

Brixmor Securities Litigation
P.O. Box 6389
Portland, OR 97228-6389
Toll-free Number: (888) 721-6282
Settlement Website: www.BrixmorSecuritiesSettlement.com
Email: info@BrixmorSecuritiesSettlement.com

CLAIM FORM

To be potentially eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Action, you must be a Settlement Class Member, complete and sign this Claim Form, and mail it by first-class mail to the above address **postmarked no later than December 12, 2017**.

Failure to submit your Claim Form by the specified date will subject your Claim to rejection and may preclude you from being eligible to recover any money in connection with the Settlement.

Do not mail or deliver your Claim Form to the Court, the settling Parties, or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above.

<u>TABLE OF CONTENTS</u>	<u>PAGE #</u>
PART I – CLAIMANT INFORMATION	2
PART II – GENERAL INSTRUCTIONS	3
PART III – SCHEDULE OF TRANSACTIONS IN BRIXMOR COMMON STOCK	6
PART IV – SCHEDULE OF TRANSACTIONS IN BRIXMOR BONDS	7
PART V – RELEASE OF CLAIMS AND SIGNATURE	8

PART II – GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of (I) Pendency of Class Action, Certification of Settlement Class, and Proposed Settlement; (II) Settlement Fairness Hearing; and (III) Motion for an Award of Attorneys' Fees and Reimbursement of Litigation Expenses (the "Notice") that accompanies this Claim Form, including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how the Settlement affects Settlement Class Members, and the manner in which the Net Settlement Fund will be distributed if the Court approves the Settlement and Plan of Allocation. The Notice also contains the definitions of many defined terms (indicated with initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you certify that you have read and understand the Notice, including the terms of the releases described therein and provided for herein.

2. This Claim Form is directed to all persons and entities that, during the period from February 20, 2014 through February 5, 2016, inclusive (the "Settlement Class Period"), purchased or otherwise acquired Brixmor securities (including, but not limited to, Brixmor common stock, 3.850% Senior Notes due 2025, and 3.875% Senior Notes due 2022) and were allegedly damaged thereby. All persons and entities that are members of the Settlement Class are referred to as "Settlement Class Members."

3. Excluded from the Settlement Class are (i) Defendants; (ii) the officers and directors of Brixmor (at all relevant times); (iii) members of their immediate families and their legal representatives, successors, or assigns; and (iv) any firm or entity in which any Defendant has or had a controlling interest during the Settlement Class Period. Also excluded from the Settlement Class are any persons or entities who or that exclude themselves by submitting a request for exclusion that the Court accepts.

4. If you are not a Settlement Class Member or if you, or someone acting on your behalf, submit a request for exclusion from the Settlement Class, do not submit a Claim Form. **YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A SETTLEMENT CLASS MEMBER. THUS, IF YOU ARE EXCLUDED FROM THE SETTLEMENT CLASS (AS SET FORTH IN PARAGRAPH 3 ABOVE), ANY CLAIM FORM YOU SUBMIT OR THAT MAY BE SUBMITTED ON YOUR BEHALF WILL NOT BE ACCEPTED.**

5. If you are a Settlement Class Member, you will be bound by the terms of any judgments or orders entered in the Action **WHETHER OR NOT YOU SUBMIT A CLAIM FORM**. Thus, if you are a Settlement Class Member, the Judgment will release and enjoin the filing or continued prosecution of the Released Plaintiffs' Claims against the Defendants' Releasees.

6. You are potentially eligible to participate in the distribution of the Net Settlement Fund only if you are a member of the Settlement Class and if you complete and return this form as specified below. If you fail to submit a timely, properly addressed, and completed Claim Form with the required documentation, your claim may be rejected, and you may be precluded from receiving any distribution from the Net Settlement Fund.

7. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The Plan of Allocation will govern the distribution of the Net Settlement Fund set forth in the Notice if the Court approves or by such other plan of allocation the Court approves.**

8. Use the Schedule of Transactions in Part III and Part IV of this Claim Form to supply all required details of your transaction(s) (including free transfers) in and holdings of the applicable Brixmor securities. On the Schedules of Transactions, please provide all the requested information with respect to your holdings, purchases, acquisitions, and sales of the applicable Brixmor securities, whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested time periods may result in the rejection of your claim.

9. **Please note:** Only publicly traded Brixmor securities purchased or otherwise acquired during the Settlement Class Period (i.e., from February 20, 2014 through February 5, 2016, inclusive) are included in the Settlement. However, under the PSLRA's 90-day lookback provision (described in the Plan of Allocation set forth in the Notice), your sales of Brixmor securities during the period from February 8, 2016 through and including May 5, 2016 will be used for purposes of calculating your recognized loss amounts under the Plan of Allocation. Therefore, for the Claims Administrator to balance your claim, you must also provide the requested purchase information during the 90-day Lookback Period.

