

Broadwind Fair Fund
c/o Analytics Consulting LLC
Distribution Agent
P.O. Box 2007
Chanhassen, MN 55317-2007

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

SECURITIES AND EXCHANGE COMMISSION

Plaintiff,

v.

BROADWIND ENERGY, INC.,
J. CAMERON DRECOLL; and
STEPHANIE K. KUSHNER,

Defendants.

Case No. 1:15-cv-01142

Hon. Charles R. Norgle, Sr.

BROADWIND ENERGY, INC. FAIR FUND CLAIM FORM

1. GENERAL INSTRUCTIONS

- A. To be considered for eligibility to recover from the Broadwind Fair Fund, you or your authorized representative must fully complete, and timely submit, this Claim Form. This Claim Form must be signed by the beneficial owner of the Broadwind common stock traded on the NASDAQ under the trading symbol BWEN (the "Security") or by that person's authorized representative, under the penalty of perjury. If you fail to complete and timely submit this Claim Form in accordance with the directions herein, your Claim Form may be rejected and you may be precluded from any recovery from the Broadwind Fair Fund.
- B. Submission of this Claim Form does not mean that you will be determined eligible for a payment from the Broadwind Fair Fund.
- C. You can complete and submit an online Claim Form by visiting the Broadwind Fair Fund's website at www.SECvBroadwindFairFund.com. If you choose to submit your Claim Form online, you must submit it on or before 11:59 p.m. Eastern Standard Time on **June 14, 2022**.
- D. To submit the Claim Form by mail, you must complete and sign this Claim Form and submit it to the Distribution Agent at the following address by first class mail, postmarked (or if not sent by U.S. Mail, received) no later **June 14, 2022**:

Broadwind Fair Fund
c/o Analytics Consulting LLC
Distribution Agent
P.O. Box 2007
Chanhassen, MN 55317-2007

- E. Claims with 100 or more transactions must be submitted electronically and in the required format specified by the Distribution Agent.

If you fall within this category and wish to file your Claim Form electronically, you must send an e-mail to info@SECvBroadwindFairFund.com, or visit www.SECvBroadwindFairFund.com to obtain the required electronic filing template. Files that do not comply with the template and format provided by the Distribution Agent may be rejected. Electronic files will NOT be considered properly submitted unless the Distribution Agent issues to the Potential Claimant a written acknowledgment of receipt and acceptance of the electronically submitted data. If you do not receive such an acknowledgement, please contact the Distribution Agent.

- F. Separate Claim Forms should be submitted for each separate legal entity (e.g., a claim from Joint Owners should not include separate transactions of just one of the Joint Owners, and an Individual should not combine his or her IRA transactions with transactions made solely in the Individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions in the Security) during the Recovery Period on one Claim Form, no matter how many accounts the transactions were made in.

2. CLAIMANT IDENTIFICATION

- A. If you held the Security in your name, you are the beneficial owner (holder) as well as the record owner. If, however, you purchased or otherwise acquired the Security through a third party, such as a nominee or brokerage firm, and the security was registered in the name of that third party, you are the beneficial owner and the third party is the record owner.
- B. THIS CLAIM FORM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER OR OWNERS, OR THE LEGAL REPRESENTATIVE OF SUCH OWNER OR OWNERS, OF THE SECURITY UPON WHICH THE CLAIM IS BASED.
- C. If the Beneficial Owner is an entity, the entity name should be provided (e.g., corporation, trust, estate, etc.).
- D. All joint owners must sign this Claim Form. Executors, administrators, conservators, and trustees must complete and sign this Claim Form on behalf of persons and/or entities represented by them. Proof of their authority must accompany this Claim Form and their titles or capacities must be stated.
- E. The Social Security (or taxpayer identification) number and telephone number of the Potential Claimant may be used in verifying this Claim Form. Failure to provide that information could delay verification of your Claim Form or result in rejection of your Claim Form.

3. THIRD PARTY FILERS

- A. When submitting claims to the Broadwind Fair Fund on behalf of its clients, all Third-Party Filers must use the electronic filing template provided by the Distribution Agent in this matter. Files that do not comply with the template and format provided by the Distribution Agent may be rejected. Third-Party Filers must also submit a signed master Proof of Claim and Release, as well as proof of authority to file on behalf of the claimant(s) at the time the electronic file of transactions is submitted. Failure to do so may result in rejection of the claim(s).
- B. Each Third-Party Filer must establish the validity and amount of each claim in its submission. Like all other Potential Claimants, Third-Party Filers must submit such supporting documentary evidence of purchases, dispositions, and holdings of Eligible Securities as the Distribution Agent deems necessary or appropriate to substantiate each individual claim. Without limitation, this includes the complete name of the Potential Claimant (beneficial account owner) and its TIN (for individuals) or EIN (for companies), sufficient contact information to confirm the identity of the beneficial owner, and documentation from the original bank, broker or other institution of purchases and dispositions of the Security (account statements, confirmations and other documentation of purchases and dispositions), as well as holdings of the Security on pertinent dates. Documentation generated by the Third-Party Filer as well as affidavits in lieu of supporting documentation, will not be accepted unless, for good cause, the Distribution Agent determines it acceptable.
- C. Distribution Payments must be made by check or electronic payment payable to the Potential Claimant (beneficial account owner). The Third-Party Filer shall not be the payee of any Distribution Payment check or electronic Distribution Payment.

