

McIntyre v. Chelsea Therapeutics International, Ltd., et al.

GUIDE FOR ELECTRONIC CLAIM FILERS

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1. Overview

Rust Consulting has standardized a format for the electronic submission of claims in securities settlements by institutions filing on behalf of multiple clients or proprietary accounts. Electronic Claim Filing is intended for institutions, brokers and nominees only. This is not used for individual claimants. All Electronic Submissions must follow the Filing Requirements outlined in sections 3 and 4 of these instructions.

2. Security and Integrity

Security of systems and applications and confidentiality of data is of utmost importance to Rust. Rust maintains a unified compliance posture including:

- A system Certification & Accreditation under the Federal Information Security Management Act (FISMA and NIST);
- An annual SSAE 16 (formerly SAS 70) Type II audit of our data and system controls and protocols;
- Compliance with and adherence to Safe Harbor Principles; and
- Compliance with Gramm-Leach-Bliley Act (GLBA) and the Health Insurance Portability and Accountability Act (HIPAA).

3. Filing Requirements

In addition to the instructions contained in the Settlement Notice and Proof of Claim form, you must comply with ALL of the following or YOUR FILE WILL BE REJECTED.

1. Proof of Claim and Release Form

Each filing entity must include one (1) completed Proof of Claim form per submission. This Proof of Claim form will serve as the master for all of the accounts included in your filing. The Proof of Claim form should include the name, street address (a Post Office box is NOT acceptable), telephone number, and email address of the filing entity and be signed by an authorized signatory and must state the capacity of the person signing.

2. Authorization Documentation

Each submission must include documentation showing authority to file on behalf of the clients included in the submission.

3. Data Verification Document

Each submission must include a notarized affidavit or a signed letter on company letterhead stating the source of the data (e.g., proprietary database) and attesting to the truth and accuracy of the transactions and holdings that were submitted in the file. Please note, additional documentation may be requested to verify the information included in your data file. Failure to provide the requested documentation may result in the rejection of your submission in this Settlement and/or the option of filing your claims electronically in future settlements administered by Rust Consulting.

4. Data

Data must be submitted as an Excel spreadsheet or a fixed-length text file and include all of the fields, column headings and should also be in the same order and format as listed in Appendix B. Additional information regarding the data requirements is listed in Appendix C.

5. Control Form

Each submission must include a completed control form attached as Appendix A. Please complete all fields included in the Control Chart including the Filing Entity Name, Filing Entity Type, Contact Information, Payment Instructions, Type of File (i.e. New File, Replacement File or Deficiency Response File), Total Number of Beneficial Owners and Total Number of Transactions. Your file will be rejected if you fail to include a completed Control Chart with your submission.

6. Submission Method

Electronic Claims must be submitted via one of the methods listed below. If your claim is not filed as described below, it may not be received and processed properly. DO NOT SUBMIT YOUR CLAIM TO INDIVIDUAL EMPLOYEES OF RUST CONSULTING.

- Rust Consulting eData Vault: <https://edatavault.rustconsulting.com>
- By US Mail to: McIntyre v. Chelsea Therapeutics International, Ltd., et al., c/o Rust Consulting, Inc., Claims Administrator, P.O. Box 2565, Faribault, MN 55021 – 9565
- By Courier to: McIntyre v. Chelsea Therapeutics International, Ltd., et al., c/o Rust Consulting, Inc., Claims Administrator, 201 S Lyndale Ave., Faribault, MN 55021

4. **Additional Requirements**

- **BALANCING:** All claims must balance. For each security provided, your holdings at the beginning of the Settlement Class Period plus any of that security purchased or otherwise acquired during the Settlement Class Period **must** equal the security sold or otherwise disposed of during the Settlement Class Period plus the holdings at the end of the Settlement Class Period. Claims that do not balance will be deficient and may be rejected in their entirety.
- **TRANSFERS:**

NOTE: Rust Consulting will NOT manually adjust/correct claims once they are loaded to correct/combine accounts containing transfers between accounts for the same beneficial owner.

