

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

LEONARD SOKOLOW, Individually and on Behalf of
All Others Similarly Situated,

Plaintiff,

vs.

LJM FUNDS MANAGEMENT, LTD., et al.,

Defendants.

Case No. 1:18-cv-01039

Hon. Judge Robert M. Dow, Jr.

PROOF OF CLAIM AND RELEASE

A. GENERAL INSTRUCTIONS

1. To recover as a member of the Settlement Class based on your claims against Two Roads Shared Trust, Northern Lights Distributors, LLC, NorthStar Financial Services Group, LLC, Mark D. Gersten, Mark Garbin, Neil M. Kaufman, Anita K. Krug, Andrew B. Rogers, and James Colantino (collectively, the “Settling Defendants”) in the partial settlement of the above-captioned federal class action (the “Action”), you must complete and, on page 7 below, sign this Proof of Claim and Release form (“Claim Form”). If you fail to submit a timely and properly addressed 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 Action.

3. THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.LJMFUNDSSECURITIESSETTLEMENT.COM NO LATER THAN DECEMBER 11, 2019 OR, IF MAILED, BE POSTMARKED NO LATER THAN DECEMBER 11, 2019, ADDRESSED AS FOLLOWS:

LJM Funds Securities Settlement
c/o Epiq
P.O. Box 3058
Portland, OR 97208-3058
info@LJMFundsSecuritiesSettlement.com
(855) 915-0913

4. If you are a member of the Settlement Class and you do not timely request exclusion in response to the accompanying Notice dated September 12, 2019, you will be bound by the terms of the Settlement, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.**

5. Payments will not be made until the Settlement is approved by the Court, the Court has ruled on Lead Counsel’s application for attorneys’ fees and expenses, and the Action has been fully resolved.

B. CLAIMANT IDENTIFICATION

1. If you purchased shares of the LJM Preservation and Growth Fund (LJMAX, LJMCX, or LJMIX) (the “Fund”) during the period from February 28, 2015 through February 7, 2018, inclusive (the “Class Period”) and held the shares in your name, you are the beneficial purchaser as well as the record purchaser. If, however, you purchased or otherwise acquired shares of the Fund during the Class Period through a third party, such as a brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

2. Use Part I of this form entitled "Claimant Information" to identify each beneficial purchaser or acquirer of shares of the Fund that form the basis of this claim, as well as the purchaser or acquirer of record if different. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S).**

3. All joint purchasers 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.

C. IDENTIFICATION OF TRANSACTIONS

1. Use Part II of this form entitled "Schedule of Transactions in the Fund" to supply all required details of your transaction(s) in shares of the Fund. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all of the requested information, regardless of whether such purchases or sales resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim. "Sales price" refers to the proceeds received, if any, upon the redemption of each share.

3. Copies of broker confirmations or other documentation of your transactions in the Fund should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. The Claims Administrator does not have information about your transactions in the Fund.

4. **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 Claim Form, whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at (855) 915-0913 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

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 above. Complete names of all persons and entities must be provided.

Beneficial Owner's First Name	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Beneficial Owner's First Name	MI	Co-Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if Beneficial Owner is not an individual)

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

Address 1 (street name and number)

Address 2 (apartment, unit or box number)

City	State	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

Country

Last four digits of Social Security Number or Taxpayer Identification Number

Telephone Number (home)	Telephone Number (work)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Account Number (if filing for multiple accounts, file a separate Proof of Claim for each account)

Claimant Account Type (check appropriate box)

<input type="checkbox"/> Individual (includes joint owner accounts)	<input type="checkbox"/> Pension Plan	<input type="checkbox"/> Trust
<input type="checkbox"/> Corporation	<input type="checkbox"/> Estate	
<input type="checkbox"/> IRA/401(k)	<input type="checkbox"/> Other _____ (please specify)	

PART II - SCHEDULE OF TRANSACTIONS IN THE FUND - TICKER: LJMAX

1. HOLDINGS AS OF OPENING OF TRADING ON FEBRUARY 28, 2015 – State the total number of **LJMAX** shares of the Fund held as of the opening of trading on February 28, 2015. (Must be documented.) If none, write “zero” or “0.”