Subject to ¶ 35 in the Plan (ERISA Plans), any other payment arrangement must be discussed with the Distribution Agent in consultation with the SEC staff and must be authorized by the Potential Claimant. Compensation to the Third-Party Filer for its services may not be paid or deducted from the Distribution Payment.

4. CLAIM FORM

- A. Use Part II of this Claim Form titled “Transactions in Broadwind Common Stock” to supply all required details of your purchases and/or acquisitions, sales, transfers, and holdings of the Security. Failure to provide all transactional information may result in the rejection of your Claim Form.
- B. Note any shares RECEIVED or TRANSFERRED between funds or entities or persons controlled by the same person or entity shall not be considered purchases. In order to be considered, you must provide the original purchase information as well as supporting documentation. For any shares DELIVERED or TRANSFERRED out of an account, you must provide the actual disposition of the shares delivered out by submitting documentation showing the shares were sold or retained.
- C. Broker confirmations or other valid third-party supporting documentation of your purchases and/or acquisitions, sales, transfers, and holdings of the Security should be attached to your Claim Form. Failure to provide this documentation may delay verification of your Claim Form or result in rejection of your Claim Form.
- D. This Claim Form must be submitted online by 11:59 p.m. Eastern Standard Time on **June 14, 2022** or mailed to the Distribution Agent postmarked (or if not sent by U.S. Mail, received) on or before **June 14, 2022**.
- E. This Claim Form requests information necessary to process your Claim Form. The Distribution Agent may request additional information as required to efficiently and reliably process your Claim Form.

CLAIM FORM COMPLETION CHECKLIST

- 1. **Taxpayer Identification Information Required** – In Part I of the Claim Form, in addition to providing all of the requested information, you must provide a Social Security Number or Employer Identification Number of the Potential Claimant.
- 2. **Submission/Postmark Date** – This form, with your supporting documentation, must be submitted online at www.SECvBroadwindFairFund.com by 11:59 p.m. Eastern Standard Time on **June 14, 2022** or mailed to the Distribution Agent such that it is postmarked (or if not sent by U.S. Mail, received) on or before **June 14, 2022**. The burden to prove timely receipt of a claim by the Distribution Agent will be upon the claimant.

- 3. **Mailing Address** – Mail to:

Broadwind Fair Fund
c/o Analytics Consulting LLC
Distribution Agent
P.O. Box 2007
Chanhassen, MN 55317-2007

- 4. **Supporting Documentation** – Remember to attach the required supporting documentation. Do NOT provide originals of brokerage statements or any other documentation. If the name appears different on the supporting documentation, you must provide proof of name/bank account change.

Required supporting documentation may include: (a) trade confirmation slips; (b) applicable statement(s); (c) a signed letter from your broker on firm letterhead verifying the information you are providing; or (d) other equivalent proof of your transactions. All documentation must be legible and include all of the information necessary to support the information on the Claim Form. Please send copies of documents, not originals.

- 5. **Retain Copies of Submitted Documents** – Keep a copy of your Claim Form and all documents submitted for your records.
- 6. **Notice of Address Change** – If you move after submitting this Claim Form or any of your contact information changes, please promptly notify the Distribution Agent in writing, directed to the email or mailing address below, of the change in your address or contact information.

- 7. **If You Have Additional Questions**, please contact the Distribution Agent:

Call: 1-855-907-3474
Website: www.SECvBroadwindFairFund.com
Email: info@SECvBroadwindFairFund.com

Write to the Distribution Agent at:

Broadwind Fair Fund
c/o Analytics Consulting LLC
Distribution Agent
P.O. Box 2007
Chanhassen, MN 55317-2007

BROADWIND ENERGY, INC. FAIR FUND CLAIM FORM

PART I. CLAIMANT IDENTIFICATION

Please Type or Print

Name of Beneficial Owner

First Name

M.I.

Last Name

Name of Joint Beneficial Owner (if applicable)

First Name

M.I.

Last Name

Name of Custodian (if applicable)

Entity Name (if applicable)

Name of Representative (if applicable)

Account Type (check appropriate box):

- Individual(s) Corporation UGMA Custodian IRA
 Partnership Estate Trust Other (describe: _____)

Street Address

City

State/Province

ZIP Code

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

Daytime Phone Number

--

Evening Phone Number

--

Email Address

Account Number

Proceed to Part II of this Claim Form.

PART II. TRANSACTIONS IN BROADWIND COMMON STOCK

BEGINNING HOLDINGS

1. Number of shares of Broadwind common stock held at the close of trading on **March 15, 2009**:
If none, write "zero" or "0"; if other than zero, must be documented.

