

UNIKRN FAIR FUND CLAIM FORM

UNITED STATES OF AMERICA
Before the
SECURITIES AND EXCHANGE COMMISSION

In the Matter of Unikrn, Inc.
Administrative Proceeding File No. 3-20003

Unikrn Fair Fund
Fund Administrator
P.O. Box 25142
Santa Ana, CA 92799

833-360-6811
info@UnikrnSECFairFund.com
www.UnikrnSECFairFund.com

THIS CLAIM FORM APPLIES TO PERSONS AND ENTITIES WHO PURCHASED OR ACQUIRED UNIKOIN GOLD (“UKG” OR THE “SECURITY”) DIRECTLY FROM UNIKRN, INC. DURING THE PERIOD FROM JUNE 11, 2017, AND NOVEMBER 7, 2017, INCLUSIVE TO (THE “RELEVANT PERIOD”), IN EITHER THE PRE-SALE OR ICO PHASE OF THE OFFERING AND MAY HAVE SUFFERED A LOSS AS A RESULT OF TRANSACTIONS IN UKG.

GENERAL INSTRUCTIONS

THE CLAIMS BAR DATE IS APRIL 24, 2026.

Eligibility:

You may be eligible for a payment from the Unikrn Fair Fund if:

1. You purchased directly from Unikrn, Inc. during the Relevant Period UKG in either the pre-sale or ICO phase of the Offering and may have suffered a loss as a result of transactions in UKG.
2. You submitted a Certification Form by the Certification Bar Date.
3. You suffered a Recognized Loss as calculated under the Plan.
4. You are not an Excluded Party.

The Plan, which is available at www.UnikrnSECFairFund.com, defines Excluded Parties as:

- a. The Respondent (Unikrn, Inc.);
- b. Any past or present director or officer of Respondent, or any of Respondent’s past or present affiliates who served in such a capacity during the Relevant Period and were directly involved in the conduct detailed in the Order;
- c. Any employee or former employee of Respondent or of any of its past or present affiliates who has been terminated for cause in connection with the conduct described in the Order or any related SEC action, or who was otherwise terminated or has resigned in connection with the conduct described in the Order or any related SEC or criminal action;
- d. Any affiliates, assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities of any of the foregoing persons or entities described in (a)–(c), above;
- e. The Fund Administrator, its employees, and those Persons assisting the Fund Administrator in its role as the Fund Administrator; and,
- f. Any purchaser or assignee of another Person’s right to obtain a recovery from the Fair Fund for value; provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by gift, inheritance or devise.

Considerations and Preparation:

- A. To be eligible for a Distribution Payment from the Unikrn Fair Fund, you must provide the information requested on this Claim Form, sign, and submit the Claim Form online at www.UnikrnSECFairFund.com or via mail to: Unikrn Fair Fund, Fund Administrator, P.O. Box 25142, Santa Ana, CA 92799. Claim Forms completed online must be submitted on or before 11:59 p.m. Eastern Standard Time on **April 24, 2026**. Claim Forms submitted via mail must be sent to the address provided on the Claim Form and postmarked (or if not sent by U.S. Mail, then received) by **April 24, 2026**. Failure to timely submit the completed form by the Claims Bar Date may result in your claim being rejected and you being precluded from any recovery from the Unikrn Fair Fund.
- B. Timely submission of your Claim Form does not guarantee you will be eligible for a Distribution Payment from the Unikrn Fair Fund or that you will be compensated for your claimed loss; eligibility and compensation will be determined in accordance with the Plan.
- C. Please fill out this Claim Form completely. Failure to completely fill out the Claim Form or timely provide all requested documentation will result in rejection of your claim.
- D. Providing a valid email address is required as part of the Claim Form. Failure to provide a valid email address that remains valid throughout the administration of the matter may result in rejection of your claim. The Fund Administrator must be notified in writing via email or mail of any changes to your email address or any other contact information. Contact information for the Fund Administrator is located at the top of page 1 of this Claim Form.
- E. This Claim Form will require you to provide information necessary to substantiate your control over a digital or physical wallet. If, in the discretion of the Fund Administrator, a Preliminary Claimant fails to prove control over a digital or physical wallet within the allotted time he, she or it will be deemed ineligible to participate in the distribution of the Fair Fund. The Fund Administrator will have the right to request any additional information and/or documentation, including information supporting complicated transaction histories or involving certain cryptocurrency exchanges. Persons who fail to timely provide additional information as requested will be deemed ineligible.
- F. If you are not a U.S. Person as defined in Section IV of this Claim Form, you must also submit a completed IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: www.irs.gov/forms-instructions.
- G. **Submitting your Claim Form using the Fund Administrator's online claim system is the fastest method to determine your potential eligibility for a Distribution Payment from the Unikrn Fair Fund. If you are able to (i.e. you have not lost relevant credentials associated with wallets and/or exchanges), you are encouraged to submit your Claim Form online at www.UnikrnSECFairFund.com.**

