

ELECTRONIC FILING INSTRUCTIONS
FIAT CHRYSLER AUTOMOBILES FAIR FUND
READ THESE INSTRUCTIONS CAREFULLY AND IN THEIR ENTIRETY.
YOU MUST COMPLY.

Part I – Electronic Filing Instructions

- Electronic Claim submission is available to institutions filing on their own behalf or on behalf of others as well as to Claim preparers filing on behalf of clients, or to individuals filing a large number of transactions who have requested or have been requested to file claims electronically.
- **ALL ELECTRONIC CLAIMS SUBMISSIONS MUST BE ENTERED ON THE TEMPLATE THAT FOLLOWS THESE INSTRUCTIONS.** Any file not in accordance with the required filing format or not accompanied by the required documentation will be subject to rejection.
- Provide all trade dates in US date format (MM/DD/YYYY).
- Electronic filers must provide for each claim submitted the holding positions and transactions in the eligible securities as set forth in Part II.
- **One Claim is to be submitted for each separate legal entity.** A separate Claim, but only one Claim, should be submitted for each separate legal entity (e.g., a Claim on behalf of joint owners should not include separate transactions of just one of the joint owners, and a Claim on behalf of an individual should not combine his or her IRA transactions with transactions made solely in the individual’s name). Conversely, **a single Claim is to be submitted on behalf of one legal entity including all transactions made by that person or entity no matter how many separate accounts that person or entity has** (e.g., a Claim on behalf of a corporation with multiple brokerage accounts **MUST** include all transactions made in all accounts in one Claim).
- **The correct complete, unabbreviated name of the Beneficial Owner(s) of the security supporting each Claim MUST be provided where called for. Your submission may be rejected if you do not provide this information. Do not include honorifics (e.g., Mr., Mrs., Ms., Dr., Capt., Sgt.) and do not put “FBO” or the like in front of the Beneficial Owner’s name. PLEASE NOTE: A trustee, in that capacity, is not the Beneficial Owner of the security; the full name of the trust should be entered followed by the full name(s) of the trustee(s). A comma should separate the name of the trust and the name(s) of the trustee(s).**
- The required documentation set forth below **MUST** be submitted with your electronic file. Your electronic Claims will not be eligible for consideration until all required documents are received. Please note that one document may meet more than one requirement.

Part II – Case Specific Information

1. Eligible Securities:

Fiat Chrysler Automobiles N.V., (“FCA”) common stock (NYSE ticker: FCAU, CUSIP: N31738102)

2. Recovery Period:

February 2, 2016 through January 11, 2017, inclusive

3. Electronic filers MUST provide for each claim submitted regarding FCA common stock:

- a. Beginning holdings: the number of shares of FCA common stock held as of the close of trading on February 1, 2016.
- b. The total number of shares purchased/acquired (including free receipts) of FCA common stock from February 2, 2016 through the close of trading on January 11, 2017.
- c. Each and every sale (including free deliveries) of FCA common stock from February 2, 2016 through the close of trading on April 11, 2017.
- d. Ending holdings: the total number of shares of FCA common stock held as of the close of trading on April 11, 2017.

4. Claim Filing Deadline: JUNE 4, 2022

Part III – Methods of Submission

Analytics prefers that E-files be submitted using our Secure File Transfer portal; to utilize this portal, visit <https://FCFAFairFund.com/nominees/> or click on the Nominees menu at the top of the home page.

You may send your information via email, but please be sure to password-protect or encrypt the file and send to info@FCFAFairFund.com. E-file submissions may also be sent via CD or DVD. If you are mailing via UPS or FedEx, please send to Fiat Chrysler Automobiles Fair Fund, c/o Analytics Consulting, 18675 Lake Drive East, Chanhassen, MN 55317.

For any questions or concerns regarding your submission options, please call us toll-free at 1-844-907-4924 or email us at info@FCFAFairFund.com.

Electronic files will not be deemed submitted unless Analytics sends you an email acknowledging receipt of your file. Do not assume that your file has been received until you receive this email. If you do not receive such an email within 10 business days of your submission, you should contact the electronic filing department at 1-844-907-4924 to inquire about your file and confirm it was received.

Part IV – Documentation Requirements

The required documentation outlined below MUST be submitted with your electronic file. Your electronic claims will not be eligible for consideration until all required documents are received. Please note that one single document may meet more than one requirement.

1. ONE SIGNED PROOF OF CLAIM AND RELEASE

- You **MUST** complete the Claimant Information Page, (Part I) and Signature and Certifications, (Part IV) of a single Proof of Claim and Release Form (“Claim Form”), which will serve as an “umbrella” or “master” claim form for all claims in your electronic file.
- The Claim Form **MUST** be signed by an authorized signatory who is listed on your signature verification document and state the capacity (job title) of the signatory.
- If you are filing only one Claim, i.e., you are filing on behalf of only one Beneficial Owner, provide the correct, complete, unabbreviated name of the owner of the shares on the Claim Form.
- If you are filing on behalf of multiple Beneficial Owners, use the term “Various Beneficial Owners” for the Claimant name(s) (i.e., the Beneficial Owner(s) name(s)). However, as noted above, the correct complete unabbreviated name of each Beneficial Owner (without honorifics) **MUST** be provided for each claim in your electronic claim submission.

