

CLAIM FORM

Eagle Bancorp Fair Fund
c/o JND Legal Administration
PO Box 91487
Seattle, WA 98111

Toll-Free Number: 1-888- 995-0214
Distribution Website: www.EagleBancorpFairFund.com
Email: info@EagleBancorpFairFund.com

PLEASE NOTE: If you received a Class Action Authorized Claim Notice or a Class Action Deficient Claim Notice, you do NOT need to submit a Claim Form. However, you MAY submit a Claim Form if you would like to amend or supplement the claim you filed in *Shiva Stein v. Eagle Bancorp, Inc., et. al.*, Case No. 1:19-cv-06873-LGS (S.D.N.Y.) (the “Class Action”). If you received a Class Action Deficient Claim Notice, you MUST provide the additional information and documentation necessary to cure the deficiency in your claim to be considered for a Distribution Payment from the Eagle Bancorp Fair Fund.

If you received a Plan Notice and did not previously file a claim in the Class Action, you MUST file a Claim Form and submit supporting documentation in order to be considered for a Distribution Payment from the Eagle Bancorp Fair Fund.

A completed IRS Form W-9 (for U.S. persons) or IRS Form W-8 series (non-U.S. persons) may be requested from you regardless of your Class Action claim status. Failure to comply with this request may require backup withholding (see no. 8 of the General Instructions, below).

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CASE INFORMATION AND INSTRUCTIONS

1. On August 16, 2022, the Commission issued a Corrected Order Instituting Cease-and-Desist Proceedings, Pursuant to Section 8A of the Securities Act of 1933 and Section 21C of the Securities Exchange Act of 1934, Making Findings, and Imposing a Cease-and-Desist Order (the “Order”) against the Respondent. In the Order, the Commission found that Eagle made material misstatements and omissions about related party loans that Eagle’s principal subsidiary, EagleBank, extended to family trusts affiliated with Eagle’s former Chairman, CEO, and President, Ronald D. Paul (“Paul”), and to other related parties. From March 2015 through April 2018, Eagle failed to include these undisclosed loans in the related party loan balances included in its annual reports and proxy statements filed with the Commission. Eagle and Paul also made false statements regarding the nature of the loans in two press releases. Based on this conduct, the Commission found that Eagle violated Sections 17(a)(2) and 17(a)(3) of the Securities Act of 1933 (the “Securities Act”), and Sections 13(a), 13(b)(2)(A), 13(b)(2)(B) and 14(a) of the Securities Exchange Act of 1934 (the “Exchange Act”) and Rules 12b-20, 13a-1, and 14a-9 thereunder.
2. The Commission ordered Eagle to pay \$2,600,000 in disgorgement, \$750,493 in prejudgment interest, and a \$10,000,000 civil money penalty, for a total of \$13,350,493, to the Commission. In its order, the Commission also created a Fair Fund pursuant to Section 308(a) of the Sarbanes-Oxley Act of 2002, so the penalty collected, along with the disgorgement and interest collected, could be distributed to harmed investors (the “Eagle Bancorp Fair Fund”). The Commission further ordered that the Fair Fund may be combined with any fund established for the benefit of harmed investors in *SEC v. Ronald D. Paul*, 1:22-cv-06985 (S.D.N.Y.) (the “Related Action”).¹
3. On October 11, 2023, the court in the Related Action ordered that the funds recovered in that case be sent to the Commission to be combined with the Eagle Bancorp Fair Fund. The Fair Fund consists of the \$13,350,493 collected from the Respondent in this matter and the \$431,216 collected in the Related Action. The Fair Fund has been deposited in a Commission-designated account at the U.S. Department of the Treasury, and any accrued interest will be added to the Fair Fund.
4. The Eagle Bancorp 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.
5. You are receiving this Notice to advise you of a distribution of the funds collected in the above referenced proceedings from Eagle Bancorp to investors who purchased or otherwise acquired Eagle Bancorp common stock (“Eligible Securities”) between March 2, 2015, and July 17, 2019, 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 Claim Form on the accompanying form as described below.

¹ The Commission corrected the Order to add this language, which was inadvertently omitted at the time of issuance.

The Security and Relevant Period

Company Name	Trading Symbol	Relevant Period Start Date	Relevant Period End Date
Eagle Bancorp Inc.	EGBN	3/2/2015	7/17/2019

6. PLEASE NOTE: If you submitted an approved Claim Form in *Shiva v. Eagle Bancorp, Inc., et. al.*, Case No. 1:19-cv-06873-LGS (S.D.N.Y.) (the “Eagle Bancorp Class Action” or “Class Action”) in 2023, you do not need to submit another Claim Form. However, you may submit a Claim Form if you wish to amend your claim to include additional transactions. If you submitted a deficient claim in the Class Action, you do not need to submit a new Claim Form. Please include your Class Action claim number with your submission. You may also submit a new Claim Form if you wish to amend your class action claim to include additional transactions.
7. If you did not submit a claim in the Eagle Bancorp Class Action, then in order to participate in the Eagle Bancorp Fair Fund, you or your representative must fully complete and submit this Claim Form. The Claim Form must be signed by the beneficial owner of Eagle Bancorp common stock or by their representative under the penalty of perjury. If you fail to complete the Claim Form, you may be precluded from any recovery from this action.
8. You must submit your Claim Form and supporting documentation electronically on the Fair Fund website www.EagleBancorpFairFund.com or mail your completed and signed Claim Form so that it is postmarked no later than **October 1, 2024**, addressed as follows:

**Eagle Bancorp Fair Fund
c/o JND Legal Administration
P.O. Box 91487
Seattle, WA 98111**

9. 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.
10. **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 Distribution Plan. To obtain a copy of the Distribution Plan, visit www.EagleBancorpFairFund.com.
11. 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>
12. The term “U.S. person” means:
 - a. A citizen or resident of the United States,
 - b. 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,
 - c. 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,

- d. 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
 - e. Any other person that is not a foreign person.
13. **All claimants**, including claimants who participated in the Class Action and who are not required to submit a Claim Form, may need to mail a completed W-9 or W-8 series form to the Fund Administrator so that it is postmarked no later than **October 1, 2024**. If the Fund Administrator does not receive a valid and complete Form W-9 or W-8 from you, the Fund Administrator may be required under the Internal Revenue Code to make certain presumptions about you for purposes of tax reporting and, as applicable, withholding. The Fund Administrator 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.
 14. You may wish to consult with your tax advisor to determine the appropriate tax treatment for your particular situation.
 15. DO NOT use highlighter on the Claim Form or any supportive documents.
 16. 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 Eagle Bancorp common stock. On this schedule, please provide all the requested information with respect to your holdings, purchases, acquisitions, and sales of Eagle Bancorp 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 period may result in the rejection of your claim.
 17. 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 Eagle Bancorp 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.
 18. 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).
 19. 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 Eagle Bancorp 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 Eagle Bancorp 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 Eagle Bancorp Fair Fund.

20. 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 Eagle Bancorp 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.)
21. By submitting this Claim Form, you will be making a request to share in the proceeds of the Eagle Bancorp Fair Fund described in the Notice. If you are an Excluded Party or you did not acquire Eagle Bancorp 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 Eagle Bancorp common stock during the Relevant Period, any Claim Form that you submit, or that may be submitted on your behalf, will be rejected.
22. 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.EagleBancorpFairFund.com or you may email the Fund Administrator's electronic filing department at EABSECURITIES@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 EABSECURITIES@JNDLA.com to inquire about your file and confirm it was received and acceptable.
23. 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 1-888-995-0214, by sending an email to Info@EagleBancorpFairFund.com, or by writing to the above address. All relevant documents are available for download at www.EagleBancorpFairFund.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)²

Claim Number Assigned in the Class Action (if applicable)

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): _____

² 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 ¶18 of the General Instructions above for more information on when to file separate Claim Forms for multiple accounts.

PART II. SCHEDULE OF TRANSACTIONS IN EAGLE BANCORP INC. 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 Eagle Bancorp common stock ("EGBN").

1. BEGINNING HOLDINGS OF COMMON STOCK – State the total number of shares of Eagle Bancorp common stock held as of the opening of trading on MARCH 2, 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
2. PURCHASES/ACQUISITIONS OF COMMON STOCK DURING THE PERIOD From MARCH 2, 2015, THROUGH AND INCLUDING OCTOBER 15, 2019 – Separately list every purchase/acquisition (including free receipts) during this period. (Must be documented.) <i>Purchases from July 18, 2019, through October 15, 2019 (look-back) will not be used to calculate the recognized loss but will be needed for balancing purposes.</i>				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
/ /		\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
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/ /		\$	\$	<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 EAGLE BANCORP INC. COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in the General Instructions above. Do not include information regarding securities other than Eagle Bancorp common stock ("EGBN").

3. SALES OF COMMON STOCK DURING THE PERIOD FROM MARCH 2, 2015, THROUGH AND INCLUDING OCTOBER 15, 2019 – Separately list every sale/disposition (including free deliveries) during this period. (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
/ /		\$	\$	<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 OF COMMON STOCK – State the total number of shares of EAGLE BANCORP common stock held as of the close of trading on OCTOBER 15, 2019 . (Must be documented.) If none, write "zero" or "0."				Proof of Position Enclosed <input type="checkbox"/> Y <input type="checkbox"/> N
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<input type="checkbox"/> 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.				

PART III. CERTIFICATION

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 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 of the Claims Bar Date. 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 OF THE CLAIMS BAR DATE, PLEASE CALL THE FUND ADMINISTRATOR TOLL FREE AT 1-888-995-0214.**

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 1-888-995-0214, by email at info@EagleBancorpFairFund.com, by mail at the address below, or visit www.EagleBancorpFairFund.com. **Please DO NOT call the Court, the SEC, Eagle Bancorp, 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.EagleBancorpFairFund.com BY OCTOBER 1, 2024, OR BY MAIL AT THE ADDRESS BELOW SO LONG AS IT IS **POSTMARKED NO LATER THAN OCTOBER 1, 2024**, ADDRESSED AS FOLLOWS:

**Eagle Bancorp Fair Fund
c/o JND Legal Administration
PO Box 91487
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.