

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Edward Montgomery v. Erickson, Inc., et al.

C.A. No. 8784-VCL

PROOF OF CLAIM

I. GENERAL INSTRUCTIONS:

A. To recover as a member of the Class (as defined in the Notice of Pendency and Proposed Settlement of Class and Derivative Action (the “Notice”)) based on your claim in the settlement of the class and derivative action entitled *Edward Montgomery v. Erickson, Inc., et al.*, C.A. No. 8784-VCL (Del. Ch.) (the “Action”), you must complete this Proof of Claim Form (“Claim Form”). If you fail to submit a Claim Form by the deadline listed below, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed settlement of the Action (“Settlement”), as set forth in the Stipulation and Agreement of Compromise, Settlement, and Release (“Stipulation”) dated June 13, 2016 (the “SOS Date”). **If you have questions regarding this Claim Form, you may contact the Settlement Administrator toll-free at 1-800-222-2760.**

B. Submission of this Claim Form, however, does not ensure that you will share in the proceeds of the Net Settlement Fund created in this Action.

C. YOU MUST COMPLETE AND SUBMIT YOUR SIGNED CLAIM FORM VIA FIRST CLASS MAIL POSTMARKED ON OR BEFORE NOVEMBER 10, 2016, ADDRESSED TO THE SETTLEMENT ADMINISTRATOR AS FOLLOWS:

**Erickson, Inc. Settlement
c/o Settlement Administrator
P.O. Box 1327
Blue Bell, PA 19422**

If you are NOT a member of the Class, then DO NOT submit a Claim Form.

D. If you are a member of the Class and the Settlement is approved you will be bound by the terms of the judgment entered in the Action, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

II. INSTRUCTIONS FOR CLAIMANT IDENTIFICATION SCHEDULE:

If you held Erickson Incorporated (formerly known as Erickson Air-Crane, Inc.) (“Erickson”) common stock certificate(s) in your name, you are the beneficial owner as well as the record holder. If, however, you held Erickson common stock and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner and the third party is the record holder.

Use Part I of this form entitled “Claimant Identification” to identify each holder of record (“nominee”), if different from the beneficial owner of the Erickson common stock that forms the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S) OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S) OF THE ERICKSON COMMON STOCK UPON WHICH THIS CLAIM IS BASED.**

All joint owners must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner 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.

III. INSTRUCTIONS FOR COMPLETING CLAIM FORM:

Use Part II of this form entitled “Schedule of Transactions in Erickson Common Stock” to supply all required details of your transaction(s) in Erickson 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.

On the schedules, provide all of the requested information with respect to all of your sales of Erickson common stock which took place during the period May 2, 2013 through and including June 13, 2016, whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to all of the Erickson common stock you held at the close of trading on May 1, 2013 and on June 13, 2016. Failure to report all such holdings and transactions may result in the rejection of your claim.

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.

Copies of broker confirmations or other documentation of your transactions in Erickson common stock should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

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. All claimants **MUST** submit a manually signed paper Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Settlement Administrator at 1-800-222-2760 or visit their website at www.claimsinformation.com/erickson.aspx to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Settlement Administrator issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

PART I: CLAIMANT IDENTIFICATION

Name(s) of Beneficial Owner(s):

Street No. and Street

City

State Zip Code -

Foreign Province Foreign Country

Account Number

Type of Account: Individual Joint IRA Corporation Other

Social Security Number: - -
(for individuals)

OR

Taxpayer Identification Number: -
(for estates, trusts, corporations, etc)

Email

Telephone Number: - - (work) - - (home)

Record Owner's Name (if different from Beneficial Owner listed above):

PART II: SCHEDULE OF TRANSACTIONS IN ERICKSON COMMON STOCK

A. Number of shares of ERICKSON common stock held at the close of trading on May 1, 2013: _____

B. Sales between May 2, 2013 and June 13, 2016, inclusive, of ERICKSON common stock that were held on May 1, 2013:

Trade Date Month/Day/Year	Number of Shares Sold	Total Sales Price (Exclusive of Commissions, Taxes and Fees)	Proof of Sales Attached
1. [] [] - [] [] - [] []	1. [] [] [] [] [] []	1. \$ [] [] [] [] [] [] . [0] [0]	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. [] [] - [] [] - [] []	2. [] [] [] [] [] []	2. \$ [] [] [] [] [] [] . [0] [0]	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. [] [] - [] [] - [] []	3. [] [] [] [] [] []	3. \$ [] [] [] [] [] [] . [0] [0]	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. [] [] - [] [] - [] []	4. [] [] [] [] [] []	4. \$ [] [] [] [] [] [] . [0] [0]	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. [] [] - [] [] - [] []	5. [] [] [] [] [] []	5. \$ [] [] [] [] [] [] . [0] [0]	Yes <input type="checkbox"/> No <input type="checkbox"/>

C. Number of shares of ERICKSON common stock held on May 1, 2013 and still held at the close of trading on June 13, 2016: _____

PART III: SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Claim Form under the terms of the Stipulation of Settlement described in the Notice. I (We) also submit to the jurisdiction of the Court of Chancery of the State of Delaware, with respect to my (our) claim as a Class Member.

I (We) have not submitted any other Claim Form covering the same holdings or sales of Erickson common stock between May 2, 2013 and June 13, 2016 and know of no other person having done so on my (our) behalf.

I (We) hereby warrant and represent that I (we) have included the information requested about all of my (our) transactions in Erickson common stock which are the subject of this Claim Form, which occurred between May 2, 2013 and June 13, 2016 as well as the opening and closing positions in such securities held by me (us) on the dates requested in this Claim Form.

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. If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the previous sentence.

I declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct.

Executed this _____ day of _____ in _____
(City, State)

(Sign your name here)

(Joint Owner/Holder -Sign your name here)

(Type or print your name here)

(Joint Owner/Holder -Type or print your name here)

(Capacity of person(s) signing, e.g., Beneficial Owner, Acquirer, Executor or Administrator)

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please sign the above declaration.
2. Remember to attach supporting documentation.
3. Do not send original stock certificates.
4. Keep a copy of your claim form for your records.
5. If you desire an acknowledgment of receipt of your claim form, please send it Certified Mail, Return Receipt Requested.
6. If you move, please send us your new address.
7. Reminder, the deadline to submit a claim form is November 10, 2016.

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c/o Settlement Administrator
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Blue Bell, PA 19422

IMPORTANT LEGAL INFORMATION