



*In re Dentsply Sirona Securities Litigation*

ELECTRONIC CLAIM FILING GUIDELINES



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## Overview

Electronic Claim Filing applies to institutions or entities that are filing multiple Proofs of Claim and Release on behalf of themselves and/or others, as well as individuals or entities that are filing Proofs of Claim and Release with a large number of transactions (50+).

Electronic Claim Filings are subject to rejection if not prepared in compliance with these Electronic Claim Filing Guidelines.

PLEASE NOTE: No Electronic Claim Filing will be considered to have been properly submitted unless the Claims Administrator issues to the filer a written acknowledgment of receipt and acceptance of electronically submitted data.

## Electronic Filing Requirements

### Complete and Sign a Proof of Claim and Release:

- One executed Proof of Claim and Release should be completed per submission. This Proof of Claim and Release serves as a master Proof of Claim and Release for one or all of the accounts included on your file. The Proof of Claim and Release is attached hereto as Appendix B.
- Separate Claims 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 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 made in all accounts on one Claim).
- Complete the first page of the Proof of Claim and Release. Be sure to include company name, account name/number, and company address. If submitting an electronic file on behalf of several accounts, enter "Various Accounts" for the account name/number.
- Complete the signature page on the Proof of Claim and Release. If you are filing on behalf of your clients, you must include a letter or document providing your authorization to sign on behalf of your clients, as set forth in Appendix C.
- A valid email address must be on file with the Claims Administrator. Communication regarding deficiencies and rejections on electronically filed claims may be conducted by email. A valid email address **MUST** be included on the Proof of Claim and Release, and the email address provided **MUST** be updated in the event the contact person or email address changes; it is the sole responsibility of the filing party to maintain up-to-date, complete contact information with the Claims Administrator.

### Prepare a cover letter:

- A cover letter **MUST** be included with the master Proof of Claim and Release. The cover letter must include the total number of accounts; total number of transactions; total number of shares purchased, acquired, and sold; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter as set forth in Appendix D.



## Prepare a data file:

- An Excel spreadsheet or other electronic file containing account information and transactional data **MUST** be prepared in accordance with A.B. Data, Ltd.'s Electronic Claim Filing Template Mapping Instructions found in Appendix E. The following formats are acceptable: a) MEDIA: CD, DVD, and FLASH DRIVE and b) DATA: ASCII, MS EXCEL, and MS ACCESS. For your convenience, an Excel spreadsheet template is available for your use and may be downloaded from [www.DentsplySironaSecuritiesLitigation.com](http://www.DentsplySironaSecuritiesLitigation.com)
- If you cannot provide the information in the aforementioned formats or you have other requests, questions, concerns, or comments, please email A.B. Data, Ltd., at [efiling@abdata.com](mailto:efiling@abdata.com) or you may call 877-354-3791 to speak to an Electronic Claims Filing Specialist.

## Mail your executed master Proof of Claim and Release with a cover letter and media format to:

*In re Dentsply Sirona Securities Litigation*  
ATTN: ELECTRONIC CLAIMS DEPARTMENT  
C/O A.B. DATA, LTD.  
PO BOX 173027  
MILWAUKEE, WI 53217

Or:

*In re Dentsply Sirona Securities Litigation*  
ATTN: ELECTRONIC CLAIMS DEPARTMENT  
C/O A.B. DATA, LTD.  
3410 WEST HOPKINS STREET  
MILWAUKEE, WI 53216

## Documentation Requirements

A.B. Data, Ltd., reserves the right to request additional documentation at any time after your Proof of Claim and Release and file have been received and processed. The documentation provided should be sufficient to verify the validity and accuracy of the data provided in the file.

If you provided a letter/affidavit attesting to the truth and accuracy of your data when initially submitting your file, A.B. Data may still require specific documentary evidence (trade confirmations, monthly statement, or equivalent) to verify the details of your transactions and/or holdings.

## How to account for Free Receipts, Free Deliveries, and Transfers

Free receipt, free delivery, and transfer transactions are not eligible for payment unless you have additional information regarding the original purchase, acquisition, or subsequent sale. If you do not have this information, free receipt, free delivery, and transfer transactions should only be included on your electronic file for balancing purposes. You **MUST** use the following instructions when filing for accounts that have free receipt, free delivery, and transfer transactions during the Class Period:

**If shares were transferred to or from a different custodian (corresponding account is not on your electronic file), you must follow these instructions:**

- **SHARES RECEIVED INTO ACCOUNT:** You must account for any received shares by providing the opening position or original purchase or acquisition of these shares from the prior account.



