

# PROOF OF CLAIM FORM

Fluor Fair Fund  
c/o JND Legal Administration  
PO Box 91499  
Seattle, WA 98111

Toll-Free Number: 1-855-680-7297  
Distribution Website: [www.FluorFairFund.com](http://www.FluorFairFund.com)  
Email: [Info@FluorFairFund.com](mailto:Info@FluorFairFund.com)

To be considered for eligibility for a distribution from the Fluor Fair Fund you must complete and sign this Proof of Claim Form ("Claim Form"), include all necessary documentation and submit the package to JND Legal Administration (the "Fund Administrator"). Submissions may be **by First Class Mail postmarked by December 30, 2024; and if not by First Class mail, received by the Fund Administrator by December 30, 2024.** **December 30, 2024** is referenced herein as the "Claims Bar Date".

Failure to submit your Claim Form by the Claims Bar Date will subject your claim to rejection and may preclude you from being eligible to recover any money from the Fluor Fair Fund. Your Claim Form must be submitted in compliance with the directions herein.

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# CASE INFORMATION AND INSTRUCTIONS

1. On September 6, 2023, the Commission issued Orders instituting and simultaneously settling cease-and-desist proceedings against Fluor Corporation (“Fluor” or “Fluor Corporation”) and five former and current officers and employees (the “Respondents”). In the Orders, the Commission found that Respondents improperly accounted for two large-scale, fixed-price construction projects. Fluor bid on these projects, relying on overly optimistic cost and timing estimates. Following each project's contract award, Fluor experienced cost overruns that worsened over time. Yet, Fluor failed to maintain a system of internal accounting controls sufficient to account for these contracts in accordance with U.S. Generally Accepted Accounting Principles. These failings resulted in inaccurate books and records and ultimately in materially misstated financial statements included in periodic reports filed with the Commission.
2. In their respective Orders, the Commission ordered Fluor to pay \$14,500,000; Best to pay \$15,000; Brittain to pay \$25,000; Chopra to pay \$15,000; Scott to pay \$25,000; and Smith to pay \$20,000 in civil money penalties to the Commission, for a collective total of \$14,600,000.00. In each of the Orders, the Commission also created a Fair Fund, pursuant to Section 308(a) of the Sarbanes-Oxley Act of 2002, so the penalties collected can be distributed to harmed investors. In the Fluor Order, the Commission ordered that the Fair Fund created may be combined with or receive funds from proceedings arising out of the same conduct that is the subject of the order; and in each of the Best, Brittain, Chopra, Scott, and Smith Orders, the Commission ordered that the Fair Fund created may be combined with the Fair Fund created in the Fluor Order.
3. To date, Respondents have paid a total of \$14,599,980, and any additional funds collected from the Respondents pursuant to the Orders will be added to the Fair Fund. The Fair Fund has been deposited in a Commission-designated account at the United States Department of the Treasury, and any accrued interest will be added to the Fair Fund.
4. The Fluor Fair Fund is a Qualified Settlement Fund (“QSF”) as defined in Section 468B(g) of the Internal Revenue Code of 1986, as amended, 26 U.S.C. § 468B(g), and related regulations, 26 C.F.R. §§ 1.468B-1 through 1.468B-5. You may wish to consult with your tax advisor to determine the appropriate tax treatment for your particular situation.
5. You are receiving this Notice to advise you of a distribution of the funds collected in the above referenced proceedings from Respondents to investors who purchased or otherwise acquired Fluor Corporation common stock (the “Security”) between May 6, 2016 and February 17, 2020, both dates inclusive, and held the Security through one or both relevant corrective disclosures on August 1, 2019 and February 18, 2020 (the “Relevant Period”), and were harmed by violations of the federal securities laws. To be eligible to participate in the distribution, you must file a completed Claim Form on the accompanying form as described below.

## The Security and Relevant Period

| Company Name      | Trading Symbol | Relevant Period for Purchases | Relevant Corrective Disclosure Dates |
|-------------------|----------------|-------------------------------|--------------------------------------|
| Fluor Corporation | FLR            | 5/6/2016 through 2/17/2020    | 8/1/2019 and 2/18/2020               |

6. You must submit your Claim Form and supporting documentation electronically on the Fair Fund website, [www.FluorFairFund.com](http://www.FluorFairFund.com), or mail your completed and signed Claim Form, together with all required supporting documentation, so that it is postmarked no later than **December 30, 2024**, addressed as follows:

**Fluor Fair Fund  
c/o JND Legal Administration  
P.O. Box 91499  
Seattle, WA 98111**

7. 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 received by the Fund Administrator.
8. **Submission of the Claim Form does not guarantee that you will receive payment**. The Fund Administrator will determine whether you are eligible to receive a payment and the amount of your payment, if any, in accordance with the Plan of Distribution. To obtain a copy of the Plan of Distribution, visit [www.FluorFairFund.com](http://www.FluorFairFund.com).
9. DO NOT use highlighter on the Claim Form or any supportive documents.
10. 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 Fluor Corporation common stock. On this schedule, please provide all the requested information with respect to your holdings, purchases, acquisitions, and sales of Fluor Corporation common stock, regardless of whether such transactions resulted in a profit or a loss. Failure to report all transactions and holding information during the requested period may result in the rejection of your claim.
11. 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 Fund Administrator does not independently have information about your investments in Fluor Corporation 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.
12. 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).
13. 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 Fluor Corporation 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 Fluor Corporation 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 considered for a Distribution Payment from the Fluor Fair Fund.
14. 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 Fluor Corporation 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.)

15. By submitting this Claim Form, you will be making a request to share in the proceeds of the Fluor Fair Fund described in the Notice. If you are an Excluded Party or you did not acquire Fluor Corporation common stock during the Relevant Period, DO NOT submit a Claim Form. You may not, directly, or indirectly, participate in the Fair Fund. If you are an Excluded Party or did not purchase or otherwise acquire Fluor Corporation common stock during the Relevant Period, any Claim Form that you submit, or that may be submitted on your behalf, will be rejected.
16. 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.FluorFairFund.com](http://www.FluorFairFund.com) or you may email the Fund Administrator's electronic filing department at [FFFSECURITIES@JNDLA.com](mailto:FFFSECURITIES@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 [FFFSECURITIES@JNDLA.com](mailto:FFFSECURITIES@JNDLA.com) to inquire about your file and confirm it was received and acceptable.
17. 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 calling the toll-free hotline at 1-855-680-7297, by sending an email to [Info@FluorFairFund.com](mailto:Info@FluorFairFund.com), or by writing to the above address. All relevant documents are available for download at [www.FluorFairFund.com](http://www.FluorFairFund.com).

**PLEASE NOTE: YOUR CLAIM IS NOT DEEMED SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT EMAIL OR POSTCARD. THE FUND ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY EMAIL OR BY MAIL WITHIN 60 DAYS OF THE POSTMARK DATE. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL OR POSTCARD WITHIN 60 DAYS OF SUBMITTING YOUR CLAIM, PLEASE CONTACT THE FUND ADMINISTRATOR.**

# PART 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 by mail or by email.

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 that MAY be eligible for payment by check, include "IRA" in the "Last Name" box above (e.g., Jones IRA).

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

Name and Title of Representative, if applicable (e.g., Jane Smith, Plan Administrator), if different from Beneficial Owner

Street Address

Address 2

City

State/Province

Zip Code

Foreign Postal Code (if applicable)

Country

Telephone Number (Day)

Telephone Number (Evening)

Email Address (If you provide an email address, you authorize the Fund Administrator to use it to provide you with information relevant to this claim electronically)

Account Number (where security was traded)<sup>1</sup>

Last 4 Digits of SSN/TIN

Claimant Account Type (check appropriate box):

Individual (includes joint owner accounts)

Pension Plan

Trust

Corporation

Estate

IRA/401K

Other (please specify): \_\_\_\_\_

<sup>1</sup> If the account number is unknown, you may leave this field blank. If filing for more than one account for the same legal entity, you may write "multiple." Please see ¶12 of the Case Information and Instructions above for more information on when to file separate Claim Forms for multiple accounts.

# PART II. SCHEDULE OF TRANSACTIONS IN FLUOR CORPORATION COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in detail in the Case Information and Instructions above. Do not include information regarding securities other than Fluor Corporation common stock ("FLR").