- 1) Securities received in or delivered out of an account should be included in your submission for balancing purposes only (**Lending shares, journal entries and/or bookkeeping transactions should not be included in your file**).
- 2) Securities received in or delivered out are not eligible to be included in the loss calculation of your claim unless you have additional information pertaining to the original purchase(s) or disposition(s) of those securities.
- 3) For securities received, the calculation of these securities will be computed only when original purchase information has been provided, and will be calculated using the trade date and price of the original purchase(s), and not the date or value of the security at the time of transfer.
- 4) For securities that were delivered out, purchases or acquisitions that are matched on a First-In, First-Out (FIFO) basis with a transfer out of the account will not be included in the loss calculation, as the match does not provide a basis for determining the amount received for or the value of the securities transferred out, and thus, a loss amount for the transaction under the Plan of Allocation cannot be calculated.

For all accounts that contain transfer transactions you MUST follow these filing instructions, failure to do so will result in an ineligible claim and/or entire electronic filing.

For accounts where shares were transferred between different custodians (your file only contains one of the accounts involved in the transfer):

- SHARES RECEIVED from a prior account – must be reported as either a part of the opening position/beginning balance OR reported as the actual original purchase of those shares, OR as a “R” (receipt) transaction.
- SHARES DELIVERED to a subsequent account – must be reported as either a part of the closing position/unsold balance AND/OR a “S” (sale) transaction(s).
- If there is no original purchase/acquisition or subsequent sale information you must report the receipt and/or delivery of shares for balancing purposes.

For accounts where shares were transferred between accounts in which your filing contains all accounts involved in the transfer:

- The account that owned the shares most recently should be the account you will report the purchase/acquisition of those shares.

- For accounts that delivered out or received in (transferred) with the same beneficial owner you must combine these accounts in your filing, including all eligible opening and closing positions, along with all purchases, acquisitions, and sales using the most recent account name and number.
- **ELECTRONIC CLAIM TRANSACTION LISTING REPORT:** Upon the completion of processing your file, Rust will provide you with an Electronic Claim Transaction Listing report (“DRNDEF report”) which will list all of your claims along with any deficiencies or ineligibilities that have been identified. If you do not receive this report or if the report that you receive is missing information, you must contact Rust Consulting immediately. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues a DRNDEF report listing all transactions contained in the electronic file.
- **CANCELLED TRADES:** Do NOT include cancelled trades or any corresponding trade utilized to adjust the account for the cancelled trade. In other words, any cancelled trade, along with the transaction executed to cancel that trade, should not be reported in your submission.
- **NEGATIVE VALUES:** All numbers should be reported using Absolute Values, with the exception of:
 - Short holdings at the beginning of the Settlement Class Period;
 - Short holdings at the end of the Settlement Class Period; or
 - Short position being acquired during the Settlement Class Period due to a merger where the previous security was short on the date of the merger.For instance, do not report sales using negative quantities; for purchases, do not report the net amount paid as a negative value.
- **TRADES OUTSIDE OF THE SETTLEMENT CLASS PERIOD:** Only trades occurring during the requested timeframe should be included in your submission. Trades outside of the requested timeframe will not be considered part of your claim. The net of any shares that were purchased and/or sold prior to the Settlement Class Period should be reported as “Before” (“B”) holdings. Please note that the requested timeframe may differ from the Settlement Class Period, but the additional transactional information is necessary for balancing and loss calculation per the Plan of Allocation.
- **DUPLICATIVE CLAIMS:** Electronic claims are compared to paper claims received to eliminate duplicative filings. Any paper claims filed by, or on behalf of, a beneficial owner will take precedence over an electronic claim filed by a custodian, broker, nominee, or third party filer. Additionally, by signing the Proof of Claim form, you are certifying that you have not submitted any additional claims covering the same purchases, acquisitions, sales or holdings and know of no other person having done so on behalf of the beneficial owner.
- **ADDITIONAL DOCUMENTATION:** Rust Consulting may request that you provide external documentation such as trade confirmations/monthly statements to verify your claim information, even if you submitted a letter or affidavit attesting to the truth and accuracy of the information provided. If you do not provide the documentation to support your trades or holdings as requested by the date specified, your claim will be rejected in its entirety. Documentation provided from the same system from which your trade data originated is NOT acceptable documentation.
- Once notification of a rejected submission has been made, whether resulting from non-compliance with the filing requirements or for any other reason, no further communication will be sent regarding the rejection. It is the responsibility of the filing entity to timely provide a replacement file.
- Rust Consulting reserves the right to reject your electronic filing and require that you submit your claim in hardcopy with complete documentation.