- **SHARES DELIVERED OUT OF ACCOUNT:** You must account for any delivered shares by providing the sale and/or closing position from the subsequent account.
- **NO INFORMATION AVAILABLE ON ORIGINAL PURCHASE/ACQUISITION or SUBSEQUENT SALE:** You must provide the free receipt and/or free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

**If shares were transferred between accounts on your file, you must follow these instructions:**

- **DO NOT** claim the same purchase or acquisition transaction(s) on both accounts.
- The account that owned the shares most recently should be the account claiming the eligible purchase or acquisition. These shares should already be accounted for in the sales and/or closing position of the most recent account.
- If shares were transferred between accounts for the same beneficial owner on your file, you must combine these accounts and file all eligible purchases, acquisitions, and sales in a single claim. You must also include all opening and closing positions on the claim for that entity.
- If you are unable to combine these accounts accordingly, you must provide the free receipt and free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

## Claim Balancing

All securities for each Claim must balance. This means all opening position shares plus purchases / acquisitions (including free receipts) from December 8, 2015 through and including November 2, 2018, **MUST EQUAL** the total sales (including free deliveries) from December 8, 2015, through and including November 2, 2018, plus the closing position. **(O+P+FR=S+FD+C).**

Negative values may only be given for short opening or closing positions. All other transactions must be positive values.

## Appendix A

### Case Specific Information

CLASS DEFINITION:	All persons and entities who purchased or otherwise acquired the common stock of Dentsply Intl. or Dentsply Sirona during the period from December 8, 2015 through August 6, 2018, inclusive, and who were damaged thereby.
CLAIM FILING DEADLINE:	October 7, 2025, or Within Thirty (30) Days After Final Approval is Granted to the Settlement, Whichever is Later.

### The following is a list of eligible Securities:

SECURITY	TICKER	CUSIP	ISIN
Dentsply Sirona Common Stock	XRAY	24906P109 <sup>1</sup>	US24906P1093
Dentsply Intl. Common Stock	XRAY	249030107 <sup>2</sup>	US2490301072

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<sup>1</sup> Dentsply Sirona's current CUSIP number is 24906P109

<sup>2</sup> CUSIP 249030107 from February 29, 2016 prior



**Common Stock transactions for each account should include:**

<b>Transaction Type</b>	<b>Definition</b>	<b>Valid Dates</b>
<b>O</b>	Total shares owned at opening of trading at beginning of Class Period.	12/08/2015
<b>P</b>	Purchases/acquisitions during the Class Period.	12/08/2015 through 11/02/2018
<b>FR</b>	Transfer into account during the Class Period.	12/08/2015 through 11/02/2018
<b>S</b>	Sales during the Class Period.	12/08/2015 through 11/02/2018
<b>FD</b>	Transfer out of account during the Class Period.	12/08/2015 through 11/02/2018
<b>C</b>	Total shares owned at close of trading at end of Class Period.	11/02/2018

**\*\*\*Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**



## Appendix B



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UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

-----X  
IN RE DENTSPLY SIRONA, INC.  
SECURITIES LITIGATION  
-----X

18 Civ. 7253 (NG)(PK)

**PROOF OF CLAIM AND RELEASE**

**A. GENERAL INSTRUCTIONS**

1. The only way to receive a distribution from the Net Settlement Fund created in connection with the proposed Settlement of the action entitled *In re Dentsply Sirona, Inc. Securities Litigation*, Case No. 1:18-cv-07253-NG-PK (the “Action”), is to complete, sign, and timely submit this Proof of Claim and Release form (“Proof of Claim and Release Form”) as directed below. If you fail to submit a properly addressed (as set forth in paragraph 3 below) Proof of Claim and Release Form, postmarked or received by the date shown below, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed Settlement of the Action.

2. Submission of this Proof of Claim and Release Form, however, does not ensure that you will share in the proceeds of the Settlement. You will only be entitled to receive a distribution from the Net Settlement Fund if: (i) you are an Authorized Claimant (as described in the Plan of Allocation, paragraphs 76-96 of the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Settlement Hearing; and (III) Motion for Attorneys’ Fees and Litigation Expenses (“Notice”), which accompanies this Proof of Claim and Release Form); and (ii) you complete and sign this Proof of Claim and Release Form and timely submit it to the Claims Administrator at the address below.

