3. **THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT www.SCANAMergerLitigation.com NO LATER THAN MAY 26, 2022 OR, IF MAILED, BE POSTMARKED NO LATER THAN MAY 26, 2022, ADDRESSED AS FOLLOWS:**

SCANA Merger Litigation
Claims Administrator
c/o Gilardi & Co. LLC
P.O. Box 43349
Providence, RI 02940-3349

4. If you are a Class Member and you do not timely request exclusion in response to the Notice dated February 4, 2022, you are bound by the terms of any judgment entered in the *KBC Action*, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.

II. CLAIMANT IDENTIFICATION

1. If you held SCANA common stock, and you held the stock certificate(s) in your name, you are the beneficial holder as well as the record holder. If, however, the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial holder and the third party is the record holder.

2. Use Part A of this form entitled "Claimant Identification" to identify each holder of record ("nominee"), if different from the beneficial holder of the SCANA common stock that forms the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL HOLDER(S) OR THE LEGAL REPRESENTATIVE OF SUCH HOLDER(S) OF THE SCANA COMMON STOCK UPON WHICH THIS CLAIM IS BASED.**

3. All joint holders must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of Persons represented by them, and their authority must accompany this claim 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.

III. CLAIM FORM

1. Use Part B of this form entitled "HOLDINGS IN SCANA COMMON STOCK" to state the number of shares of SCANA common stock that you held continuously from January 3, 2018, through and including July 31, 2018.

2. Copies of broker confirmations or other documentation of your holdings in SCANA common stock should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

3. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your recovery. In the event the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information and/or the claimant's responsibility for any increased costs due to the nature and/or scope of the claim.

Official
Office
Use
Only

South Carolina Court of Common Pleas
Fifth Judicial Circuit
KBC Asset Management NV v. Marsh
Case No. 2019-CP-4002522
Parler v. Marsh
Case No. 2017-CP-40-06621

PROOF OF CLAIM AND RELEASE

**Must Be Postmarked (if Mailed)
or Received (if Submitted Online)
No Later Than May 26, 2022**

S2G

Please Type or Print in the Boxes Below
Do NOT use Red Ink, Pencil, or Staples

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you **MUST** notify the Claims Administrator in writing at the address provided on page 1 - General Instructions. Complete names of all persons and entities must be provided.

PART A. CLAIMANT IDENTIFICATION

Last Name M.I. First Name

Last Name (Co-Beneficial Owner) M.I. First Name (Co-Beneficial Owner)

IRA Joint Tenancy Employee Individual Other

Company Name (Beneficial Owner—If Claimant is not an Individual) or Custodian Name if an IRA (specify)

Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)

Account#/Fund# (Not Necessary for Individual Filers)

Last Four Digits of Social Security Number or Taxpayer Identification Number

Telephone Number (Primary Daytime) Telephone Number (Alternate)

Email Address

MAILING INFORMATION

Address

Address

City State ZIP Code

Foreign Province Foreign Postal Code Foreign Country Name/Abbreviation

FOR CLAIMS PROCESSING ONLY	OB	CB	<input type="radio"/> ATP <input type="radio"/> KE <input type="radio"/> ICI	<input type="radio"/> BE <input type="radio"/> DR <input type="radio"/> EM	<input type="radio"/> FL <input type="radio"/> ME <input type="radio"/> ND	<input type="radio"/> OP <input type="radio"/> RE <input type="radio"/> SH	MM / DD / YYYY	FOR CLAIMS PROCESSING ONLY
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PART B. HOLDINGS IN SCANA COMMON STOCK

Complete this Part B if, and only if, you purchased/acquired SCANA common stock during the period between January 3, 2018 and July 31, 2018, inclusive. Please include proper documentation with your Claim Form as described in detail in Section III – Claim Form. Do not include information in this section regarding common stock other than SCANA common stock.

1. **BEGINNING HOLDINGS** - State the total number of shares of common stock held as of January 3, 2018. If none, write "0" or "Zero." (Must be documented.) Proof Enclosed? Y N

2. **PURCHASES DURING THE CLASS PERIOD** – Separately list each and every purchase/acquisition of common stock from after the opening of trading on January 3, 2018 through the close of trading on July 31, 2018. (Must be documented.)