If you have any additional questions or need assistance regarding this settlement, please contact us via email at info@ChelseaTherapeuticsSettlement.com.

APPENDIX A Control Chart

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Electronic Claim Filers - Please print, complete, and return this form along with: (1) a completed Proof of Claim form as your "Umbrella Claim" for this filing, (2) a Letter of Authorization for you to file on behalf of the beneficial owner(s) included in your data file (if other than yourself), (3) a statement that discloses the source of the data you are submitting, and (4) your data file(s). If you are submitting files via the eData Vault, please complete this form and upload a PDF copy of it when you upload your data file.

Filer and Payment Information	
Filing Entity Name:	
Filing Entity Type:	<input type="checkbox"/> Broker/Bank/Nominee <input type="checkbox"/> Filing Service <input type="checkbox"/> Attorney <input type="checkbox"/> Other: _____
Filing Entity Contact: Person able to resolve questions regarding this filing	Contact Name: _____ Street Address: _____ <small style="text-align: center;">(not a PO Box - must be a street address)</small> City: _____ State/Province: _____ Postal/Zip Code: _____ Country: _____ Phone Number: _____ Email Address: _____
Payment Address: Indicate where payments should be sent	<input type="checkbox"/> Use addresses provided in the attached data file <input type="checkbox"/> Same address as above <input type="checkbox"/> Wire Transfer - ONE payment to the above named Filing Entity (please use transfer instruction sheet below)
Beneficial Owner: Who you are filing for?	Are you filing for any foreign-owned accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No Are these proprietary accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Various Beneficial Owners or _____ <small style="text-align: center;">(Single Beneficial Owner Name)</small>

File Counts			
Total Claims:		Sum Quantity	Sum Net Amount
Total Transactions:			

	# of Transactions	Quantity	Total Net Amount (\$)
Beginning Position:			
Purchased, Acquired or Received:			
Sold or Delivered:			
Ending Position:			

Data File Name(s):			
Replacement Data: Does this data replace a previous filing? If yes, please indicate the reference number of the previous filing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reference number of previous filing: (if applicable)	

Additional Documents			
Additional Paper Claims: Are you submitting "Paper" claims for accounts that are not included on your data file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	W8 Documents: Are you including any W8 tax documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature:	Date:

Wire Request Transfer Instructions

Bank and Account Information

Bank Contact Info:	Bank Name: _____ Bank Representative/Contact: _____ Bank Address1: _____ Bank Address2: _____ Bank City: _____ Bank State/Province: _____ Bank Postal/Zip Code: _____ Bank Country: _____ Bank Phone Number: _____
Bank Account Name:	
Bank Account Number/ IBAN Number:	
Routing Number/ Swift Code:	
Transit Number: <small>**Foreign Banks Only**</small>	
Institution/Branch Number: <small>**Foreign Banks Only**</small>	
Intermediary Bank Name: <small>(if applicable)</small>	
Intermediary Bank Routing Number/Swift Code: <small>(if applicable)</small>	
Intermediary Bank Address: <small>(if applicable)</small>	
Further Credit To: <small>(if applicable)</small>	
Special Instructions: <small>(if applicable, include any desired reference (e.g., Settlement Name or Department))</small>	

Signature:		Date:	
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APPENDIX B