**3. THIS PROOF OF CLAIM AND RELEASE FORM MUST BE SUBMITTED EITHER (1) ONLINE AT [WWW.DENTSPLYIRONASECURITIESLITIGATION.COM](http://WWW.DENTSPLYIRONASECURITIESLITIGATION.COM) NO LATER THAN OCTOBER 7, 2025, OR WITHIN 30 DAYS AFTER FINAL APPROVAL IS GRANTED TO THE SETTLEMENT, WHICHEVER IS LATER, OR (2) BY MAIL, POSTMARKED NO LATER THAN OCTOBER 7, 2025, OR WITHIN 30 DAYS AFTER FINAL APPROVAL IS GRANTED TO THE SETTLEMENT, WHICHEVER IS LATER, ADDRESSED AS FOLLOWS:**

*Dentsply Sirona Securities Litigation*  
c/o A.B. Data, Ltd.  
P.O. Box 173027  
Milwaukee, WI 53217

If you are NOT a member of the Class (as defined in paragraph 30 of the Notice, which accompanies this Proof of Claim and Release Form), DO NOT submit a Proof of Claim and Release Form. If you are excluded from the Settlement Class, any Proof of Claim and Release Form that you submit, or that may be submitted on your behalf, will not be accepted.

4. If you are a member of the Class and you have not timely requested exclusion in response to the Notice, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE FORM OR RECEIVE A PAYMENT.

5. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her, or its *pro rata* share of the Net Settlement Fund. If the prorated payment to any Authorized Claimant calculates to less than \$10.00, it will not be included in the calculation, and no distribution will be made to that Authorized Claimant.

**B. INSTRUCTIONS FOR COMPLETING PART I – CLAIMANT INFORMATION**

1. If you purchased or otherwise acquired Dentsply Intl. or Dentsply Sirona common stock in your name, you are the beneficial purchaser or other acquirer as well as the record purchaser or other acquirer. If, however, you purchased or otherwise acquired the Dentsply Intl. or Dentsply Sirona common stock through a third party, such as a brokerage firm, you are the beneficial purchaser or other acquirer and the third party is the record purchaser or other acquirer.

2. Use Part I of this form entitled “Claimant Information” to identify each beneficial purchaser or other acquirer of Dentsply Intl. or Dentsply Sirona common stock that forms the basis of this claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR OTHER ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR OTHER ACQUIRER(S) UPON WHICH THIS CLAIM IS BASED.

**NOTE:** Separate Proof of Claim and Release Forms should be submitted for each separate legal entity (for example, 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 Proof of Claim 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 (for

example, a corporation with multiple brokerage accounts should include all transactions made in Dentsply Intl. or Dentsply Sirona common stock during the Class Period on one Proof of Claim, no matter how many accounts the transactions were made in). All joint purchasers or other acquirers must sign this claim. Executors, administrators, guardians, conservators and trustees must complete and sign this claim on behalf of Persons represented by them and proof 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 could delay verification of your claim or result in rejection of the claim.

## **C. INSTRUCTIONS FOR COMPLETING PART II – SCHEDULE OF TRANSACTIONS IN COMMON STOCK**

1. Use Part II of this form entitled “Schedule of Transactions in Common Stock” to supply all required details of your transaction(s). 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 with respect to all of your purchases or other acquisitions and all of your sales or other dispositions of Dentsply Intl. or Dentsply Sirona common stock from December 8, 2015 through November 2, 2018, inclusive, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

3. The date of covering a “short sale” is deemed to be the date of purchase or other acquisition of Dentsply Intl. or Dentsply Sirona common stock. The date of a “short sale” is deemed to be the date of sale of Dentsply Intl. or Dentsply Sirona common stock.

4. You must attach copies of broker confirmations or other documentation of your transactions in Dentsply Intl. or Dentsply Sirona common stock to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. Lead Plaintiff does not have information about your transactions in Dentsply Intl. or Dentsply Sirona common stock.

5. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of Dentsply Intl. and Dentsply Sirona common stock set forth in the Schedule of Transactions in Common Stock in Part II. Documentation may consist of copies of brokerage confirmation slips or monthly brokerage account statements, or an authorized statement from your broker containing the transactional and holding information found in a broker confirmation slip or account statement. The Parties and the Claims Administrator do not have information about your investments in Dentsply Intl. or Dentsply Sirona common stock. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OF THE DOCUMENTS OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS.

**NOTICE REGARDING ELECTRONIC FILES:** Claimants with large numbers of transactions may request, or may be requested, to submit their transaction information in electronic files. All Claimants **MUST** submit a **signed Proof of Claim and Release Form** whether or not they submit electronic files. If you wish to file your claim electronically, you must contact the Claims Administrator at (866) 217 – 4456 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.

