

PROOF OF CLAIM FORM

U.S. Securities and Exchange Commission –
In the Matter of Bankrate, Inc. Admin. Proc. File No. 3-16786 and
In the Matter of Hyunjin Lerner, CPA, Admin. Proc. File No. 3-16787

PLEASE NOTE: If you received a “Class Action Authorized Claimants Notice,” you do NOT need to file a Proof of Claim Form at this time unless you want to modify the claim you filed in *The City of Los Angeles, et al. v. Bankrate, Inc., et al.*, 9:14-cv-81323-DMM (S.D. Fla.) (the “Class Action”). If you did not receive a Class Action Authorized Claimants Notice or if you have an additional account for which you did not file a Claim Form in the Class Action, you **MUST** file a Proof of Claim Form and submit supporting documentation in order to be potentially eligible to receive an award in the above reference matter from the “Bankrate Fair Fund”.

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GENERAL INSTRUCTIONS

1. On September 8, 2015, the U.S. Securities and Exchange Commission (“Commission”) issued Orders Instituting Cease-and-Desist Proceedings Pursuant to Section 8A of the of the of the Securities Act of 1933 and Section 21C of the Securities Exchange Act of 1934, Making Findings, and Imposing Cease-and-Desist Order and Civil Penalty against Bankrate, Inc. and Hyunjin Lerner (collectively the “Bankrate Orders”). The Bankrate Orders required Bankrate, Inc. to pay a \$15,000,000 civil money penalty and Lerner was ordered to pay disgorgement of \$30,045, prejudgment interest of \$2,571, and a \$150,000 civil money penalty. Simultaneously, the Commission filed a related litigated civil action against Edward DiMaria, Bankrate’s former Chief Financial officer, and Matthew Gamsey, former Vice President and director of accounting, in the U.S. District Court for the Southern District of New York (“Civil Action”).

2. Pursuant to the Bankrate Orders, Bankrate and Lerner paid a total of \$15,182,616. On May 8, 2017, the Commission issued an order that created a Fair Fund for the funds paid by Bankrate and Lerner (“Bankrate Fair Fund”) and provided that other funds could be added to or combined with other funds. Pursuant to their respective judgments in the Civil Action, DiMaria paid \$231,158.56 in disgorgement, prejudgment interest, and civil penalties and Gamsey paid a \$60,000 civil penalty to the Commission, which was transferred into the Fair Fund for distribution with the funds therein. In total, \$15,473,774.56 was paid into the Fair Fund for distribution to harmed investors.

3. The Fair Fund is a “Qualified Settlement Fund” (“QSF”), as defined in Section 468B(g) of the Internal Revenue Code, 26 U.S.C. Section 468B(g), as amended, and the Treasury regulations promulgated thereunder, 26 C.F.R. 1.468B-1 et seq. The distribution from this Fair Fund has tax consequences.

4. You are receiving this Notice to advise you of a distribution of the funds collected in the above referenced proceedings from Bankrate, Lerner, DiMaria and Gamsey to investors who purchased or otherwise acquired Bankrate, Inc. (“Bankrate”) common stock (“Eligible Securities”) between August 1, 2012 and October 9, 2014, inclusive (the “Relevant Period”), and were damaged thereby. Unless you participated in the related securities class action settlement, to be eligible to participate in the distribution, you must file a completed Proof of Claim on the accompanying form as described below.

5. PLEASE NOTE: If you submitted an approved Claim Form in *The City of Los Angeles, et al. v. Bankrate, Inc., et al.*, 9:14-cv-81323-DMM (S.D. Fla.) (the “Bankrate Class Action” or “Class Action”) in 2017, you do not need to submit another Proof of Claim Form unless you wish to amend your claim to include additional transactions. The trading information you already supplied will be used to determine your Fair Fund claim. DO NOT submit another Proof of Claim Form.