10. You are required to submit genuine and sufficient documentation for all your transactions in and holdings of the applicable Brixmor securities set forth in the Schedule of Transactions in Part III and Part IV of this Claim Form. Documentation may consist of copies of brokerage confirmation slips, monthly brokerage account statements, or an authorized statement from your broker containing the transaction and holding information found in a broker confirmation slip or account statement. The Parties and Claims Administrator do not independently have information about your investments in Brixmor securities. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS 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 you send to the Claims Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.**

11. Submit separate Claim Forms for each separate legal entity (e.g., a claim from joint owners should not include separate transactions through an account that is in the name of just one of the joint owners, and an individual should not combine IRA transactions with transactions made through an account in the individual's name). Conversely, submit a single Claim Form on behalf of one legal entity including all transactions made by that entity on one Claim Form 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).

12. All joint beneficial owners must sign this Claim Form. If you purchased or otherwise acquired publicly traded Brixmor securities during the Settlement Class Period and held the securities 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, however, you purchased or otherwise acquired publicly traded Brixmor securities during the Settlement Class Period and the securities were registered in the name of a third party such as a nominee or brokerage firm, you are the beneficial owner of the stock, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form.

13. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of the person(s) or entity (entities) they represent, 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), and address and telephone number of the beneficial owner(s) (or other person or entity on whose behalf they are acting with respect to) the Brixmor securities; and
- (c) furnish evidence of their authority to submit the Claim Form on the beneficial owner's (owners') behalf.

14. By submitting a signed Claim Form, you will be swearing that you

- (a) own(ed) the Brixmor securities you listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner(s) thereof.

15. By submitting a signed Claim Form, you swear to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements or the submission of forged or fraudulent documentation will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

16. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation the Court approves) will be made after the completion of all Claims processing. This could take substantial time. Please be patient.

17. **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, however, calculates to less than \$10.00, it will not be included in the calculation, and no distribution will be made to that Authorized Claimant.

18. If you have questions concerning the Claim Form or need additional copies of the Claim Form or Notice, you may contact the Claims Administrator at P.O. Box 6389, Portland, OR 97228-6389, by email at info@BrixmorSecuritiesSettlement.com, or by toll-free phone at (888) 721-6282, or you may download the documents from the Settlement website, www.BrixmorSecuritiesSettlement.com.

19. 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.BrixmorSecuritiesSettlement.com, or you may email the Claims Administrator's electronic filing department at info@BrixmorSecuritiesSettlement.com. Any file not 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 Claims Administrator issues an email to that effect after processing your file with your Claim numbers 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 info@BrixmorSecuritiesSettlement.com to inquire about your file and confirm it was received and acceptable.**

IMPORTANT:

YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS 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 CALL THE CLAIMS ADMINISTRATOR TOLL-FREE AT (888) 721-6282.

PART IV – SCHEDULE OF TRANSACTIONS IN BRIXMOR BONDS

Complete this Part IV if, and only if, you purchased or otherwise acquired publicly traded Brixmor 3.850% Senior Notes due 2025 and/or 3.875% Senior Notes due 2022 during the period from February 20, 2014 through February 5, 2016, inclusive. Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions, Paragraph 10, above. Do not include information in this section regarding securities other than the Brixmor Bonds listed above.

1. BEGINNING HOLDINGS – State the face value of publicly traded Brixmor 3.850% Senior Notes due 2025 and/or 3.875% Senior Notes due 2022 held as of the opening of trading on February 20, 2014. (Must be documented.)

Month and Year of Bond Maturity (MMYYYY)	Face Value

2. PURCHASES/ACQUISITIONS DURING THE SETTLEMENT CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD – Separately list each and every purchase or acquisition (including free receipts) of publicly traded Brixmor 3.850% Senior Notes due 2025 and/or 3.875% Senior Notes due 2022 from after the opening of trading on February 20, 2014 through and including the close of trading on May 5, 2016.

Month and Year of Bond Maturity (MMYYYY)	Date of Purchase (MMDDYY)	Face Value Purchased	Price per Bond	Total Price

3. SALES DURING THE SETTLEMENT CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD – Separately list each and every sale or disposition (including free deliveries) of publicly traded Brixmor 3.850% Senior Notes due 2025 and/or 3.875% Senior Notes due 2022 from after the opening of trading on February 20, 2014 through and including the close of trading on May 5, 2016.

Month and Year of Bond Maturity (MMYYYY)	Date of Sale (MMDDYY)	Face Value Sold	Sale Price per Bond	Total Price

IF NONE, CHECK HERE

4. ENDING HOLDINGS – State the face value of publicly traded Brixmor 3.850% Senior Notes due 2025 and/or 3.875% Senior Notes due 2022 held as of the close of trading on May 5, 2016. (Must be documented.)

