

Fifth Street Fair Fund  
Fund Administrator  
P.O. Box 6659  
Portland, OR 97228-6659

Website: www.FifthStreetFairFund.com  
Email: info@FifthStreetFairFund.com  
Telephone: 855-424-7675

**CLAIM FORM**

This claim is being solicited pursuant to a Plan of Distribution approved by the Securities and Exchange Commission (the “Plan”) in the administrative proceeding *Fifth Street Management, LLC*, Admin. Proc. File No. 3-18909 (the “Administrative Proceeding”). You can obtain a copy of the Plan at [www.FifthStreetFairFund.com](http://www.FifthStreetFairFund.com), by emailing [info@FifthStreetFairFund.com](mailto:info@FifthStreetFairFund.com), or by calling the Fund Administrator toll-free at 855-424-7675. Claims may be made by individuals and entities who held an investment in the common stock of Fifth Street Finance Corp. (“FSC”) during the period April 1, 2013 through December 31, 2014, inclusive and/or in the common stock of Fifth Street Senior Floating Rate Corp. (“FSFR”) during the period September 1, 2013 through December 31, 2014, inclusive (the “Investment Period”).

Any and all claims must be asserted via this Claim Form. Any prior or alternative communications with the Court, the Securities and Exchange Commission (the “Commission”), the Fund Administrator, or any other person or entity, do not constitute a claim.

YOU MUST COMPLETE AND MAIL THIS CLAIM FORM POSTMARKED OR, IF NOT SENT BY U.S. MAIL, RECEIVED BY **NOVEMBER 29, 2019**, TO BE CONSIDERED FOR ELIGIBILITY TO SHARE IN THE FIFTH STREET FAIR FUND.

<b><u>TABLE OF CONTENTS</u></b>	<b><u>PAGE NO.</u></b>
<b>PART I - CLAIMANT IDENTIFICATION.....</b>	<b>2</b>
<b>PART II - FSC COMMON STOCK.....</b>	<b>3</b>
<b>A. BEGINNING HOLDINGS OF FSC COMMON STOCK.....</b>	<b>3</b>
<b>B. INCOMING SHARES OF FSC COMMON STOCK.....</b>	<b>3</b>
<b>C. OUTGOING SHARES OF FSC COMMON STOCK.....</b>	<b>3</b>
<b>D. ENDING HOLDINGS OF FSC COMMON STOCK.....</b>	<b>3</b>
<b>PART III – FSFR COMMON STOCK.....</b>	<b>4</b>
<b>A. BEGINNING HOLDINGS OF FSFR COMMON STOCK.....</b>	<b>4</b>
<b>B. INCOMING SHARES OF FSFR COMMON STOCK.....</b>	<b>4</b>
<b>C. OUTGOING SHARES OF FSFR COMMON STOCK.....</b>	<b>4</b>
<b>D. ENDING HOLDINGS OF FSFR COMMON STOCK.....</b>	<b>4</b>
<b>PART IV - CERTIFICATION AND SIGNATURE.....</b>	<b>5-6</b>
<b>PART V - INSTRUCTIONS FOR FILING CLAIM FORM.....</b>	<b>7</b>
<b>REMINDER CHECKLIST.....</b>	<b>7</b>

**PART I: CLAIMANT IDENTIFICATION**

Beneficial Owner's First Name  MI  Beneficial Owner's Last Name

Co-Beneficial Owner's First Name  MI  Co-Beneficial Owner's Last Name

Entity Name (if claimant is not an individual)

Representative or Custodian Name (if different from Beneficial Owner[s] listed above)

Address (street name and number)

Address (apartment, unit, or box number)

City  State  ZIP Code

Country (if not USA)

Social Security Number  -  -  OR Taxpayer Identification Number  -

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

Exemption Codes (See Instructions to IRS Form W-9 available at [www.irs.gov/forms-instructions](http://www.irs.gov/forms-instructions)):  
Exemption from FATCA reporting code (if any)  Exempt Payee Code (if any)

Email Address

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

Claimant Account Type (check appropriate box):  
 Individual (includes joint owner accounts)  C Corporation  S Corporation  
 Trust/Estate  Partnership  
 Other \_\_\_\_\_ (please specify)  
 Limited Liability Company – choose tax classification  
 C Corporation  S Corporation  Partnership

**PART II: FIFTH STREET FINANCE CORP. (“FSC”): SCHEDULE OF TRANSACTIONS**

**Beginning Holdings:**

A. List the number of FSC shares held at the opening of trading on **April 1, 2013**. If none, write “0” or “Zero”.

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**Incoming Shares:**

B. List (in chronological order) all purchases, receipts, or transactions that increased your holdings of FSC shares from the opening of trading on April 1, 2013 through the close of trading on December 31, 2014. Please provide all data and list each trade separately (must be documented).