6. If you did not submit a Claim Form in the Bankrate Class Action, include all of your transactions in the approved Bankrate Class Action claim, or your Bankrate Class Action claim was denied, then in order to participate in the Fair Fund established in connection with the Securities and Exchange Commission Administrative Procedures In the Matters of Bankrate, Inc. and Hyunjin Lerner, CPA (File Nos. 3-16786 and 3-16787) (the “Bankrate Fair Fund”), you or your representative must fully complete this Proof of Claim Form. The Proof of Claim Form must be signed by the beneficial owner of Bankrate common stock or by their representative under the penalty of perjury. If you fail to complete the Proof of Claim Form, your claim may be rejected and you may be precluded from any recovery from this action.

7. The interest component of the distribution is U.S. source income. Therefore, before distribution, to ensure that the Fair Fund can comply with its reporting and/or withholding obligations, the Fair Fund must obtain an IRS Form W-9 (for U.S. persons) or IRS Form W-8BEN, W-8BEN-E, W-8IMY, W-8ECI, or W-8EXP. If you are a not a U.S. person, as that term is defined below, then you should not complete the enclosed Substitute IRS Form W-9. Instead, you should complete the IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be obtained from the IRS website: <https://www.irs.gov/forms-instructions>

8. 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 IRS Code Section 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
- Any other person that is not a foreign person.

9. Whether or not you submit a Claim Form, in order to be potentially eligible to participate in the distribution, your completed W-9 or W-8 series form must be received by our office no later than **February 23, 2021**. 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.

10. You may wish to consult with your tax advisor to determine the appropriate tax treatment for your particular situation.

11. DO NOT use highlighter on the Proof of Claim Form or any supportive documents.

12. Submission of the Proof of Claim Form does not guarantee that you will receive payment.

13. You must mail your completed and signed Proof of Claim Form so that it is postmarked no later than **February 23, 2021**, addressed as follows:

Bankrate Fair Fund
c/o JND Legal Administration
P.O. Box 91229
Seattle, WA 98111

14. To be considered timely, **your Claim Form must be postmarked by the deadline above**. Unless your Claim Form is submitted with a postmark, it will be deemed to have been submitted when actually received by the Fund Administrator.

15. Use the Schedule of Transactions in Part II of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in and holdings of Bankrate common stock. On this schedule, please provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of Bankrate common stock, regardless of whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested time period may result in the rejection of your claim.

16. You must submit supporting documentation for the transactions reported in this Claim Form, such as broker confirmation slips, broker account statements, an authorized statement from your broker reporting information about your transactions, or other similar documents. **The Parties and the Fund Administrator do not independently have information about your investments in Bankrate common stock. If such documents are not in your possession, please obtain copies or equivalent documents from your broker. Failure to supply this documentation may result in the rejection of your claim.** DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Fund Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.

17. Separate Claim Forms should be submitted for each separate legal entity (e.g., a claim from joint owners should not include the 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 that includes 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 Form).

18. All joint beneficial owners must each sign this Claim Form and their names must appear in Part I of this Claim Form. If you purchased or otherwise acquired Bankrate common stock during the Relevant Period and held the stock in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to participate in the Settlement. If you purchased or otherwise acquired Bankrate common stock during the Relevant Period for your own benefit, but the stock was registered in the name of a third party, such as a nominee or brokerage firm, you are still the beneficial owner of these shares, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be eligible to potentially receive a distribution payment from the Bankrate Fair Fund.

19. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons and entities represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, Social Security Number (or taxpayer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the Bankrate common stock; and
- (c) furnish evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person/entity's accounts.)

20. By submitting this Claim Form, you will be making a request to share in the proceeds of the Fair Fund described in the Notice. If you are NOT a potentially Eligible Claimant (as defined in the Notice), or are an Excluded Party, DO NOT submit a Claim Form. You may not, directly or indirectly, participate in the Fair Fund if you are not an Eligible Claimant. Thus, if you are an Excluded Party or did not purchase or otherwise acquire Bankrate common stock during the Relevant Period, any Claim Form that you submit, or that may be submitted on your behalf, will not be accepted.