If you have any questions, please contact the Fund Administrator via email at info@UnikrnSECFairFund.com, or by calling 833-360-6811.

I. CLAIMANT INFORMATION

Please complete this section in its entirety. The Fund Administrator will use this information for all communications regarding this Claim Form. If this information changes, please notify the Fund Administrator via email at info@UnikrnSECFairFund.com or by writing to Unikrn Fair Fund, Fund Administrator, P.O. Box 25142, Santa Ana, CA 92799.

Beneficial Owner's First Name

[illegible]

Beneficial Owner's Last Name

[illegible]

[illegible][illegible]

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[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

II. SCHEDULE OF TRANSACTIONS

- 1. Wallet Address and/or Exchange Account Number:** Please provide the wallet and/or exchange address/account number you owned or controlled through which you purchased or acquired UKG from June 11, 2017, through November 7, 2017, inclusive. *(must be documented)*:

Wallet Address and/or Exchange Account Number

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Name of Exchange (if applicable)

[illegible]

- 2. Purchases/Acquisitions:** Separately list each transaction in which you purchased or acquired UKG during the period from **June 11, 2017, through November 7, 2017, inclusive**, and provide the following information for each transaction (*must be documented*):

Transaction Date (MM/DD/YY)

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Transaction Time (HH:MM:SS)

--	--	--	--	--	--

Transaction Hash

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FROM Wallet Address

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TO Wallet Address

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Number of UKG Tokens Purchased

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Total Purchase Price of UKG

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3. Sales: Separately list each transaction in which you sold UKG during the period from **June 11, 2017, through November 7, 2017, inclusive**, and provide the following information for each transaction (*must be documented*):

Transaction Date (MM/DD/YY)

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Transaction Time (HH:MM:SS)

--	--	--	--	--	--	--

Transaction Hash

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FROM Wallet Address

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TO Wallet Address

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Number of UKG Tokens Sold

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Total Sale Price of UKG

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If additional Schedules of Transactions are needed for additional wallets and/or exchange address(s) or account(s), attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification Number at the top of each sheet.

III. SUPPORTING DOCUMENTS

As part of your submission of this Claim Form, you are required to provide supporting documentation that includes but is not limited to proof of control over a digital or physical wallet. If, in the discretion of the Fund Administrator, a Preliminary Claimant fails to prove control over a digital or physical wallet within the allotted time he, she or it will be deemed ineligible to participate in the distribution of the Fair Fund. The Fund Administrator will have the right to request any additional information and/or documentation, including information supporting complicated transaction histories or involving certain cryptocurrency exchanges. Persons who fail to timely provide additional information as requested will be deemed ineligible.

IV. TAX CERTIFICATIONS

To ensure that the Fair Fund can comply with its reporting and/or withholding obligations, you must complete and provide the Fund Administrator with one of the following forms, as applicable:

- IRS Form W-9; **OR**
- IRS Form W-8BEN, W-8BEN-E, or other W-8 series form

If you are a U.S. person, as that term is defined in Internal Revenue Code Section 7701(a)(30) and summarized below, then you should complete the Substitute IRS Form W-9 below.

If you are not a U.S. person, then you should not complete the Substitute IRS Form W-9 below. Instead, you should complete IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: <https://www.irs.gov/forms-instructions>.