Trade Date (MMDDYY)	Number of Shares Purchased or Acquired	Purchase Price per Share	Total Purchase Price*	Transaction Type (P/R)**
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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\* Excluding taxes, fees, and commissions  
 \*\* P=Purchase, R=Receipt (transfer in)

**Outgoing Shares:**

C. List (in chronological order) all sales, deliveries, or transactions that decreased your holdings of FSC shares from the opening of trading on April 1, 2013, through the close of trading on December 31, 2014. Please provide all data and list each trade separately (must be documented).

Trade Date (MMDDYY)	Number of Shares Sold or Delivered	Sale Price per Share	Total Sale Price*	Transaction Type (S/D)**
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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\* Excluding taxes, fees, and commissions  
 \*\* S=Sale, D=Delivery (transfer out or other transactions that decreased your holdings)

**Unsold Shares:**

D. List the number of FSC shares held at the close of trading on **December 31, 2014**. If none, write “0” or “Zero” (must be documented).

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**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY, AND CHECK THIS BOX:**

**PART III: FIFTH STREET SENIOR FLOATING RATE CORP. (“FSFR”): SCHEDULE OF TRANSACTIONS**

**Beginning Holdings:**

A. List the number of FSFR shares held at the opening of trading on **September 1, 2013**. If none, write “0” or “Zero”.

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**Incoming Shares:**

B. List (in chronological order) all purchases, receipts, or transactions that increased your holdings of FSFR shares from the opening of trading on September 1, 2013 through the close of trading on December 31, 2014. Please provide all data and list each trade separately (must be documented).

Trade Date (MMDDYY)	Number of Shares Purchased or Acquired	Purchase Price per Share	Total Purchase Price*	Transaction Type (P/R)**

\* Excluding taxes, fees, and commissions

\*\* P=Purchase, R=Receipt (transfer in)

**Outgoing Shares:**

C. List (in chronological order) all sales, deliveries, or transactions that decreased your holdings of FSFR shares from the opening of trading on September 1, 2013, through the close of trading on December 31, 2014. Please provide all data and list each trade separately (must be documented).

Trade Date (MMDDYY)	Number of Shares Sold or Delivered	Sale Price per Share	Total Sale Price*	Transaction Type (S/D)**

\* Excluding taxes, fees, and commissions

\*\* S=Sale, D=Delivery (transfer out or other transactions that decreased your holdings)

**Unsold Shares:**

D. List the number of FSFR shares held at the close of trading on **December 31, 2014**. If none, write “0” or “Zero” (must be documented).

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**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY, AND CHECK THIS BOX:**

**PART IV: CERTIFICATION**

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am NOT:

- a) Fifth Street Management, LLC, its affiliates, assigns, subsidiaries, successors-in-interest, and any firm, trust, corporation, or other entity in which Respondent has or had a controlling interest during the Investment Period;
- b) Any Affiliate, assign, creditor, heir, distributee, spouse, parent, child, or controlled entity of any of the foregoing Persons or entities described in (a) above;
- c) Any purchaser or assignee of another Person's right to obtain a Distribution Payment from the Fair Fund, provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by gift, inheritance, devise, or operation of law; and/or
- d) Epiq (the "Fund Administrator"), its employee, or a Person assisting the Fund Administrator in its role as the Fund Administrator;

2. I understand that the Fund Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Fund Administrator for those purposes;

3. 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;

4. 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 any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management; and

5. Under penalties of perjury, I certify that:

- (a) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding; or (ii) 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 (iii) the IRS has notified me that I am no longer subject to backup withholding (NOTE: If you have been notified by the IRS that you are subject to backup withholding, you must cross out this item); and
- (c) I am a U.S. citizen or other U.S. Person (including a U.S. resident alien); and
- (d) The Foreign Account Tax Compliance Act ("FATCA") code(s) entered on the Claimant Identification section on page 2 of this Claim Form (if any) indicating that I am exempt from FATCA reporting is correct.

