

**MUST BE
POSTMARKED NO
LATER THAN
APRIL 16, 2016**

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
Plumbers & Pipefitters National Pension Fund
v. Orthofix International N.V., et al.,
Case No.: 1:13-cv-5696-JGK

INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM

GENERAL RULES FOR RECOVERING

1. To recover as a Class Member based on your claims in the Action entitled *Plumbers & Pipefitters National Pension Fund v. Orthofix International N.V., et al.*, Case No.: 1:13-cv-5696-JGK (the "Action"),¹ you must complete and, on page 19 hereof, sign this Proof of Claim Form. If you fail to timely and completely file a properly addressed (as set forth in paragraph 3 below) Proof of Claim Form, your Claim may be rejected, and you may be precluded from any recovery from the Settlement Fund created in connection with the proposed Settlement of the Action.
2. Submission of this Proof of Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action, if it is approved by the Court. Your recovery, if any, will be calculated as described in the Plan of Allocation in the Notice of Pendency of Class Action and Proposed Settlement ("Notice").
3. YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM POSTMARKED ON OR BEFORE APRIL 16, 2016, ADDRESSED AS FOLLOWS:

Orthofix Securities Settlement
c/o Strategic Claims Services
600 N. Jackson St.
Suite 3
Media, PA 19063

4. If you are NOT a Class Member (as defined in the Notice), DO NOT submit a Proof of Claim Form.
5. If you are a Class Member and you did not timely and validly request exclusion from the proposed Class (pursuant to the procedures set forth in the Notice), you will still be bound by the terms of the Settlement and proposed Judgment to be entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM FORM.

IDENTIFICATION OF CLAIMANT

6. THIS PROOF OF CLAIM FORM MUST BE SUBMITTED BY THE ACTUAL BENEFICIAL PURCHASER(S), OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S), OF THE ORTHOFIX COMMON STOCK UPON WHICH THESE CLAIMS ARE BASED.
7. Use Part I of this form entitled "Claimant Identification" to identify each beneficial purchaser.
8. All joint purchasers must sign this Proof of Claim Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this Proof of Claim Form on behalf of Persons represented by them, and their authority must accompany this Claim and their titles or capacities must be stated. The last four digits of the Social Security (or taxpayer identification) number and telephone number of the beneficial owner(s) may be used in verifying the Claim. Failure to provide the foregoing information could delay verification of your Claim or result in rejection of the Claim.

IDENTIFICATION OF TRANSACTION(S)

9. Use Part II of this form entitled "Schedule of Holdings and Transactions in Orthofix Common Stock" to supply all required details of your transaction(s) in Orthofix common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.
10. On the schedules, provide all of the requested information with respect to *all* of your purchases of Orthofix common stock which took place during the PERIOD BETWEEN March 2, 2010 and July 29, 2013, inclusive (the "Class Period"), whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your Claim.
11. List each transaction separately and in chronological order by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.
12. You should attach documentation verifying your transactions in Orthofix common stock, such as copies of broker confirmations. Failure to provide this documentation could delay verification of your Claim or result in rejection of your Claim.

¹ This Proof of Claim Form incorporates by reference the definitions in the Stipulation and Agreement of Settlement dated December 7, 2015 ("Settlement"), and all capitalized terms used but not defined herein shall have the same meanings as in the Settlement. A copy of the Settlement can be obtained at <http://www.orthofixsecuritiessettlement.com>.

PROOF OF CLAIM FORM

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SOUTHERN DISTRICT OF NEW YORK
*Plumbers & Pipefitters National Pension Fund
v. Orthofix International N.V., et al.,*
Case No.: 1:13-cv-5696-JGK

PART I: CLAIMANT IDENTIFICATION

Claimant/Representative Contact Information:
The Claims Administrator will use the contact information for all correspondence relevant to this Claim (including the issuance of the distribution check, if the Claim is ultimately determined to be eligible for payment). If the contact information changes, then you must notify the Claims Administrator in writing at the address identified above.

Claimant's Name (as you would like it to appear on your check if eligible for payment)

Address Line 1 (Number and Street or P.O. Box)

Address Line 2 (if needed)

City	State or Province	Zip Code
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>

Country Name	Last 4 Digits of Social Security Number (for individuals) Or T.I.N. (for estates, trusts, corporations, etc.)
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>

Representative's Name (if different from the Claimant's Name(s) listed above)

Telephone Number (Work)	Telephone Number (Home)
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>

Email

PART II: SCHEDULE OF TRANSACTIONS IN ORTHOFIX COMMON STOCK

- A. **Holdings at Start of Class Period:** List all shares of Orthofix International N.V. held as of the opening of trading on March 2, 2010.