21. 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. To obtain the mandatory electronic filing requirements and file layout, you may visit the settlement website at www.BankrateFairFund.com or you may email the Fund Administrator's electronic filing department at RA2SECURITIES@JNDLA.com. Any file not submitted in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Fund Administrator issues an email after processing your file with your claim number(s) and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at RA2SECURITIES@JNDLA.com to inquire about your file and confirm it was received and acceptable.

22. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Fund Administrator by writing to the above address, by calling the toll-free hotline at 1-888-921-0721 or by sending an email to Info@BankrateFairFund.com, or you may download the documents from www.BankrateFairFund.com. **PLEASE NOTE: YOUR CLAIM IS NOT DEEMED SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE FUND ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL, WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CONTACT THE FUND ADMINISTRATOR.**

I. CLAIMANT IDENTIFICATION

The Fund Administrator will use the information supplied below for all communications regarding this Claim Form. If this information changes, you MUST notify the Fund Administrator in writing at the address above.

Complete names of all persons and entities must be provided.

Beneficial Owner's First Name

Beneficial Owner's Last Name

Joint Beneficial Owner's First Name (if applicable)

Joint Beneficial Owner's Last Name (if applicable)

If this claim is submitted for an IRA, and if you would like any check that you MAY be eligible to receive made payable to the IRA, please include "IRA" in the "Last Name" box above (e.g., Jones IRA).

Entity Name (if the Beneficial Owner is not an individual)

Name of Representative, if applicable (e.g., executor, administrator, trustee, c/o, etc.), if different from Beneficial Owner

Street Address

City

State/Province

Zip Code

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

Telephone Number (Day)

Telephone Number (Evening)

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 (where securities were traded)¹

¹ If the account number is unknown, you may leave blank. If filing for more than one account for the same legal entity, you may write "multiple." Please see ¶4 of the General Instructions below for more information on when to file separate Claim Forms for multiple accounts.

II. SCHEDULE OF TRANSACTIONS IN BANKRATE COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in detail in the General Instructions above. Do not include information regarding securities other than Bankrate common stock.

1. BEGINNING HOLDINGS OF BANKRATE COMMON STOCK – State the total number of shares of Bankrate common stock held as of the close of trading on July 31, 2012. (Must be documented.) If none, write “zero” or “0.” <div style="border: 1px solid black; width: 200px; height: 25px; margin-left: 10px;"></div>				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
2. PURCHASES/ACQUISITIONS OF BANKRATE COMMON STOCK ON THE OPEN MARKET DURING THE PERIOD FROM AUGUST 1, 2012 THROUGH AND INCLUDING JANUARY 7, 2015 – Separately list each and every purchase/acquisition (including free receipts) of Bankrate common stock on the open market from after the opening of trading on August 1, 2012 through and including the close of trading on January 7, 2015. (Must be documented.) ²				IF NONE, CHECK HERE <input type="checkbox"/>
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding all fees, taxes, and commissions)	Proof of Purchase/ Acquisition Enclosed
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

² **PLEASE NOTE:** Information requested with respect to your purchases/acquisitions of Bankrate common stock from after the opening of trading on October 10, 2014 through and including the close of trading on January 7, 2015 is needed in order to balance your claim; purchases/acquisitions of Bankrate common stock during this period, however, are **not** eligible and will not be used for purposes of calculating your Recognized Loss pursuant to the Plan of Allocation.

3. SALES OF BANKRATE COMMON STOCK DURING THE PERIOD FROM AUGUST 1, 2012 THROUGH AND INCLUDING JANUARY 7, 2015 – Separately list each and every sale/disposition (including free deliveries) of Bankrate common stock from after the opening of trading on August 1, 2012 through and including the close of trading on January 7, 2015. (Must be documented.)				IF NONE, CHECK HERE <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding all fees, taxes, and commissions)	Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4. ENDING HOLDINGS – State the total number of shares of Bankrate common stock held as of the close of trading on January 7, 2015. (Must be documented.) If none, write “zero” or “0.” <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div>				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N

<input type="checkbox"/> IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX.

