

PROOF OF CLAIM AND RELEASE

***THE ERICA P. JOHN FUND, INC., et al.,
On Behalf of Itself and All Others Similarly Situated,
Plaintiff,***

vs.

***HALLIBURTON COMPANY and DAVID J. LESAR,
Defendants.***

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION
CIVIL ACTION NO.: 3:02-CV-1152-M
CLASS ACTION

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GENERAL INSTRUCTIONS

Deadline for Submission: August 12, 2017

If you purchased or otherwise acquired the publicly-traded common stock of Halliburton Company ("Halliburton") (trading symbol NASDAQ: HAL) between August 16, 1999 and December 7, 2001, inclusive, you could get a payment from a class action settlement.

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE ("PROOF OF CLAIM") AND MAIL IT BY FIRST CLASS MAIL, **POSTMARKED NO LATER THAN AUGUST 12, 2017** TO THE FOLLOWING ADDRESS:

Halliburton EPJ Fund Securities Litigation
c/o JND Class Action Administration
P.O. Box 6847
Broomfield, CO 80021

YOUR FAILURE TO SUBMIT YOUR CLAIM BY AUGUST 12, 2017, WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

CLAIMANT'S STATEMENT

1. I (we) purchased Halliburton common stock and was (were) damaged thereby. (Do not submit this Proof of Claim if you did not purchase Halliburton common stock during the designated Class Period).
2. By submitting this Proof of Claim, I (we) state that I (we) believe in good faith that I am (we are) a Class Member as defined above and in the Notice of Pendency of Class Action and Proposed Settlement, Motion for Attorneys' Fees and Settlement Fairness Hearing (the "Notice"), or am (are) acting for such person(s); that I am (we are) not a Defendant in the Actions or anyone excluded from the Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund, as defined in the Notice; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member [e.g., as an executor, administrator, trustee, or other representative], you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)
3. I (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I (we) understand and agree that my (our) claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my (our) status as a Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Litigation or Settlement in connection with processing of the Proof of Claim.

4. I (we) have set forth where requested below all relevant information with respect to each purchase of Halliburton common stock during the Class Period, and each sale, if any. I (we) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.
5. I (we) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of Halliburton common stock listed below in support of our claim. (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.)
6. I (we) understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your recognized claim. In some cases, the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives securities such as options.)
7. Upon the occurrence of the Effective Date, as defined in the Notice, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a full and complete release, remise and discharge by me (us) and my (our) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers and assigns (or, if I am (we are) submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Persons", as defined in the Notice.
8. 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 listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1(844) 864-9032 or visit www.halliburtonepjfundsecuritieslitigation.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

PART I - CLAIMANT INFORMATION

Last Name (beneficial owner)

First Name, MI (beneficial owner)

Last Name (co-beneficial owner, if applicable)

First Name, MI (co-beneficial owner, if applicable)

Entity Name (if claimant is not an individual)

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

Mailing Address – Line 1: Street Address/P.O. Box

Mailing Address – Line 2 (If Applicable): Apartment/Suite/Floor Number

City

State/Province

Zip/Postal Code

Foreign Province

Foreign Country

Daytime Telephone Number

Evening Telephone Number

Email Address

Account Number:

Specify one of the following:

Individual(s) Corporation UGMA Custodian IRA Partnership

Estate Trust Other (please specify):

Enter Taxpayer Identification Number below for the Beneficial Owner(s).

Social Security No. (for individuals)

or

Taxpayer Identification No.(for estates, trusts, corporations, etc.)

PART II - TRANSACTIONS IN HALLIBURTON COMMON STOCK

Beginning Holdings:

A. State the total number of shares of HALLIBURTON common stock owned at the close of trading on August 13, 1999, long or short (*must be documented*).

Purchases:

B. Separately list each and every purchase of HALLIBURTON common stock during the period from August 16, 1999 and December 7, 2001, inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Price	Total Cost (Excluding Commissions, Taxes, and Fees)	Transaction Type (P/R)*

*P – Purchase, R – Received (Transfer-In)

Sales:

C. Separately list each and every sale of HALLIBURTON common stock during the period August 16, 1999 and March 6, 2002, inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Price	Amount Received (Excluding Commissions, Taxes, and Fees)	Transaction Type (S/D)*

*S – Sale, D – Delivery (Transfer-Out)

Ending Holdings:

D. State the total number of shares of HALLIBURTON common stock owned at the close of trading on March 6, 2002, long or short (*must be documented*).

Remember: to be a member of the Class You must have purchased or otherwise acquired shares between August 16, 1999 and December 7, 2001, inclusive.

The Class Period ends on December 7, 2001. March 6, 2002 is the last day of the 90-day lookback period. See 15 U.S.C. § 78u-4(e). If You did not purchase or acquire shares between August 16, 1999 and December 7, 2001, You are not a member of this Class and cannot submit a valid proof of claim.

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.

CERTIFICATION

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 I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign)

(Signature)

(Print Name)

(Signature)

(Print Name)

(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)
(See Item 2 on Page 2 for instructions)

Date: _____

REMINDER CHECKLIST



Please be sure to sign this Proof of Claim. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.

Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.



Do NOT use highlighter on the Proof of Claim or any supporting documents.

Keep copies of the completed Claim Form and documentation for your own records.



The Claims Administrator will acknowledge receipt of your Claim Form 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 CLAIMS ADMINISTRATOR TOLL-FREE AT (844) 864-9032.**

If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.



If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below, by email at info@halliburtonepjfundsecuritieslitigation.com, or by toll-free phone at (844) 864-9032, or you may visit www.halliburtonepjfundsecuritieslitigation.com. **Please DO NOT call the Defendants or their Counsel with questions regarding your claim.**

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN AUGUST 12, 2017, AND MUST BE MAILED TO:

**Halliburton EPJ Fund Securities Litigation
c/o JND Class Action Administration
P.O. Box 6847
Broomfield, CO 80021**

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by August 12, 2017, and if a postmark is indicated on the envelope and it is mailed first class and addressed in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.