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2. PURCHASES/ACQUISITIONS FROM FEBRUARY 28, 2015 THROUGH FEBRUARY 7, 2018 – Separately list each and every purchase/acquisition of **LJMAX** shares of the Fund from after the opening of trading on February 28, 2015 through and including the close of trading on February 7, 2018. (Must be documented.)

Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>

3. PURCHASES/ACQUISITIONS FROM FEBRUARY 8, 2018 THROUGH MARCH 27, 2018 – State the total number of **LJMAX** shares of the Fund purchased/acquired from after the opening of trading on February 8, 2018 through and including the close of trading on March 27, 2018. If none, write “zero” or “0.”¹

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4. SALES FROM FEBRUARY 28, 2015 THROUGH MARCH 28, 2018 – Separately list each and every sale of **LJMAX** shares of the Fund from after the opening of trading on February 28, 2015 through and including the end of the day on March 28, 2018. (Must be documented.)

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sales Price Per Share	Proceeds Per Share Received (excluding taxes, commissions, and fees)
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>

5. HOLDINGS AS OF MARCH 28, 2018 – State the total number of **LJMAX** shares of the Fund held as of the opening of trading on March 28, 2018. (Must be documented.) If none, write “zero” or “0.”

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6. DISTRIBUTION OF FUND’S REMAINING ASSETS – State the total value of sums received from the distribution of the Fund’s remaining assets on or after March 28, 2018 relating to your **LJMAX** shares. (Must be documented.) If none, write “zero” or “0.”

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>
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IF YOU NEED ADDITIONAL SPACE TO LIST YOUR LJMAX TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME, AND CHECK THIS BOX:

¹ **Please note:** Information requested with respect to your purchases/acquisitions of the Fund during this period is needed in order to balance your claim. Purchases during this period, however, are not eligible for a recovery and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

PART II - SCHEDULE OF TRANSACTIONS IN THE FUND - TICKER: LJM CX

1. HOLDINGS AS OF OPENING OF TRADING ON FEBRUARY 28, 2015 – State the total number of LJM CX shares of the Fund held as of the opening of trading on February 28, 2015. (Must be documented.) If none, write “zero” or “0.”

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2. PURCHASES/ACQUISITIONS FROM FEBRUARY 28, 2015 THROUGH FEBRUARY 7, 2018 – Separately list each and every purchase/acquisition of LJM CX shares of the Fund from after the opening of trading on February 28, 2015 through and including the close of trading on February 7, 2018. (Must be documented.)

Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>

3. PURCHASES/ACQUISITIONS FROM FEBRUARY 8, 2018 THROUGH MARCH 27, 2018 – State the total number of LJM CX shares of the Fund purchased/acquired from after the opening of trading on February 8, 2018 through and including the close of trading on March 27, 2018. If none, write “zero” or “0.”¹

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4. SALES FROM FEBRUARY 28, 2015 THROUGH MARCH 28, 2018 – Separately list each and every sale of LJM CX shares of the Fund from after the opening of trading on February 28, 2015 through and including the end of the day on March 28, 2018. (Must be documented.)

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sales Price Per Share	Proceeds Per Share Received (excluding taxes, commissions, and fees)
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>

5. HOLDINGS AS OF MARCH 28, 2018 – State the total number of LJM CX shares of the Fund held as of the opening of trading on March 28, 2018. (Must be documented.) If none, write “zero” or “0.”

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6. DISTRIBUTION OF FUND’S REMAINING ASSETS – State the total value of sums received from the distribution of the Fund’s remaining assets on or after March 28, 2018 relating to your LJM CX shares. (Must be documented.) If none, write “zero” or “0.”

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>
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IF YOU NEED ADDITIONAL SPACE TO LIST YOUR LJM CX TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME, AND CHECK THIS BOX:

¹ **Please note:** Information requested with respect to your purchases/acquisitions of the Fund during this period is needed in order to balance your claim. Purchases during this period, however, are not eligible for a recovery and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

PART II - SCHEDULE OF TRANSACTIONS IN THE FUND - TICKER: LJMIX

1. HOLDINGS AS OF OPENING OF TRADING ON FEBRUARY 28, 2015 – State the total number of LJMIX shares of the Fund held as of the opening of trading on February 28, 2015. (Must be documented.) If none, write “zero” or “0.”