Quantity of Shares Held

- B. **Purchases:** List all purchases of Orthofix common stock between March 2, 2010 and October 25, 2013, inclusive. Be sure to attach documentation verifying your transactions.

<u>Trade Date (List Chronologically) (Month/Day/Year)</u>	<u>Number of Shares</u>	<u>Price Per Share</u>	<u>Total Purchase Price (Excluding Commissions)</u>

- C. **Sales:** List all sales of Orthofix common stock between March 2, 2010 and October 25, 2013, inclusive. Be sure to attach documentation verifying your transactions.

<u>Trade Date (List Chronologically) (Month/Day/Year)</u>	<u>Number of Shares</u>	<u>Price Per Share</u>	<u>Total Sales Proceeds (Excluding Commissions)</u>

- D. **Unsold Holdings:** List the number of shares of Orthofix common stock held as of the close of trading on October 25, 2013. Be sure to attach documentation verifying your holdings such as a current account statement.

Quantity of Shares Held

If you require additional space to list your transactions, use photocopies of this page and check this box.

YOU MUST READ THE RELEASE AND YOUR SIGNATURE ON PAGE 19 WILL CONSTITUTE YOUR ACKNOWLEDGMENT OF THE RELEASE.

PART III: SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (WE) SUBMIT THIS PROOF OF CLAIM FORM UNDER THE TERMS OF THE SETTLEMENT DESCRIBED IN THE NOTICE. I (WE) ALSO SUBMIT TO THE JURISDICTION OF THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK WITH RESPECT TO MY (OUR) CLAIM AS A CLASS MEMBER AND FOR PURPOSES OF ENFORCING THE RELEASES SET FORTH IN THE SETTLEMENT AND REPEATED HEREIN. I (WE) FURTHER ACKNOWLEDGE THAT I AM (WE ARE) BOUND BY AND SUBJECT TO THE TERMS OF ANY JUDGMENT THAT MAY BE ENTERED IN THE ACTION. I (WE) AGREE TO FURNISH ADDITIONAL INFORMATION TO THE CLAIMS ADMINISTRATOR TO SUPPORT THIS CLAIM IF REQUESTED TO DO SO. I (WE) HAVE NOT SUBMITTED ANY OTHER CLAIM COVERING THE SAME PURCHASES OR SALES OF ORTHOFIX COMMON STOCK AND KNOW OF NO OTHER PERSON HAVING DONE SO ON MY (OUR) BEHALF.

