

**In the Matters of
Super Micro Computer, Inc.
and
Howard Hideshima**

**SECURITIES AND EXCHANGE COMMISSION
ADMINISTRATIVE PROCEEDING
File Nos. 3-19927 and 3-19928**

PROOF OF CLAIM FORM

I. GENERAL INSTRUCTIONS

1. If you purchased or otherwise acquired Super Micro Computer, Inc. common stock, listed on the Over-the-Counter Market and the Nasdaq Stock Market, LLC and traded under the trading symbol SMCI, during the period October 22, 2014 through January 30, 2018, inclusive, you may be eligible for a distribution from the distribution fund created in the captioned proceedings (the "Fair Fund").

2. To be considered for eligibility for a distribution from the Fair Fund, you must complete and sign this Proof of Claim Form no later than September 18, 2021. If you fail to timely file a completed, properly addressed (as set forth in paragraph 5 below), and executed Proof of Claim Form, your claim may be rejected and you may be precluded from consideration for a distribution from the Fair Fund.

3. The capitalized terms used herein shall have the meanings set forth in the distribution plan approved in the captioned proceeding (the "Plan") unless otherwise noted. A copy of the Plan can be reviewed and downloaded at www.SMCFairFund.com, and on the SEC's website at <https://www.sec.gov/litigation/admin/2021/34-91507-dp.pdf>.

4. Your submission of a properly completed and signed Proof of Claim Form does not, by itself, mean you will be eligible for a distribution from the Fair Fund; you must be determined to be eligible for a distribution under the criteria set forth in the Plan.

5. You may submit your completed and signed Proof of Claim Form online, no later than 11:59 p.m. Eastern Time on September 18, 2021, closely following the directions at www.SMCFairFund.com. Alternatively, you may mail your COMPLETED AND SIGNED PROOF OF CLAIM FORM POSTMARKED ON OR BEFORE SEPTEMBER 18, 2021, ADDRESSED AS FOLLOWS:

Super Micro Computer, Inc. Fair Fund
c/o KCC Class Action Services
Fund Administrator
P.O. Box 43034
Providence, RI 02940-3034

**IF YOU DO NOT SATISFY THE CRITERIA IN NO. 1, ABOVE
OR IF YOU ARE AN EXCLUDED PARTY, AS DESCRIBED BELOW,
DO NOT SUBMIT A PROOF OF CLAIM FORM.**

II. CLAIMANT IDENTIFICATION

If you purchased or otherwise acquired Super Micro Computer, Inc. common stock, listed on the Over-the-Counter Market and the Nasdaq Stock Market, LLC and traded under the trading symbol SMCI during the period October 22, 2014 through January 30, 2018, inclusive, you may be eligible for a distribution from the Fair Fund.

Use Part I of this form entitled "CLAIMANT IDENTIFICATION" to provide all of the requested information. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S), ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OF THE SHARE(S) UPON WHICH THIS CLAIM IS BASED.

All joint purchasers must sign the Proof of Claim Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them, and documentation of 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 and to otherwise complete the Proof of Claim Form could delay verification of your claim or result in rejection of the claim. If you are acting in a representative capacity on behalf of a Potential Claimant (for example, as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Potential Claimant. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.

"Excluded Parties" means the following entities or individuals:

- (a) SMC and Hideshima (collectively, the "Respondents");
- (b) Officers or directors of SMC from January 2015 to the present; any employee, agent, or former employee or agent of SMC or any of its affiliates who has been terminated for cause or has otherwise resigned, in connection with the conduct described in the Orders; any legal representatives, nominees, assigns, heirs, spouses, parents, children, successors-in-interest of the Respondents; and/or any entity in which the Respondents have or had a controlling interest;
- (c) Any respondent or defendant in related Commission litigation against whom/which an Order or Judgment imposing liability has been entered, including the respondent in Charles Liang, Admin. Proc. File No. 3-19929 (Aug. 25, 2020), and their legal representatives, nominees, assigns, heirs, spouses, parents, children, successors-in-interest, or entities in which they have or had a controlling interest;
- (d) Any person or entity who has been found guilty of criminal charges related to the conduct set forth in the Orders and their legal representatives, nominees, assigns, heirs, spouses, parents, children, successors-in-interest, or entities in which they have or had a controlling interest;
- (e) The Respondents' officers' and directors' liability insurance carrier(s) and any affiliates or subsidiaries thereof;
- (f) The Fund Administrator, its employees, and those persons assisting the Fund Administrator in its role as Fund Administrator; and
- (g) Any purchaser or assignee of a Potential Claimant's right to obtain a recovery from the Fair Fund for value; provided, however, that this provision shall not be construed to exclude those Potential Claimants who obtained such a right by gift, inheritance, devise or operation of law.