**Must Be Postmarked or Submitted Online No Later Than:**  
**October 7, 2025, or within 30 days after final approval is granted to the Settlement, whichever is later**  
Please Type or Print

**PART II – SCHEDULE OF TRANSACTIONS IN COMMON STOCK**

**1. HOLDINGS AS OF DECEMBER 8, 2015.** State the total number of shares of Dentsply Intl. common stock held as of the opening of trading on December 8, 2015. If none, write “zero” or “0.” \_\_\_\_\_ (Must be documented.)

**2. PURCHASES OR OTHER ACQUISITIONS FROM DECEMBER 8, 2015 THROUGH AUGUST 6, 2018.** Separately list each and every purchase or other acquisition of Dentsply Intl. or Dentsply Sirona common stock from December 8, 2015 through the close of trading on August 6, 2018. (Must be documented.)

Date of Purchase or Other Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased or Otherwise Acquired	Purchase or Other Acquisition Price Per Share	Total Purchase or Other Acquisition Price (excluding taxes, commissions, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

**3. NUMBER OF SHARES PURCHASED OR OTHERWISE ACQUIRED FROM AUGUST 7, 2018 THROUGH NOVEMBER 2, 2018.** State the total number of shares of Dentsply Sirona common stock purchased or otherwise acquired from on August 7, 2018 through November 2, 2018. If none, write “zero” or “0.” \_\_\_\_\_. (Must be documented.)<sup>1</sup>

**4. SALES FROM DECEMBER 8, 2015 THROUGH NOVEMBER 2, 2018.** Separately list each and every sale of Dentsply Intl. or Dentsply Sirona common stock from on December 8, 2015 through the close of trading on November 2, 2018. (Must be documented.)

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

**5. HOLDINGS AS OF NOVEMBER 2, 2018.** State the total number of shares of Dentsply Sirona common stock held as of the close of trading on November 2, 2018. If none, write “zero” or “0.” \_\_\_\_\_ (Must be documented.)

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

**INCLUDE THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF  
SOCIAL SECURITY NUMBER/TAXPAYER IDENTIFICATION NUMBER ON EACH PAGE**

**YOU MUST READ AND SIGN THE RELEASE ON PAGES 5 – 6 AND SIGN ON PAGE 6. FAILURE TO SIGN THE  
RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.**

<sup>1</sup> The number of shares purchased or otherwise acquired of Dentsply Sirona common stock during the “90-day look-back period” from August 7, 2018 through November 2, 2018 are needed in order to balance your claim. NOTE that those shares are not eligible for a recovery in this Settlement.

### **PART III – ACKNOWLEDGMENTS AND RELEASE**

#### **A. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS**

I (We) submit this Proof of Claim and Release Form under the terms of the Stipulation and Agreement of Settlement, dated March 12, 2025, described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Eastern District of New York with respect to my (our) claim as a 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 if requested to do so. I (We) have not submitted any other claim in the Action covering the same purchases/acquisitions or sales of Dentsply Intl. or Dentsply Sirona common stock and know of no other person having done so on my (our) behalf.

#### **B. RELEASE AND WARRANTIES**

1. I (We), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, and assigns, in their capacities as such, hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever compromise, settle, release, resolve, relinquish, waive, and discharge each and every Released Plaintiffs' Claim (as defined in paragraph 39 of the Notice) against each and every one of the Defendants and the other Defendants' Releasees (as defined in paragraph 40 of the Notice), and shall forever be barred and enjoined from commencing, instituting, prosecuting, or maintaining any or all of the Released Plaintiffs' Claims, including any Unknown Claims (as defined in paragraph 41 of the Notice), against any of the Defendants' Releasees.

2. I (We) hereby acknowledge that I (we) will not be entitled to receive recovery in any other action against any of the Defendants' Releasees based on or arising out of the Released Plaintiffs' Claims.

3. I (We) hereby warrant and represent that I am (we are) a Class Member as defined in the Notice, and that I (we) believe I am (we are) eligible to receive a distribution from the Net Settlement Fund under the terms and conditions of the Plan of Allocation, as set forth in the Notice.

4. I (We) hereby warrant and represent that I (we) have included information (including supporting documentation) about all of my (our) transactions in Dentsply Intl. or Dentsply Sirona common stock which occurred during the Class Period between December 8, 2015 and August 6, 2018, inclusive, and any sales of Dentsply Intl. or Dentsply Sirona common stock purchased or otherwise acquired during the Class Period and sold on or prior to the close of trading on November 2, 2018, as well as the number of shares of Dentsply Intl. or Dentsply Sirona common stock held by me (us) at the opening of trading on December 8, 2015 and the close of trading on November 2, 2018.