Month and Year of Bond Maturity (MMYYYY)	Face Value

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX.
IF YOU DO NOT CHECK THIS BOX, ADDITIONAL PAGES WILL NOT BE REVIEWED.

PART V – RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 9 OF THIS CLAIM FORM.

I (we) hereby acknowledge that, as of the Effective Date of the Settlement, pursuant to the terms set forth in the Stipulation, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, and assigns in their respective capacities as such, shall be deemed to have, and by operation of law and of the Judgment, shall have, fully, finally, and forever waived, released, relinquished, discharged, and dismissed each and every one of the Released Plaintiffs' Claims (as defined in the Stipulation and in the Notice) against each and every one of the Defendants' Releasees (as defined in the Stipulation and in the Notice); have and shall be deemed to have covenanted not to sue, directly or indirectly, any of the Defendants' Releasees with respect to any and all the Released Plaintiffs' Claims; and shall forever be barred and enjoined from directly or indirectly filing, commencing, instituting, prosecuting, maintaining, or intervening in any action, suit, cause of action, arbitration, claim demand, or other proceeding in any jurisdiction, whether in the United States or elsewhere, on my (our) own behalf or in a representative capacity, based upon or arising out of any or all of the Released Plaintiffs' Claims against any of the Defendants and the other Defendants' Releasees.

CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) certifies (certify), as follows:

1. that I (we) have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;
2. that the claimant(s) is a (are) Settlement Class Member(s) as defined in the Notice and in Part II – General Instructions, Paragraph 2 on page 3 of this Claim Form and is (are) not excluded from the Settlement Class by definition or pursuant to request as set forth in the Notice and in Part II – General Instructions, Paragraph 3 on page 3 of this Claim Form;
3. that I (we) own(ed) the publicly traded Brixmor securities identified in the Claim Form and have not assigned the claim against the Defendants' Releasees to another, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
4. that the claimant(s) has (have) not submitted any other claim covering the same purchases/acquisitions of publicly traded Brixmor securities and knows (know) of no other person(s) having done so on the claimant's (claimants') behalf;
5. that the claimant(s) submit(s) to the jurisdiction of the Court with respect to claimant's (claimants') claim and for purposes of enforcing the releases set forth herein;
6. that I (we) agree to furnish such additional information with respect to this Claim Form as Lead Counsel, the Claims Administrator, or the Court may require;
7. that the claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;
8. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and
9. that the claimant(s) is (are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the claimant(s) is (are) exempt from backup withholding, (b) the claimant(s) has (have) not been notified by the IRS that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the claimant(s) that he/she/it is no longer subject to backup withholding. **If the IRS has notified the claimant(s) that he/she/it is subject to backup withholding, please strike out the language in the preceding sentence indicating that the claim is not subject to backup withholding in the certification above.**

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

Signature of Claimant

Date - -
MM DD YY

Print your name here

Signature of joint Claimant, if any

Date - -
MM DD YY

Print your name here

If the Claimant(s) is (are) other than an individual or is (are) not the person(s) completing this form, the following also must be provided:

Signature of person signing on behalf of Claimant

Print your name here

Date - -
MM DD YY

Capacity of person signing on behalf of claimant(s), if other than an individual (e.g., executor, president, trustee, custodian, etc.). (Must provide evidence of authority to act on behalf of claimant(s); see Part II – General Instructions, Paragraph 13 on page 4 of this Claim Form.)

REMINDER CHECKLIST

1. Please sign the release and 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 since these documents will not be returned to you.
3. Please do not highlight any portion of the Claim Form or any supporting documents.
4. Do not send original security certificates or documentation. These items cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Claim Form and documentation for your own records.
6. The Claims Administrator will acknowledge receipt of your Claim Form by mail within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. **If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator toll-free at (888) 721-6282.**
7. If your address changes in the future or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
8. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below, by email at info@BrixmorSecuritiesSettlement.com, or toll-free at (888) 721-6282, or visit www.BrixmorSecuritiesSettlement.com. Please DO NOT call Brixmor, any of the other Defendants, or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL POSTMARKED NO LATER THAN DECEMBER 12, 2017 AND ADDRESSED AS FOLLOWS:

Brixmor Securities Litigation
P.O. Box 6389
Portland, OR 97228-6389

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted if the envelope has a postmark date on or before December 12, 2017, is sent by first-class mail, and is addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when the Claims Administrator actually receives it.

You should be aware that it will take a significant amount of time to fully process all the Claim Forms. Please be patient and notify the Claims Administrator of any change of address.