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Check Here If
Documentation
is Enclosed

PURCHASES/ACQUISITIONS

2. List all purchases and/or acquisitions Broadwind common stock from March 16, 2009 through and including March 11, 2010:

A. Date(s) of Purchase or Acquisition			B. Number of Shares Purchased/Acquired	C. Purchase Price Per Share	D. Amount Paid (Excluding Commissions, Taxes & Fees)	Check Here If Documentation is Enclosed					
M	M	Y Y									
				\$							
				\$							
				\$							
				\$							

3. List total number of shares of Broadwind common stock purchased or acquired from March 12, 2010 through June 9, 2010: If none, write "zero" or "0"; if other than zero, must be documented.

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Check Here If
Documentation
is Enclosed

SALES

4. List all sales of Broadwind common stock from March 16, 2009 through and including June 9, 2010:

A. Date(s) of Sale			B. Number of Shares Sold	C. Sale Price Per Share	D. Amount Received (Excluding Commissions, Taxes & Fees)	Check Here If Documentation is Enclosed				
M	M	Y Y								
				\$						
				\$						
				\$						
				\$						

ENDING HOLDINGS

5. Number of shares of Broadwind common stock held at the close of trading on **June 9, 2010**:
If none, write "zero" or "0"; if other than zero, must be documented.

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Check Here If
Documentation
is Enclosed

BE SURE TO ATTACH THE REQUIRED DOCUMENTATION.

YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY, AND CHECK THIS BOX:

IF YOU DO NOT CHECK THIS BOX, ANY ADDITIONAL PAGES PROVIDED MAY NOT BE REVIEWED.

PART III. TAX CERTIFICATION

The interest component of your distribution payment, if any, will be U.S. source income. To ensure that the Fair Fund can comply with its reporting and/or withholding obligations, please complete and provide the Administrator of the Distribution Fund with one (1) of the following forms, as applicable:

- A substitute IRS Form W-9 (incorporated into this Claim Form); **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 the Substitute IRS Form W-9 below.

If you are ***not*** a U.S. person, then you should ***not*** complete the Substitute IRS Form W-9 below. Instead, you should complete 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 law 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 law 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 Fair Fund does not receive a valid and complete Form W-9 or W-8 from you, the 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 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.

SUBSTITUTE FORM W-9
TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Social Security Number

- -

Employee Identification Number

-

or

Exempt Payee Code (if any) _____

Exemption from FATCA reporting code (if any) _____

Check appropriate box for federal tax classification:

Individual C Corporation S Corporation Partnership Trust/Estate

Other (*describe*): _____

Limited Liability Company - choose tax classification: C Corporation S Corporation Partnership

Print your name as it appears on your federal income tax return:

First Name and Last Name, for Individuals. Entity Name for businesses and trusts.

UNDER THE 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

_____/_____/_____
Date Signed

SIGN HERE

PART IV. SIGNATURE AND CERTIFICATIONS

I (We) declare UNDER PENALTY OF PERJURY under the laws of the United States of America that:

1. I (We) have read my (our) foregoing Claim Form, including any attachments and enclosures, and this Claim Form including any attachments and enclosures is true and correct in every aspect;
2. I (We) hereby warrant and represent that I (we) am (are) not an Excluded Party as defined in the Plan;
3. I (We) understand the deadline for filing and returning this Claim Form is **June 14, 2022**, and that the completed documents and all required supporting documentation must be (1) postmarked (or if not sent by U.S. Mail, received) on or before that date and received at Broadwind Fair Fund, c/o Analytics Consulting LLC, Distribution Agent, P.O. Box 2007, Chanhassen, MN 55317-2007; or (2) submitted online at www.SECvBroadwindFairFund.com by 11:59 p.m. Eastern Standard Time on **June 14, 2022**. I (We) understand that if I (we) fail to comply with the deadline, it may result in the denial of my (our) Claim Form;
4. I (We) have not authorized nor am (are) aware of anyone else who has filed a Claim Form on my (our) behalf for the same Security covered in this Claim Form;
5. All notices regarding remission shall be sent to me (us) at the mailing address set forth above, unless I (we) timely provide to you in writing any change of address; and
6. If I (We) am/are a Third-Party Filer, I (we) attest that any distribution to the custodian, trustee, or investment professional representing multiple potentially eligible beneficial owners, will be allocated for the benefit of current or former pooled investors and not for the benefit of management. Compensation to the Third-Party Filer for its services may not be paid or deducted from the Distribution Payment.

____ / ____ / ____
Date Executed (Month/Day/Year)

____ / ____ / ____
Date Executed (Month/Day/Year)

Signature of Beneficial Owner

Signature of Joint Beneficial Owner, if any

Full Printed Name

Full Printed Name

Signature of person signing on behalf of Claimant

Type or 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, Trustee, President, Power of Attorney, etc.)

SIGN HERE