5. I (WE) UNDERSTAND AND INTEND THAT THE SIGNATURE BELOW REGARDING CERTAIN INFORMATION FOR THE INTERNAL REVENUE SERVICE CONCERNING BACKUP WITHHOLDING ALSO SERVES AS THE SIGNATURE VERIFYING THE INFORMATION AND REPRESENTATIONS IN THIS PROOF OF CLAIM.

6. 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.

7. 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.

8. 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 Proof of Claim and Release Form by the undersigned is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_.  
(Month / Year) (City) (State/Country)

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
Print Name of Claimant

\_\_\_\_\_  
Print Name of Joint Claimant, if any

\_\_\_\_\_  
(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor or Administrator)

#### 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 supporting documentation. DO NOT SEND ORIGINAL STOCK CERTIFICATES.
5. Keep a copy of your Proof of Claim and Release Form and all supporting documentation for your records.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim and Release Form within 60 days. Your claim is not deemed submitted until you receive an acknowledgment e-mail or postcard. If you do not receive an acknowledgment e-mail or postcard within 60 days of mailing your Proof of Claim and Release Form, please call the Claims Administrator toll free at (866) 217-4456
7. If you move, please send your new address to:  
*Dentsply Sirona Inc. Securities Litigation*  
c/o A.B. Data, Ltd.  
P.O. Box 173027  
Milwaukee, WI 53217  
info@DentsplySironaSecuritiesLitigation.com  
(866) 217-4456
8. **Do not use red pen or highlighter** on the Proof of Claim and Release Form or supporting documentation.

## **Appendix C**

### **Authorization Requirements**

**If you are a nominee filing on behalf of your account holders, you must include the following documentation:**

- Affidavit attesting that your entity has legal rights and authorization from your account holders to file Proofs of Claim and Release on their behalf **and** that your account holders understand that they are bound by and subject to the terms of all releases that may be entered in this Settlement etc.; and
- Authorization to sign on your account holders' behalf.

**If you are a third party filing on behalf of a nominee, you must include an Affidavit attesting to the following:**

- Your entity has the legal right and authorization from the nominee to file and sign any Proofs of Claim and Release on their behalf;
- Your entity has the legal right and authorization from the nominee's account holders to file and sign any Proofs of Claim and Release on their behalf; and
- The account holders understand they are bound by and subject to the terms of all releases that may be entered in the Action.

**If you are a third party filing on behalf of another party, you must include an Affidavit attesting to the following:**

- Your entity has the legal right and authorization from the other party to file and sign any Proofs of Claim and Release on its behalf; and
- The other party understands it is bound by and subject to the terms of all releases that may be entered in the Action.

**If you are not a nominee or a third party and would like to file claims electronically, you must include documentation supporting all transactional data of your claim as follows:**

- Documents may include, but are not limited to, a) photocopies of stockbrokers' confirmation slips; b) photocopies of stockbrokers' monthly statements reflecting ALL transactional data and how it was compiled for the opening of the Class Period through the end of the Class Period; or c) a signed letter from your broker, on their letterhead, providing all of the information that would be found on a confirmation slip and/or other aforementioned documents.



**Appendix D**  
**Sample Cover Letter**

LETTERHEAD

Re: *Dentsply Sirona Inc. Securities Litigation*

Date:

Enclosed is a fully executed master Proof of Claim and Release with required authorizations and affidavits as well as an electronic media attachment, which is being filed in connection with the above-referenced matter on behalf of [COMPANY NAME(S) OR INDIVIDUAL NAME(S)] for the proprietary accounts of [ENTITY].

We, [ENTITY], hereby agree that further communication from the Claims Administrator may be conducted by email, and we accept sole responsibility to ensure the email address for [ENTITY] is updated in the event the email address provided on the master Proof of Claim and Release should change.

The attachment consists of a [CD, DVD, OR FLASH DRIVE] containing [NUMBER] accounts/claims in [ASCII, MS EXCEL, OR MS ACCESS] format with [NUMBER OF TRANSACTIONS] transactions for Dentsply Intl. and Dentsply Sirona common stock as well as the opening and closing positions held for [ENTITY]'s proprietary accounts. Each transaction contains corresponding account information for which the claims are being filed.