2. SIGNATURE VERIFICATION DOCUMENT

- If you are an institution filing on your own behalf or on behalf of other Beneficial Owners or a claim preparer filing on behalf of Beneficial Owners, you **MUST** provide a document verifying that the individual who signs the Claim Form and any supplemental documents is authorized to sign on your behalf. Some common types of documents that fulfill this requirement include the following (this list is not exclusive and non-US entities may have different documents that fulfill this requirement. If you are a non-US entity, you **MUST** submit an equivalent document):
 - o Copy of filer’s By-Laws, including signature page(s)
 - o Copy of filer’s Corporate Resolution, including signature page(s)
 - o Notarized Affidavit signed by an officer of the filing institution or company clearly granting a specific individual(s) authorization or confirming his/her authority to sign on behalf of his/her institution or company.

3. DATA VERIFICATION DOCUMENT(S)

- If you are an institution filing on your own behalf or on behalf of other Beneficial Owners or a claim preparer filing on behalf of Beneficial Owners, you **MUST** provide a notarized affidavit or signed letter on your firm’s letterhead which meets the following criteria:
 - o Confirms the number of separate claims and transactions in your file.

- o Sets forth the source of the data for each Claim included in your file.
- o Attests to the truth and accuracy of the data for each claim in your file.
- o Is executed by an authorized signatory who is listed on your firm's signature verification document and specifies both the capacity and contact information of that signatory.

4. **AUTHORIZATION DOCUMENT (IF FILING ON BEHALF OF BENEFICIAL OWNERS OTHER THAN YOURSELF)**

- If you are an institution or claim preparer filing on behalf of Beneficial Owners other than yourself, you **MUST** provide a current document verifying that you are authorized to file and sign claims on behalf of the Beneficial Owners of the securities. Some common types of documents that fulfill this requirement include the following (this list is not exclusive and non-US entities may have different documents that fulfill this requirement. If you are a non-US entity, you **MUST** submit an equivalent document):
 - o Power of Attorney
 - o Service Agreement
 - o Signed/dated letter on client's company letterhead specifically granting your company authority to file/sign claims on their behalf
 - o Notarized affidavit or signed letter on your company's letterhead confirming your authority to file and sign claims on behalf of each client for whom you filed a claim. It **MUST** be executed by an officer of the company who is also listed on your signature verification document and reference the capacity and contact information of the signatory.

5. **ADDITIONAL DOCUMENTATION (IF REQUESTED) - DATA INTEGRITY AUDIT**

- Filers may be requested, as deemed appropriate by Analytics and/or Lead Counsel, to provide additional documentation to support the Claims submitted. This data integrity audit is designed to verify the overall integrity of a data file. Accordingly, you **MUST** provide all the requested documentation and the documentation provided **MUST** be independent in nature.
- Even if you provided a letter/affidavit attesting to the truth and accuracy of the data you initially submitted with your electronic file, we will require specific documentary evidence, which may include trade confirmations, monthly statements, or equivalent, to independently verify the details of transactions and/or holding positions. If your file is selected for a data integrity audit, you **MUST** provide all the requested information.

FAILURE TO COMPLY WITH THIS AUDIT REQUEST WILL RESULT IN THE REJECTION OF ALL CLAIMS ON YOUR ELECTRONIC SUBMISSION

Part V – Electronic Filing Notes

ADDRESSES

- Claims and checks (if the claim is eligible) will be created based on the information provided on your electronic file.
- If you require checks to be made out directly to the beneficial owner but still sent to your company, please
 - o include a “c/o” before your company name in Column A of your file.
- If you require checks to be mailed to some other party (i.e. directly to the custodian bank for each beneficial owner or directly to the beneficial owner), please include their name in the ‘Company Name’ field (Column A) of the file, but include your name in the ‘Submitting Filer’s Name’ field (Column W).
- If you require checks be made out directly to the beneficial owner, do not include **any** company name in the
 - o ‘Company Name’ field (Column A) of the file.
- For foreign addresses, the two character country code must be provided in Column H, all address information (including full country names and provinces) must be included in the two address fields (Columns B-C), and the city, state, zip fields (Columns D-G) should be left blank.
- If you are a third-party claim preparer filing on behalf of clients who represent the beneficial owner of the securities, you **must** provide the complete name of your client in Column V of your electronic claim submission.

SECURITIES

- All transactions and holding positions **must** reference an appropriate security identifier (CUSIP) in Column K of your file.
- Negative values may **only** be given for beginning and ending/unsold holdings (transaction types “B” and “U”). All other transactions must reflect positive values.

TRANSFERS

- Free receipt/free delivery (transfer in/out) transactions must be included in the claim data as this information is necessary in order for the claim to balance. Please note, free receipts are not eligible for payment and will not be included in the calculation of the claim unless the shares received were purchased during the Class Period and you provide the original purchase information for these shares.
- A free receipt or transfer in must be reflected as a transaction type “R” and a free delivery or transfer out must be reflected as a transaction type “D” (prices and net amounts must be zero).