PART IV: RELEASE

1. I (WE) HEREBY ACKNOWLEDGE, ON BEHALF OF MYSELF (OURSELVES) AND EACH OF MY (OUR) HEIRS, EXECUTORS, ADMINISTRATORS, PREDECESSORS, SUCCESSORS AND ASSIGNS, AND ANY OTHER PERSON CLAIMING BY, THROUGH OR ON BEHALF OF ME (US), THAT I (WE) (A) RELEASE, WAIVE, DISCHARGE AND DISMISS EACH AND EVERY OF THE RELEASED CLAIMS AGAINST THE RELEASED PARTIES; (B) ARE FOREVER ENJOINED FROM COMMENCING, INSTITUTING OR PROSECUTING ANY OR ALL OF THE RELEASED CLAIMS AGAINST ANY OF THE RELEASED PARTIES; AND (C) ARE FOREVER ENJOINED FROM INSTITUTING, CONTINUING, MAINTAINING OR ASSERTING, EITHER DIRECTLY OR INDIRECTLY, WHETHER IN THE UNITED STATES OR ELSEWHERE, ON MY (OUR) OWN BEHALF OR ON BEHALF OF ANY CLASS OR ANY OTHER PERSON, ANY ACTION, SUIT, CAUSE OF ACTION, CLAIM OR DEMAND AGAINST ANY PERSON OR ENTITY WHO MAY CLAIM ANY FORM OF CONTRIBUTION OR INDEMNITY FROM ANY OF THE RELEASED PARTIES IN RESPECT OF ANY RELEASED CLAIM OR ANY MATTER RELATED THERETO.
2. "RELEASED PARTIES" MEANS ANY AND ALL OF THE DEFENDANTS, EACH OF THE DEFENDANT'S RESPECTIVE PAST AND PRESENT SUBSIDIARIES, PARENTS, SUCCESSORS, PREDECESSORS, ASSIGNS, AFFILIATES, CONTROLLED PERSONS, CONTROLLING PERSONS, FAMILY MEMBERS AND PARTNERS, AND AS TO EACH OF THE FOREGOING, THEIR LEGAL REPRESENTATIVES, HEIRS, EXECUTORS, ADMINISTRATORS, TRUSTEES, BENEFICIARIES, MANAGERS, OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, ATTORNEYS, INDEPENDENT AUDITORS AND INVESTMENT ADVISORS. "RELEASED PARTIES" ALSO INCLUDES EACH OF DEFENDANT'S INSURERS (INCLUDING BUT NOT LIMITED TO TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA; AXIS INSURANCE COMPANY; FEDERAL INSURANCE COMPANY; TWIN CITY FIRE INSURANCE CO.; ILLINOIS NATIONAL INSURANCE COMPANY; AND XL SPECIALTY INSURANCE COMPANY), EACH OF THEIR RESPECTIVE CO-INSURERS, REINSURERS, OR RETROCESSIONAIRES AND AS TO ALL THE FOREGOING, EACH OF THEIR RESPECTIVE PAST AND PRESENT SUBSIDIARIES, PARENTS, SUCCESSORS, PREDECESSORS, ADMINISTRATORS, TRUSTEES, ASSIGNS, AGENTS, AFFILIATES, CONTROLLED PERSONS AND CONTROLLING PERSONS.
3. "RELEASED CLAIMS" MEANS ANY AND ALL CLAIMS, DEBTS, DEMANDS, RIGHTS OR CAUSES OF ACTION OR LIABILITIES WHATSOEVER (INCLUDING, BUT NOT LIMITED TO, ANY CLAIMS FOR DAMAGES, INTEREST, ATTORNEYS' FEES, EXPERT OR CONSULTING FEES, AND ANY OTHER COSTS, EXPENSES OR LIABILITY WHATSOEVER), WHETHER BASED ON FEDERAL, STATE, LOCAL, STATUTORY OR COMMON LAW OR ANY OTHER LAW, RULE, OR REGULATION, WHETHER FIXED OR CONTINGENT, ACCRUED OR UNACCRUED, LIQUIDATED OR UNLIQUIDATED, AT LAW OR IN EQUITY, MATURED OR UNMATURED, WHETHER CLASS OR INDIVIDUAL IN NATURE, INCLUDING BOTH KNOWN CLAIMS AND UNKNOWN CLAIMS, (i) THAT HAVE BEEN ASSERTED IN THIS ACTION BY LEAD PLAINTIFF, THE CLASS MEMBERS OR ANY OF THEM AGAINST ANY OF THE RELEASED PARTIES, OR (ii) THAT COULD HAVE BEEN ASSERTED IN ANY FORUM BY LEAD PLAINTIFF, THE CLASS MEMBERS OR ANY OF THEM AGAINST ANY OF THE RELEASED PARTIES WHICH IN ANY WAY ARISE OUT OF, ARE RELATED TO, OR ARE BASED UPON (a) THE PURCHASE, TRANSFER, ACQUISITION OR OWNERSHIP OF ORTHOFIX COMMON STOCK DURING THE CLASS PERIOD AND (b) THE (x) ALLEGATIONS, TRANSACTIONS, FACTS, MATTERS, OR OCCURRENCES, REPRESENTATIONS OR OMISSIONS INVOLVED, SET FORTH, OR REFERRED TO IN THE SAC OR (y) ANY OTHER DISCLOSURES, PUBLIC FILINGS, OR PUBLIC STATEMENTS OR OMISSIONS BY ANY AND ALL OF THE DEFENDANTS DURING THE CLASS PERIOD. NOTWITHSTANDING THE FOREGOING, "RELEASED CLAIMS" DOES NOT INCLUDE CLAIMS RELATING TO THE ENFORCEMENT OF THE SETTLEMENT OR ITS TERMS.
4. "UNKNOWN CLAIMS" MEANS ANY AND ALL RELEASED CLAIMS THAT LEAD PLAINTIFF OR ANY CLASS MEMBER DOES NOT KNOW OR SUSPECT TO EXIST IN HIS, HER OR ITS FAVOR AT THE TIME OF THE RELEASE OF THE RELEASED PARTIES, WHICH IF KNOWN BY HIM, HER OR IT MIGHT HAVE AFFECTED HIS, HER OR ITS DECISION(S) WITH RESPECT TO THE SETTLEMENT. WITH RESPECT TO ANY AND ALL RELEASED