PURCHASES											
Trade Date(s) of Shares (List Chronologically)								Number of Shares Purchased or Acquired	Total Purchase or Acquisition Price (Excluding Commissions, Taxes and Fees). Please round off to the nearest whole dollar	Proof of Purchase Enclosed?	
M	M	D	D	Y	Y	Y	Y				
1.		/		/				\$		00	<input type="radio"/> Y <input type="radio"/> N
2.		/		/				\$		00	<input type="radio"/> Y <input type="radio"/> N
3.		/		/				\$		00	<input type="radio"/> Y <input type="radio"/> N
4.		/		/				\$		00	<input type="radio"/> Y <input type="radio"/> N
5.		/		/				\$		00	<input type="radio"/> Y <input type="radio"/> N

IMPORTANT: (i) If any purchase listed covered a "short sale," please mark Yes: Yes

3. **SALES DURING THE CLASS PERIOD** – Separately list each and every sale/disposition of common stock from after the opening of trading on January 3, 2018 through the close of trading on July 31, 2018. (Must be documented.)

SALES											
Trade Date(s) of Shares (List Chronologically)								Number of Shares Sold	Total Sales Price (Excluding Commissions, Taxes and Fees). Please round off to the nearest whole dollar	Proof of Sales Enclosed?	
M	M	D	D	Y	Y	Y	Y				
1.		/		/				\$		00	<input type="radio"/> Y <input type="radio"/> N
2.		/		/				\$		00	<input type="radio"/> Y <input type="radio"/> N
3.		/		/				\$		00	<input type="radio"/> Y <input type="radio"/> N
4.		/		/				\$		00	<input type="radio"/> Y <input type="radio"/> N
5.		/		/				\$		00	<input type="radio"/> Y <input type="radio"/> N

4. **ENDING HOLDINGS** - State the total number of shares of common stock held as of the close of trading on July 31, 2018. If none, write "0" or "Zero." (Must be documented.) Proof Enclosed? Y N

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX.

YOU MUST READ AND SIGN THE RELEASE ON PAGE 6. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.



IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

By signing and submitting this Claim Form, the claimant(s) or the person(s) acting on behalf of the claimant(s) certify(ies) that: I (We) submit this Claim Form under the terms of the Stipulation described in the accompanying Notice. I (We) also submit to the jurisdiction of the South Carolina Court of Common Pleas (the "Court") with respect to my (our) claim as a Class Member(s) and for purposes of enforcing the releases set forth herein. I (We) further acknowledge that I (we) will be bound by the terms of any judgment entered in connection with the Settlement of the Actions, including the releases set forth therein. I (We) agree to furnish additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in eligible SCANA common stock, if required to do so. I (We) have not submitted any other claim covering the same transactions in SCANA common stock during the Class Period and know of no other person having done so on my (our) behalf.

V. RELEASES, WARRANTIES, AND CERTIFICATION

1. I (We) have read the Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation.

2. I (We) hereby warrant and represent that I am (we are) a Class Member as defined in the Notice, that I am (we are) not excluded from the Class, that I am (we are) not one of the "Released Defendant Parties" as defined in the accompanying Notice.

3. I (We) did not submit a request for exclusion from the Class.

4. As a Class Member, I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge with prejudice the Released Plaintiffs' Claims as to each and all of the Released Defendant Parties (as these terms are defined in the accompanying Notice). This release shall be of no force or effect unless and until the Court approves the Settlement and it becomes effective on the Effective Date.

5. I (We) hereby acknowledge and represent that I (we) will be bound by and subject to the terms of any judgment(s) that may be entered in the *KBC* Action.

6. 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.

7. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions and sales of SCANA common stock that occurred during the Class Period and the number of shares of common stock held by me (us), to the extent requested.

8. I (We) certify that I am (we are) NOT subject to backup tax withholding. (If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.)



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

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

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g.,
Beneficial Owner, Executor or Administrator)

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Beneficial Owner, Executor or Administrator)

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

REMINDER CHECKLIST:

1. Please sign this Claim Form.
2. DO NOT HIGHLIGHT THE CLAIM FORM OR YOUR SUPPORTING DOCUMENTATION.
3. Attach only copies of supporting documentation as these documents will not be returned to you.
4. Keep a copy of your Claim Form for your records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. **Your claim is not deemed submitted until you receive an acknowledgment postcard.** If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at 1-866-748-5166.
6. If you move after submitting this Claim Form please notify the Claims Administrator of the change in your address, otherwise you may not receive additional notices or payment.