ELECTRONIC FILE TEMPLATE

Column	Element/Attribute	Description	Format
A	Beneficial Owner Name or Entity	Name of the beneficial owner or Entity. Prints on letters and/or checks. If IRA and you want the check made out to IRA, use the following format: JONES IRA	Char 50
B	Joint Beneficial Owner Name or Entity continued	Name of the joint or co-beneficial owner; or additional space to continue identification of the Entity owner. Prints on letters and/or checks.	Char 50
C	Rep Name	Representative Name, if applicable (e.g. executor, custodian, trustee, administrator, nominee, etc.). Identifies a person to contact if submitter was an entity. Used for correspondence, but not included on the check instrument.	Char 50
D	Enter Y if Proprietary	Enter "Y" if the account is proprietary in nature (the entity has the right to ALL profits and assumes ALL liabilities – it is that entity which is adversely or positively impacted by losses or gains for the account).	Valid Value: Y = Proprietary Account
E	Addr1	The address line 1 field is used in the mail address block for checks and/or letters.	Char 50
F	Addr2	The address line 2 field is used in the mail address block for checks and/or letters.	Char 50
G	City	The city field is used in the mail address block for checks and/or letters. (DO NOT USE THIS FIELD FOR FOREIGN ADDRESSES).	Char 30
H	State	The state field is used in the mail address block for checks and/or letters. (DO NOT USE THIS FIELD FOR FOREIGN ADDRESSES).	Char 2
I	Zip5	Zip5 (DO NOT USE THIS FIELD FOR FOREIGN ADDRESSES).	Char 5
J	Zip4	Zip4 (DO NOT USE THIS FIELD FOR FOREIGN ADDRESSES).	Char 4
K	Country	The country field is for foreign addresses and is used in the mail address block for checks and/or letters. (DO NOT USE FOR DOMESTIC ADDRESSES, i.e. U.S.A., Puerto Rico, Virgin Islands, or APO).	Char 25
L	Account No	Required – Account number. Used to create unique claim numbers.	Char 20
M	Taxpayer ID No	Taxpayer Social Security Number or Employer Identification Number. If the Beneficial Owner is a foreign entity, populate this field with "Foreign".	Char 11
N	Type of Security	Indicate the type of Security that is being reported.	Valid Values: S = Stock
O	CUSIP (Security Code)	Required – Identifies the security for this transaction. Must be a valid CUSIP, ISIN or SEDOL.	Refer to case specific tables in Appendix C.
P	Transaction Type	Holding positions or actions during the relevant period.	Refer to case specific tables in Appendix C.

APPENDIX B

ELECTRONIC FILE TEMPLATE

Column	Element/Attribute	Description	Format
Q	Trade Date	Actual date the transaction was executed on (NOT the settlement date).	mm/dd/ccyy
R	Quantity	Number of Shares.	Decimal (19,4)
S	Price	The share price for the purchase/sale of ADS, or price per contract. Shares purchased as a result of the exercise or assignment of an option MUST be reported at the executed strike price and MUST NOT include the cost of the option or any fees as a component of their price.	Decimal (19,4)
T	Net Amount	Total Amount Paid for Purchases (excluding commissions and other charges); Total Amount Received for Sales (excluding commissions and other charges); leave blank for all others.	Decimal (19,4)
U	Result of Option	Was this transaction the result of the exercise or assignment of an option, and therefore the price per share might be out of range for this trade date? If yes, populate this column with 'Y'; otherwise 'N'.	Valid Values: Y = Yes, N = No
V	Short Sale	Is this transaction a sale to open a short position?	Valid Values: Y = Yes, N = No
W	Purchase to Cover Short Sale	Is this transaction a purchase to cover a short position?	Valid Values: Y = Yes, N = No

APPENDIX C CASE SPECIFIC TABLES

Stock Transaction Type Table:

TranType	Definition	Transactions per CUSIP, SEDOL, or ISIN	Acceptable Values in Quantity Column	Valid Date Range
B	Balance held at the close of trading on 9/19/2010.	One	The B is positive for long positions and negative for short positions as of close of trading on this date.	
P	Purchases/acquisitions during the relevant period.	Multiple	Absolute Values Only	9/20/2010 through 8/17/2012, inclusive
R	Transfer into this account during the relevant period.	Multiple	Absolute Values Only	9/20/2010 through 8/17/2012, inclusive
S	Sales during the relevant period.	Multiple	Absolute Values Only	9/20/2010 through 8/17/2012, inclusive
D	Transfer out to another account during the relevant period.	Multiple	Absolute Values Only	9/20/2010 through 8/17/2012, inclusive
U	Unsold shares held at the close of trading on 8/17/2012.	One	The U is positive for long positions and negative for short positions as of close of trading on this date.	

Stock Identification Table:

Definition	CUSIP	ISIN	Ticker symbol	Currency
Chelsea Therapeutics International, Ltd.**	163428105	US1634281059	CHTP	USD

****NOTE:** CHTP common stock MUST have been purchased in the United States or on the NASDAQ Stock Market during the Settlement Class Period.