III. PROOF OF CLAIM FORM

Use Part II of the Proof of Claim Form entitled “Schedule of Transactions in Super Micro Computer, Inc.” to supply all required details of your transactions in Super Micro Computer, Inc. common stock, listed on the Over-the-Counter Market and the Nasdaq Stock Market, LLC and traded under the trading symbol SMCI (the “Security”), during the period October 22, 2014 through January 30, 2018, inclusive. If you need more space to list your transactions, make a copy of the applicable page. Additional copies of the schedule can also be found on the Fair Fund website, www.SMCFairFund.com. Fill in the circle at the bottom of the transaction page, sign and print or type your name on each additional schedule.

On the schedules, provide **all** of the requested information with respect to all of your purchases, acquisitions, sales, and disposition(s) of the Security during the period between October 22, 2014 and April 30, 2018, inclusive, regardless of whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to your holdings in the Security at the close of trading on October 21, 2014 **and** April 30, 2018. Failure to report all such transactions may result in the rejection of your claim.

List these transactions 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.

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

Copies of broker confirmations or other documentation of your transactions should be attached to your Proof of Claim Form. If any such documents are not in your possession, please obtain a copy or equivalent documents from your broker, because these documents are necessary to prove and process your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

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 files. All claimants **MUST** submit a manually signed paper Proof of Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must use the required file layout that is available at www.SMCFairFund.com. No electronic files will be considered to have been properly submitted unless the Fund Administrator issues the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

You are required to provide a certification of your tax identification number and potential exceptions. The interest component of any potential distribution payment is U.S. source income. To ensure that the SMC Fair Fund can comply with its reporting and/or withholding obligations, please complete Part III of the Proof of Claim Form or include with your submission 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 Part III entitled “Substitute Form W-9” on page seven of the Proof of Claim Form.

If you are not a U.S. person, then you should not complete the Substitute Form W-9 included with the Proof of Claim Form. Instead, you should complete the 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 laws 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 laws 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 § 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 SMC Fair Fund does not receive a valid and complete Form W-9 or W-8 from you, the SMC 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 SMC 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.

**PART III. SUBSTITUTE FORM W-9
Taxpayer Identification Number Certification**

Social Security Number: — —

or

Taxpayer Identification Number: —

Your name (as it appears on your federal income tax return):

First and last name for individuals or entity Name for businesses, trusts, etc.

Tax Classification:

Fill appropriate circle for federal tax classification of the claimant below.

- Individual C Corporation S Corporation Partnership Trust/Estate Other _____
- Limited Liability Company

Choose tax classification of LLC: C Corporation S Corporation Partnership

Exemptions:

Codes apply only to certain entities, not individuals; see www.irs.gov/pub/irs-pdf/iw9.pdf for additional information.

Exempt Payee Code (if any) Exemption from FATCA reporting code (if any)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number; **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.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

Signature of U.S. Person

Dated (mm/dd/yyyy)

PART IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I submit this Proof of Claim Form under the terms of the Plan of Distribution. I also submit to the jurisdiction of the United States Securities and Exchange Commission with respect to my claim as a harmed investor and for purposes of enforcing the release set forth herein. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in the Fair Fund. I agree to furnish additional information to the Fund Administrator to support this claim if requested to do so. I have not submitted any other claim covering the same purchases, acquisitions or sales of the Security during the Relevant Period and know of no other person having done so on my behalf.



PART V. CERTIFICATION

1. I understand that terms used herein not otherwise defined shall have the meaning ascribed to them in the Plan.
 2. 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 related to this Claim Form.
 3. I (We) hereby warrant and represent that I (we) have accurately and completely reported on this Claim Form all of my (our) transactions in the Security that occurred during the Relevant Period as well as my (our) holdings in the Security at the close of trading on October 21, 2014 and April 30, 2018.
 4. I (We) hereby warrant and represent that I (we) are not an Excluded Party per the definition in the accompanying instructions.
- 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 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 Purchaser or Acquirer, Executor or Administrator)

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 Beneficial Purchaser or Acquirer, Executor or Administrator)

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

Reminder Checklist:

1. Please completely fill out the form, including the Substitute Form W-9 and the above certification.
2. If this claim is being made on behalf of Joint Potentially Eligible Claimants, then both must sign.
3. Remember to attach copies of supporting documentation if available.
4. **Do not send** original certificates.
5. Keep a copy of your Proof of Claim Form and all supporting documentation for your records.
6. The Fund Administrator will acknowledge receipt of your Proof of Claim by mail within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please call the Fund Administrator toll-free at 1-800-581-8660.
7. If you move, please send your new address to the address below or via email to info@SMCFairFund.com.
8. **Do not use red pen or highlighter** on the Proof of Claim Form or supporting documentation.

**THIS PROOF OF CLAIM FORM MUST BE SUBMITTED TO THE BELOW ADDRESS
 POSTMARKED NO LATER THAN SEPTEMBER 18, 2021:**

Super Micro Computer, Inc. Fair Fund
 c/o KCC Class Action Services
 Fund Administrator
 P.O. Box 43034
 Providence, RI 02940-3034