Part VI – Required Filing Format – General Instructions

A properly formatted spreadsheet for submitting your transactions is available for download at <https://FCFAFairFund.com/nominees/>

- Files should be submitted as an Excel spreadsheet.
- All fields in the below format **MUST** be included on your file.
- Any fields that do not apply to the claims you submit **MUST** be left blank (do not delete any fields).
- Your file **MUST** include one header row with each of the column headings specified below.
- Your file **MUST** be sorted in the following order:
 - o complete correct name of the Beneficial Owner of the securities supporting the claim
 - o transaction type
- If a maximum character length for any field is specified, do not exceed the limit.
- Do not leave any blank rows on your file.
- Any files not in accordance with the below layout are subject to rejection.
- For Excel spreadsheets:
 - o Whenever possible, your file should be limited to one tab that contains all the fields listed below.
 - o The “Length” column in the below format specifies the maximum number of characters for each Excel field as to which a maximum character number applies.

REQUIRED FILE LAYOUT

COL	FIELD	START POSITION	LENGTH	NOTES
A	Company Name	1	40	Name of Company for Mailing of Checks <ul style="list-style-type: none"> • Include a “c/o” before your company name if you require checks made out to the Beneficial Owner c/o your company. • Include an “FBO” (or similar ownership acronym) after your company name if you require checks to be made out to your company for the benefit of the Beneficial Owner.
B	Address 1	41	40	Address 1 Information for Mailing of Checks
C	Address 2	81	40	Address 2 Information for Mailing of Checks
D	City	121	30	City for Mailing of Checks
E	State	151	2	2 Character State Abbreviation for Mailing of Checks
F	Zip5	153	5	5 Digit Zip for Mailing of Checks
G	Zip4	158	4	4 Digit Zip for Mailing of Checks
H	Country Code	162	2	2 Character Country abbreviation (only for foreign addresses)
I	Short Beneficial Owner name	164	40	Short Name of Beneficial Owner, for printing/ mailing purposes You MUST also provide the correct, complete, unabbreviated name of the Beneficial Owner in Column U of your submission.
J	Account Number(s) of Beneficial Owner	204	70	List the account numbers for all of the accounts through which the Beneficial Owner trades.
K	Security Identifier Number	274	14	CUSIP, ISIN, or SEDOL Number of the Security
L	Transaction Type	288	2	B = Beginning Holdings P = Purchase PS = Purchase to Cover Short Sales S = Sale (includes short sales)

COL	FIELD	START POSITION	LENGTH	NOTES
				<p>SS = Short Sales</p> <p>U = Unsold (Ending) Holdings</p> <p>R = Free Receipt (transfer in)</p> <p>D = Free Deliver (transfer out)</p> <p>Note: When inputting beginning and unsold holdings, the trade date column MUST indicate the holding date. Price per share and net amount columns MUST be left blank.</p>
M	Trade Date	290	10	Trade date in MM/DD/YYYY format (including foreign entities)
N	Quantity	300	20	Number of shares associated with this transaction (this value can <u>ONLY</u> be negative for short beginning or ending holdings positions).
O	Price Per Share	320	20	<p>Price of each Share</p> <ul style="list-style-type: none"> This column should be blank <u>ONLY</u> when providing beginning or ending holdings or shares involved in a receipt or deliver.
P	Aggregate Cost /Amount Received	340	20	<p>Total value of the transaction (excluding commissions, taxes, and fees);</p> <ul style="list-style-type: none"> This column should be blank <u>ONLY</u> when providing beginning or ending holdings or shares involved in a receipt or deliver.
Q	Currency Type	360	3	Type of currency associated to transaction (USD, EUR, GBP, etc.)
R	Submitting Filer's Client Name(s)	363	20	<p>If you are a third-party claim preparer filing on behalf of clients either: (i) for the client as Beneficial Owner (in which case the entry in this field will be the same as the entry in Field I); or (ii) for a client which represents the Beneficial Owner(s), provide the complete name of your client in this column.</p>
S	Submitting Filer's Name	383	20	Name of filer submitting electronic claim
T	Beneficial Owner's SSN	403	9	Full nine digits of Social Security Number or Tax ID Number of Beneficial Owner (enter "foreign" for foreign entities)

COL	FIELD	START POSITION	LENGTH	NOTES
	or Tax ID Number			
U	Complete Beneficial Owner Name	407	n/a	<p>Full Name of Beneficial Owner MUST be the correct, complete, unabbreviated name of the Beneficial Owner. Do not include honorifics, <i>e.g.</i>, Mr., Mrs., Ms., Dr., Capt., Sgt., and do not put “FBO” or the like in front of the Beneficial Owner’s name.</p> <p>Please note: A trustee, in that capacity, is not the Beneficial Owner of the security; the full name of the trust should be entered followed by the name(s) of the trustee(s).</p> <p>A comma should separate the name of the trust and the name(s) of the trustee(s)</p> <p>YOUR SUBMISSION MAY BE REJECTED IF THIS INFORMATION IS NOT INCLUDED.</p>