CLAIMS, LEAD PLAINTIFF STIPULATES AND AGREES THAT UPON THE EFFECTIVE DATE, LEAD PLAINTIFF SHALL, FOR ITSELF AND ALL PERSONS CLAIMING BY, THROUGH, OR ON BEHALF OF LEAD PLAINTIFF, EXPRESSLY WAIVE, AND EACH CLASS MEMBER SHALL BE DEEMED TO HAVE WAIVED, AND BY OPERATION OF THE JUDGMENT SHALL HAVE EXPRESSLY WAIVED, ANY AND ALL PROVISIONS, RIGHTS AND BENEFITS CONFERRED BY ANY LAW OF ANY STATE OR TERRITORY OF THE UNITED STATES, OR PRINCIPLE OF COMMON LAW, THAT IS SIMILAR, COMPARABLE, OR EQUIVALENT TO CAL. CIV. CODE § 1542, WHICH PROVIDES:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

LEAD PLAINTIFF ACKNOWLEDGES, AND CLASS MEMBERS SHALL, BY OPERATION OF LAW, BE DEEMED TO HAVE ACKNOWLEDGED, THAT THE INCLUSION OF "UNKNOWN CLAIMS" IN THE DEFINITION OF RELEASED CLAIMS WAS SEPARATELY BARGAINED FOR AND WAS A MATERIAL ELEMENT OF THE SETTLEMENT

- 5. THIS RELEASE SHALL BE OF NO FORCE OR EFFECT UNLESS AND UNTIL THE COURT APPROVES THE SETTLEMENT AND THE EFFECTIVE DATE OF THE SETTLEMENT (AS DEFINED IN THE SETTLEMENT) OCCURS.
- 6. I (WE) HEREBY WARRANT AND REPRESENT THAT I (WE) HAVE NOT ASSIGNED OR TRANSFERRED OR PURPORTED TO ASSIGN OR TRANSFER, VOLUNTARILY OR INVOLUNTARILY, ANY MATTER RELEASED PURSUANT TO THE SETTLEMENT OR ANY OTHER PART OR PORTION THEREOF.
- 7. I (WE) HEREBY WARRANT AND REPRESENT THAT I (WE) HAVE INCLUDED INFORMATION ABOUT ALL OF MY (OUR) PURCHASES AND SALES OF ORTHOFIX COMMON STOCK DURING THE REQUIRED PERIODS AS SET FORTH ABOVE.
- 8. I (WE) HEREBY WARRANT AND REPRESENT THAT I AM (WE ARE) NOT EXCLUDED FROM THE CLASS AS DEFINED IN THE NOTICE AND THAT I (WE) HAVE NOT REQUESTED TO BE EXCLUDED FROM THE CLASS PURSUANT TO THE PROCEDURES SET FORTH IN THE NOTICE.
- 9. I (WE) CERTIFY THAT I AM (WE ARE) NOT SUBJECT TO BACKUP WITHHOLDING UNDER THE PROVISIONS OF SECTION 3406(A)(1)(C) OF THE INTERNAL REVENUE CODE.

Note: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

I (We) declare that the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____, in _____, _____
(Month/Year) (City) (State/Country)

Signature of Claimant

Signature of Joint Claimant, if any

Print Name of Claimant

Print Name of Joint Claimant, if any

Date

Date

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

Signature of Person Completing Form

Date

Print Name of Person Completing Form

Capacity of Person(s) Signing, (e.g., Beneficial Purchaser, Executor or Administrator)

Orthofix Securities Settlement
c/o Strategic Claims Services
600 N Jackson Street – Suite 3
Media, PA 19063

IMPORTANT LEGAL DOCUMENT – PLEASE FORWARD

REMINDER CHECKLIST

- 1. Please be sure to sign this Proof of Claim Form.
- 2. Remember to attach **COPIES OF** documentation verifying your transactions listed above.
- 3. **DO NOT SEND ORIGINALS OF ANY DOCUMENTS VERIFYING YOUR TRANSACTIONS.**
- 4. Keep a copy of your Proof of Claim Form for your records.
- 5. If you move, please send your new address to the Claims Administrator at the address below:
Orthofix Securities Settlement
Claims Administrator
c/o Strategic Claims Services
600 N. Jackson St., Suite 3
Media, PA 19063
- 6. **Do not use highlighter on the Proof of Claim Form or supporting documentation.**