III. CERTIFICATION, SUBSTITUTE W-9 AND SIGNATURE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am NOT:
 - (a) a Respondent;
 - (b) a member of the immediate family (spouse or children) of any Respondent;
 - (c) an officer or director, or former officer or director, of Bankrate during the Relevant Period;
 - (d) a firm, trust, corporation, officer, or other entity in which any Respondent has or had a controlling interest;
 - (e) one of Bankrate's directors' and officers' liability insurance carriers, or any affiliates or subsidiaries thereof;
 - (f) the legal representatives, heirs, successors-in-interest or assigns of any such excluded persons or entities; or
 - (g) a Person whose only acquisition of Eligible Securities during the Relevant Period was via gift or inheritance if the person from which the Eligible Securities were received did not themselves acquire the Eligible Securities during the Relevant Period.
2. I understand that the Fund Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Fund Administrator for those purposes;
3. I agree that under no circumstances shall the Fund Administrator or its agents incur any liability to me or to any other Person if it makes a distribution in accordance with the list of all Eligible Claimants as approved by the Commission and that I am enjoined from taking any action in contravention of this provision;
4. I agree that upon receipt and acceptance by me of a distribution from the Bankrate Fair Fund, I shall be deemed to have released all claims that I may have against the Fund Administrator and its agents and shall be deemed enjoined from prosecuting or asserting any such claims;
5. If I am a custodian, trustee, or professional investing on behalf of and representing more than one claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management;
6. If signing this Proof of Claim Form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Proof of Claim Form;
7. I agree to submit to the jurisdiction of the Securities and Exchange Commission for all purposes relating to this claim;
8. I (we) have read my (our) foregoing Proof of Claim Form, including any attachments and enclosures, and that the Proof of Claim Form including any attachments and enclosures is true and correct in every aspect; and
9. I (we) have not authorized nor am aware of anyone else who has filed a Proof of Claim Form on my (our) behalf for the same losses covered in this Proof of Claim Form.

Certification and Substitute FORM W-9

Social Security Number / Taxpayer Identification Number: _____

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 _____
- 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 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.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS, IF ANY, SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Country)

(Sign your name here)

(Sign your name here)

(Type or Print your name here)

(Type or Print your name here)

Capacity of person signing, if other than an individual, e.g., executor, president, trustee, custodian, etc.

Capacity of person signing, if other than an individual, e.g., executor, president, trustee, custodian, etc.

IV. REMINDER CHECKLIST



1. **Please sign the above certification.** If this Claim Form is being made on behalf of joint claimants, then both must sign.



2. Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.



3. Please do not highlight any portion of the Claim Form or any supporting documents.

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

5. The Fund Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed submitted until you receive an acknowledgement postcard. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE FUND ADMINISTRATOR TOLL FREE AT 1-888-921-0721.**

6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Fund Administrator written notification of your new address. If you change your name, please inform the Fund Administrator.



7. If you have any questions or concerns regarding your claim, please contact the Fund Administrator in writing at the below address, toll-free at 1-888-921-0721, by email at Info@BankrateFairFund.com, or visit www.BankrateFairFund.com. **Please DO NOT call the SEC, Bankrate, any other Respondant or their counsel with questions regarding your claim.**



THIS CLAIM FORM MUST BE SUBMITTED TO THE FUND ADMINISTRATOR SO THAT IT IS **POSTMARKED NO LATER THAN FEBRUARY 23, 2021**, ADDRESSED AS FOLLOWS:

**Bankrate Fair Fund
c/o JND Legal Administration
P.O. Box 91229
Seattle, WA 98111**

You should be aware that it will take a significant amount of time to fully process all of the submitted Claim Forms. This work will be completed as promptly as time permits. Please be patient and notify the Fund Administrator of any change of address.