The total number of Dentsply Intl. and Dentsply Sirona common stock shares purchased or acquired [##.##] for the amount of [\$0.0000] and Dentsply Intl. and Dentsply Sirona common stock shares sold [##.##] for the amount of [\$0.0000] can be found on the enclosed [CD, DVD, OR FLASH DRIVE].

We, [ENTITY], attest that the data provided on the media attachment corresponds to [ENTITY]'s internal records.

I attest that the above information is true and correct.

Signature

Company Name

Job Title

Contact Information (including telephone number, fax number, and email address).



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New York | Washington, D.C. | West Palm Beach | Milwaukee | Tel Aviv



## Appendix E

### Electronic Claim Filing Template Mapping Instructions

Column	Field Name	Max Length	Dentsply Intl. or Dentsply Sirona Inc Common Stock FIELD DESCRIPTION
A	Account Number	40	Account number associated with the proprietary account for which transactions are being submitted with this Proof of Claim and Release.
B	Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	<b>E</b> = Employer Identification Number (EIN); <b>S</b> = Social Security Number (SSN); <b>U</b> = Unknown; <b>F</b> = Foreign.
F	Care of:	40	Name of the entity to which items should be mailed.
G	Attn:	40	Name of the person to whose attention items should be mailed.
H	Street 1	40	Street Address 1
I	Street 2	40	Street Address 2
J	City	25	City
K	State	2	State
L	Zip Code	5	Zip code
M	Province	40	Province
N	Country	40	Country
O	CUSIP/ISIN	10	CUSIP number or ISIN for common stock.
P	Transaction Type/Holdings	2	<b>O</b> = Opening position - shares held at opening of trading on 12/08/2015 <b>P</b> = Purchases made between 12/08/2015 through 11/02/2018, inclusive; <b>FR</b> = Free receipts made between 12/08/2015 through 11/02/2018, inclusive; <b>S</b> = Sales made between 12/08/2015 through 11/02/2018, inclusive; <b>FD</b> = Free deliveries made between 12/08/2015 through 11/02/2018, inclusive; <b>C</b> = Closing position – shares held at close of trading on 11/02/2018
Q	Trade Date (MM/DD/YYYY)	10	Trade date for transaction or holding date for closing position.
R	Number of Shares of Stock	19	Number of shares associated with a transaction. No commas: use decimal point if needed. Up to four digits after decimal point.
S	Price Per Share <b>EXCLUDING</b> Commissions/Taxes/Fees	19	Price per share (USD), excluding commissions/taxes/fees, associated with a transaction. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Leave blank when providing closing positions. Use zero when specifying free receipts and/or free deliveries.
T	Total Price <b>EXCLUDING</b> Commissions/Taxes/Fees	19	Aggregate cost or proceeds received (USD), excluding commissions/taxes/fees. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Use zero when specifying free receipts and/or free deliveries.

**\*All eligible Dentsply Intl. or Dentsply Sirona shares for each account must balance. This means that the opening position plus total purchases, and free receipts during the Class Period and Lookback Period MUST EQUAL the total sales and free deliveries during the Class Period and Lookback Period plus the closing position (O+P+FR+ =S+FD+C).**

**\*You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix D for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.**

**Free Receipts and Free Deliveries are provided to balance your claim and will not result in a Recognized Loss under the Plan of Allocation. The original purchase and/or sale information relating to these shares must be provided in your original filing in order to be eligible under the Plan of Allocation. There will be no further attempt to collect transactional information regarding Free Receipts/Deliveries included in the filing.**



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## Appendix F

### Electronic Claim Filing Template Mapping Instructions Wire Request (Optional)

Column	Field Name	Max Length
A	Settlement Name	
Domestic Wire		
B	Beneficiary Name*	
C	Beneficiary Account #*	25
D	Bank Routing # (ABA#)*	9
E	Bank Name*	
F	Bank Address*	
G	Further Credit or other instructions	
International Wire***		
I	Swift #*	11
J	Bank Name*	
K	IBAN #*	34
L	Currency*	
M	Country	
N	Beneficiary Address	
O	Intermediary Bank Name	
P	Intermediary Bank Routing # (ABA#)	9
Q	Further Credit or other instructions	

**\*Required Fields**

**\*\*Eligible claims that meet the requirements for a share of the distribution in this submission, will be paid via mailed check unless the wire template is filled out in its entirety. Any missing or inaccurate information provided will result in default of the payment being sent via mailed check.**

**\*\*\*If wire details are for a domestic transfer, please leave international wire section blank.**