Note: If you are not a U.S. citizen or other U.S. Person, you should cross out the box at line 5, above, and instead complete and submit IRS Form W-8BEN, W-8BEN-E, W-8ECI, or W-8IMY. You may download these forms from the IRS website: [www.irs.gov/forms-instructions](http://www.irs.gov/forms-instructions).

I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

**Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month/Year) (City) (State/Country)

Signature of Claimant

Date: 

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MM DD YY

Print Name of Claimant

Signature of Joint Claimant, if any

Date: 

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MM DD YY

Print Name of Joint Claimant, if any

**PART V: CLAIM FORM INSTRUCTIONS**

A. This Claim Form has been sent to you because you may be a Potential Claimant<sup>1</sup> in this matter. In order to participate, you must complete and sign this Claim Form and provide supporting documents for any eligible transactions you claim. If you fail to timely submit a properly addressed Claim Form and supporting documents, your claim may be rejected, and you may be determined to be ineligible for any payment in this matter.

B. Submission of this Claim Form does not assure that you will share in the proceeds of the Fair Fund created in this matter. A Potential Claimant’s eligibility for a Distribution Payment under the Plan will be determined by the Fund Administrator in accordance with the Plan. Distribution Payments will be subject to a \$10.00 Minimum Distribution Amount.

C. YOU MUST COMPLETE AND SUBMIT YOUR CLAIM FORM BY MAIL ADDRESSED TO THE FUND ADMINISTRATOR AT THE ADDRESS SET FORTH BELOW, SO THAT IT IS POSTMARKED OR, IF NOT SENT BY U.S. MAIL, RECEIVED ON OR BEFORE **NOVEMBER 29, 2019**.

D. If you are NOT a Potential Claimant, as defined in the Plan, DO NOT submit a Claim Form.

E. Use the section of this form entitled “Claimant Identification” to identify each owner of record. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S), OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S) OF COMMON STOCK UPON WHICH THIS CLAIM IS BASED.

F. Use the sections of this form entitled “Schedule of Transactions” (Sections II and III) to supply all required details of your transaction(s). 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.

G. Complete a separate Claim Form for each account holding investments in FSC and/or FSFR during the Investment Period.

H. Provide all of the requested information with respect to the common stock that you acquired or disposed of at any time during the Investment 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.

I. List each transaction in the Investment Period in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.

J. Documentation of your transactions in the common stock of FSC and/or FSFR must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

K. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Fund Administrator may request additional information as required to efficiently and reliably calculate your losses. For a detailed explanation regarding how your losses will be calculated, please refer to the Distribution Methodology set forth in Plan, which can be found online at the website listed at the top of this Claim Form.

***Claim Forms must be postmarked or, if not sent by U.S. Mail, received no later than November 29, 2019, and mailed to Fifth Street Fair Fund, Fund Administrator, P.O. Box 6659, Portland, OR 97228-6659.***

ATTENTION NOMINEES AND BROKERAGE FIRMS: If you are filing claim(s) electronically on behalf of beneficial owners, detailed instructions are available on the website at [www.FifthStreetFairFund.com](http://www.FifthStreetFairFund.com) along with the formatted electronic filing template. You may also send an email to [info@FifthStreetFairFund.com](mailto:info@FifthStreetFairFund.com) requesting this information.

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**Reminder Checklist**

1. Sign the Certification section of the Claim Form on page 6.
2. Remember to attach supporting documentation.
3. Do not send original documents.
4. Keep a copy of your Claim Form and all documents submitted, for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, send your Claim Form by Certified Mail, Return Receipt Requested.
6. If you move, please promptly send the Fund Administrator your new address and contact information.

ACCURATE CLAIMS PROCESSING CAN TAKE A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.

<sup>1</sup> Capitalized terms herein not otherwise defined are defined in the Plan.