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2. PURCHASES/ACQUISITIONS FROM FEBRUARY 28, 2015 THROUGH FEBRUARY 7, 2018 – Separately list each and every purchase/acquisition of LJMIX shares of the Fund from after the opening of trading on February 28, 2015 through and including the close of trading on February 7, 2018. (Must be documented.)

Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>

3. PURCHASES/ACQUISITIONS FROM FEBRUARY 8, 2018 THROUGH MARCH 27, 2018 – State the total number of LJMIX shares of the Fund purchased/acquired from after the opening of trading on February 8, 2018 through and including the close of trading on March 27, 2018. If none, write “zero” or “0.”¹

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4. SALES FROM FEBRUARY 28, 2015 THROUGH MARCH 28, 2018 – Separately list each and every sale of LJMIX shares of the Fund from after the opening of trading on February 28, 2015 through and including the end of the day on March 28, 2018. (Must be documented.)

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sales Price Per Share	Proceeds Per Share Received (excluding taxes, commissions, and fees)
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>

5. HOLDINGS AS OF MARCH 28, 2018 – State the total number of LJMIX shares of the Fund held as of the opening of trading on March 28, 2018. (Must be documented.) If none, write “zero” or “0.”

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6. DISTRIBUTION OF FUND’S REMAINING ASSETS – State the total value of sums received from the distribution of the Fund’s remaining assets on or after March 28, 2018 relating to your LJMIX shares. (Must be documented.) If none, write “zero” or “0.”

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>
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IF YOU NEED ADDITIONAL SPACE TO LIST YOUR LJMIX TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME, AND CHECK THIS BOX:

¹ **Please note:** Information requested with respect to your purchases/acquisitions of the Fund during this period is needed in order to balance your claim. Purchases during this period, however, are not eligible for a recovery and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

**PART III – SUBMISSION TO JURISDICTION OF COURT AND
ACKNOWLEDGMENTS**

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

1. I (We) submit this Proof of Claim and Release under the terms of the Stipulation and Agreement of Partial Settlement, dated August 19, 2019 (the “Stipulation”) described in the accompanying Notice. I (We) also submit to the jurisdiction of the United States District Court for the Northern District of Illinois, with respect to my (our) claim as a Settlement Class Member and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Action. I (We) agree to furnish additional information to the Claims Administrator to support this claim (including transactions in other securities) if requested to do so. I (We) have not submitted any other claim in the Action covering the same purchases or sales of shares of the Fund during the Class Period and know of no other person having done so on my (our) behalf.

2. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge from the Released Claims each and all of the Released Defendant Parties, both as defined in the accompanying Notice. This release shall be of no force or effect unless and until the Court approves the Settlement and the Settlement becomes effective on the Effective Date (as defined in the Stipulation).

3. 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.

4. I (We) hereby warrant and represent that I (we) have included the information requested about all of my (our) transactions in the Fund that are the subject of this claim, as well as the opening and closing positions in such securities held by me (us) on the dates requested in this Claim Form.

5. 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. (Note: 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.

(Sign your name here) Executed day of –
(Day) (Month) (Year)

(Type or print your name here)

(Signature of joint claimant, if any) Date – –
MM DD YY

(Print joint claimant name here)

Capacity of person[s] signing on behalf of claimant, if other than the individual claimant, e.g., Executor or Administrator (Must provide evidence of authority to act on behalf of claimant – see Section B, ¶3 on page 2 of this Claim Form)

ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
PAYMENTS WILL NOT BE MADE UNTIL THE ACTION IS RESOLVED.
THANK YOU FOR YOUR PATIENCE.

Reminder Checklist:

1. Please sign the above release and acknowledgement.
2. If this claim is being made on behalf of joint claimants, then both must sign.
3. Remember to attach copies of supporting documentation, if available.
4. **Do not send** originals of certificates.
5. Keep a copy of your Claim Form and all supporting documentation for your records.
6. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
7. If you move, please send your new address to:
LJM Funds Securities Settlement
c/o Epiq
P.O. Box 3058
Portland, OR 97208-3058
info@LJMFundsSecuritiesSettlement.com
(855) 915-0913
8. **Do not use red pen or highlighter** on the Claim Form or supporting documentation.