| <b>1. BEGINNING HOLDINGS OF COMMON STOCK</b> – State the total number of shares of Fluor Corporation common stock held as of the opening of trading on <b>MAY 6, 2016</b> . (Must be documented.) If none, write “zero” or “0.”<br><div style="border: 1px solid black; height: 20px; width: 200px; margin-top: 5px;"></div>  |  |   |   | <b>Proof of Position Enclosed</b><br><input type="checkbox"/> Y <input type="checkbox"/> N |
|---|--|---|---|--|
| <b>2. PURCHASES/ACQUISITIONS OF COMMON STOCK DURING THE PERIOD FROM MAY 6, 2016, THROUGH AND INCLUDING MAY 15, 2020</b> – Separately list every purchase/acquisition (including free receipts) during this period. (Must be documented.) <i>Purchases from February 18, 2020, through May 15, 2020 (look-back) will not be used to calculate the recognized loss but will be needed for balancing purposes.</i> |  |   |   | <b>IF NONE, CHECK HERE</b><br><input type="checkbox"/>                                     |
| Date of Purchase/<br>Acquisition (List<br>Chronologically)<br>(Month/Day/Year)  | Number of Shares<br>Purchased/<br>Acquired | Purchase/<br>Acquisition<br>Price Per Share | Total Purchase/<br>Acquisition Price<br>(excluding all fees,<br>taxes, and commissions) | Proof of<br>Purchase/<br>Acquisition<br>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                                      |
| / /   |  | \$  | \$  | <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                                      |
| / /   |  | \$  | \$  | <input type="checkbox"/> Y <input type="checkbox"/> N                                      |

# PART II. SCHEDULE OF TRANSACTIONS IN FLUOR CORPORATION COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in the Case Information and Instructions above. Do not include information regarding securities other than Fluor Corporation common stock ("FLR").

| <b>3. SALES OF COMMON STOCK DURING THE PERIOD FROM MAY 6, 2016, THROUGH AND INCLUDING MAY 15, 2020</b> – Separately list every sale/disposition (including free deliveries) during this period. (Must be documented.)   |                          |                         |   | <b>IF NONE, CHECK HERE</b><br><input type="checkbox"/>   |
|---|--------------------------|-------------------------|---|--|
| Date of Sale<br>(List Chronologically)<br>(Month/Day/Year)  | Number of<br>Shares Sold | Sale Price<br>Per Share | Total Sale Price<br>(excluding all fees,<br>taxes, and commissions) | Proof of Sale<br>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  |
| / /   |                          | \$                      | \$  | <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  |
| <b>4. ENDING HOLDINGS OF COMMON STOCK</b> – State the total number of shares of Fluor Corporation common stock held as of the close of trading on <b>MAY 15, 2020</b> . (Must be documented.) If none, write "zero" or "0."   |                          |                         |   | <b>Proof of Position Enclosed</b><br><br><input type="checkbox"/> Y <input type="checkbox"/> N |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |                          |                         |   |  |
| <input type="checkbox"/> <b>IF YOU REQUIRE ADDITIONAL SPACE FOR YOUR TRANSACTIONS, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER'S FULL NAME AND LAST FOUR DIGITS OF THEIR SSN/TIN ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX.</b> |                          |                         |   |  |

# PART III. CERTIFICATION

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT I (WE) AM (ARE) NOT AN EXCLUDED PARTY, THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
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.



## PART 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. Do not send original documents. Attach only **copies** of 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 supporting documents for your own records.

5. The Fund Administrator will acknowledge receipt of your Claim Form by email or postcard within 60 days. Your claim is not deemed submitted until you receive an acknowledgement email or postcard. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL OR POSTCARD WITHIN 60 DAYS, PLEASE CALL THE FUND ADMINISTRATOR TOLL FREE AT 1-855-680-7297.**

6. Immediately notify the Fund Administrator, in writing, of any address change or name change. If this Claim Form was sent to an old or incorrect address, please provide your current address to the Fund Administrator.



7. If you have any questions or concerns regarding your claim, please contact the Fund Administrator toll-free at 1-855-680-7297, by email at [info@FluorFairFund.com](mailto:info@FluorFairFund.com), by mail at the address below, or visit [www.FluorFairFund.com](http://www.FluorFairFund.com). **Please DO NOT call the Court, the SEC, Fluor, any other related party or their counsel with questions regarding your claim.**



THIS CLAIM FORM MUST BE SUBMITTED ELECTRONICALLY ON THE FAIR FUND'S WEBSITE AT [www.FluorFairFund.com](http://www.FluorFairFund.com) BY DECEMBER 30, 2024, OR BY MAIL AT THE ADDRESS BELOW SO LONG AS IT IS **POSTMARKED NO LATER THAN DECEMBER 30, 2024**, ADDRESSED AS FOLLOWS:

**Fluor Fair Fund  
c/o JND Legal Administration  
PO Box 91499  
Seattle, WA 98111**

Be aware that it will take a significant amount of time to fully process all the submitted Claim Forms. This work will be completed as promptly as time permits. We appreciate your patience.