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 unless the Secretary of Treasury provides otherwise by regulations;
- 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 other than a foreign estate (see Internal Revenue Code Section 7701(a)(31) for the definition of a foreign estate); or
- Any trust if a court within the United States is able to exercise primary supervision over the administration of the trust, and one or more United States persons have the authority to control all substantial decisions of the trust.

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.

If you are not a U.S. Person, as defined above, please locate and complete the IRS Form most applicable to you and email to the Fund Administrator at info@UnikrnSECFairFund.com along with your name, contact information, and the Claim Submission ID provided to you via email (if you successfully completed and submitted this Certification Form online). You may also mail this information to the Fund Administrator at Unikrn Fair Fund, Fund Administrator, P.O. Box 25142, Santa Ana, CA 92799.

If you are a U.S. Person, as defined above, please complete the Substitute Form W-9 below. **If you are not a U.S. Person, as defined above, please and submit with your Claim Form IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: www.irs.gov/forms-instructions.**

V. SUBSTITUTE FORM W-9

Taxpayer Identification Number Certification

Social Security Number (SSN) or Taxpayer Identification Number (TIN) or Employer Identification Number

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Exempt Payee Code (if any)

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Exemption from FATCA reporting code (if any)

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Check the appropriate box for federal tax classification:

Individual

--

C Corporation

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S Corporation

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Partnership

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Trust / Estate

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Limited Liability Company – Choose Tax Classification: C-Corp S-Corp Partnership

☐ ☐ ☐ ☐

Other Describe, if “Other”

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Print your name as it appears on your federal tax return:
(First Name and Last Name, for Individuals. Entity Name for businesses and trusts/estates)

Under penalty of perjury, I certify that:

1. The number shown on this form above is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. **The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.**

Signature of U.S. Person

MM DD YY

VI. CERTIFICATION & SIGNATURE(S)

By signing and submitting this Claim, I or my authorized representative swear or affirm the following statements subject to penalty under applicable law:

- I am NOT an Excluded Party as defined in the Plan and described below in paragraphs (a) through (f):
 - The Respondent (Unikrn, Inc.);
 - Any past or present director or officer of Respondent, or any of Respondent’s past or present affiliates who served in such a capacity during the Relevant Period and were directly involved in the conduct detailed in the Order;
 - Any employee or former employee of Respondent or of any of its past or present affiliates who has been terminated for cause in connection with the conduct described in the Order or any related SEC action, or who was otherwise terminated or has resigned in connection with the conduct described in the Order or any related SEC or criminal action;

- II. I understand that the Fund Administrator may require additional information from me to validate or pay my claim, and I agree that I must timely provide any information requested by the Fund Administrator for those purposes in order to be considered for eligibility for a distribution.
- III. 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 Plan and that I am enjoined from taking any action in contravention of this provision.
- IV. 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 the full amount of any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management or myself.

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MM	DD	YY

VII. IMPORTANT REMINDERS

THE CLAIM FORM AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED BY MAIL POSTMARKED (OR IF NOT BY U.S. MAIL, THEN RECEIVED) BY APRIL 24, 2026, TO THE FUND ADMINISTRATOR AT:

Unikrn Fair Fund
Fund Administrator
P.O. Box 25142
Santa Ana, CA 92799

REMINDER CHECKLIST

- You must sign this Claim Form.
- You must provide supporting documents, including documentation of the relevant transactions, proof of ownership/control of the claimed wallet(s) and/or exchange address(s) or account(s), and any relevant authorization documents with your Claim Form. Do NOT send original versions of your documentation. Instead, please submit photocopies of your documentation, and keep a record of everything you submit for future reference.
- If you are not a U.S. Person as defined in Section IV, you must include a completed IRS Form W-8BEN, W-8BEN-E, or other W-8 series form with your Claim Form. These tax forms can be found by visiting the following IRS website: www.irs.gov/forms-instructions.
- Do NOT use highlighter on the Claim Form or any supporting documents.
- If you move after submitting this Claim Form or your contact information changes, you must promptly notify the Fund Administrator in writing of the change in your address or contact information.

THE CLAIMS BAR DATE IS APRIL 24, 2026.