



AlphaCentric Securities Litigation

ELECTRONIC CLAIM FILING GUIDELINES



abdataclassaction.com

New York | Washington, D.C. | West Palm Beach | Milwaukee | Tel Aviv

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Overview

Electronic Claim Filing applies to institutions or entities that are filing multiple Proofs of Claim and Release on behalf of themselves and/or others, as well as individuals or entities that are filing Proofs of Claim and Release with a large number of transactions (50+).

Electronic Claim Filings are subject to rejection if not prepared in compliance with these Electronic Claim Filing Guidelines.

PLEASE NOTE: No Electronic Claim Filing will be considered to have been properly submitted unless the Claims Administrator issues to the filer a written acknowledgment of receipt and acceptance of electronically submitted data.

Electronic Filing Requirements

Complete and Sign a Proof of Claim and Release:

- One executed Proof of Claim and Release should be completed per submission. This Proof of Claim and Release serves as a master Proof of Claim and Release for one or all of the accounts included on your file. The Proof of Claim and Release is attached hereto as Appendix B.
- Separate Claims should be submitted for each separate legal entity (*e.g.*, a claim from joint owners should not include separate 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 should be submitted on behalf of one legal entity including 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).
- Complete the first page of the Proof of Claim and Release. Be sure to include company name, account name/number, and company address. If submitting an electronic file on behalf of several accounts, enter "Various Accounts" for the account name/number.
- Complete the signature page on the Proof of Claim and Release. If you are filing on behalf of your clients, you must include a letter or document providing your authorization to sign on behalf of your clients, as set forth in Appendix C.
- A valid email address must be on file with the Claims Administrator. Communication regarding deficiencies and rejections on electronically filed claims may be conducted by email. A valid email address **MUST** be included on the Proof of Claim and Release, and the email address provided **MUST** be updated in the event the contact person or email address changes; it is the sole responsibility of the filing party to maintain up-to-date, complete contact information with the Claims Administrator.

Prepare a cover letter:

- A cover letter **MUST** be included with the master Proof of Claim and Release. The cover letter must include the total number of accounts; total number of transactions; total number of shares purchased, acquired, and sold; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter as set forth in Appendix D.



Prepare a data file:

- An Excel spreadsheet or other electronic file containing account information and transactional data MUST be prepared in accordance with A.B. Data, Ltd.'s Electronic Claim Filing Template Mapping Instructions found in Appendix E. The following formats are acceptable: a) MEDIA: CD, DVD, and FLASH DRIVE and b) DATA: ASCII, MS EXCEL, and MS ACCESS. For your convenience, an Excel spreadsheet template is available for your use and may be downloaded from www.AlphaCentricSecuritiesLitigation.com.
- If you cannot provide the information in the aforementioned formats or you have other requests, questions, concerns, or comments, please email A.B. Data, Ltd., at efiling@abdata.com or you may call 877-888-4851 to speak to an Electronic Claims Filing Specialist.

Mail your executed master Proof of Claim and Release with a cover letter and media format to:

ALPHACENTRIC SECURITIES LITIGATION
ATTN: ELECTRONIC CLAIMS DEPARTMENT
C/O A.B. DATA, LTD.
PO BOX 173017
MILWAUKEE, WI 53217

Or:

ALPHACENTRIC SECURITIES LITIGATION
ATTN: ELECTRONIC CLAIMS DEPARTMENT
C/O A.B. DATA, LTD.
3410 WEST HOPKINS STREET
MILWAUKEE, WI 53216

Documentation Requirements

A.B. Data, Ltd., reserves the right to request additional documentation at any time after your Proof of Claim and Release and file have been received and processed. The documentation provided should be sufficient to verify the validity and accuracy of the data provided in the file.

If you provided a letter/affidavit attesting to the truth and accuracy of your data when initially submitting your file, A.B. Data may still require specific documentary evidence (trade confirmations, monthly statement, or equivalent) to verify the details of your transactions and/or holdings.

How to account for Free Receipts, Free Deliveries, and Transfers

Free receipt, free delivery, and transfer transactions are not eligible for payment unless you have additional information regarding the original purchase, acquisition, or subsequent sale. If you do not have this information, free receipt, free delivery, and transfer transactions should only be included on your electronic file for balancing purposes. You MUST use the following instructions when filing for accounts that have free receipt, free delivery, and transfer transactions during the Class Period:

If shares were transferred to or from a different custodian (corresponding account is not on your electronic file), you must follow these instructions:

- **SHARES RECEIVED INTO ACCOUNT:** You must account for any received shares by providing the opening position or original purchase or acquisition of these shares from the prior account.



- **SHARES DELIVERED OUT OF ACCOUNT:** You must account for any delivered shares by providing the sale and/or closing position from the subsequent account.
- **NO INFORMATION AVAILABLE ON ORIGINAL PURCHASE/ACQUISITION or SUBSEQUENT SALE:** You must provide the free receipt and/or free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

If shares were transferred between accounts on your file, you must follow these instructions:

- DO NOT claim the same purchase or acquisition transaction(s) on both accounts.
- The account that owned the shares most recently should be the account claiming the eligible purchase or acquisition. These shares should already be accounted for in the sales and/or closing position of the most recent account.
- If shares were transferred between accounts for the same beneficial owner on your file, you must combine these accounts and file all eligible purchases, acquisitions, and sales in a single claim. You must also include all opening and closing positions on the claim for that entity.
- If you are unable to combine these accounts accordingly, you must provide the free receipt and free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

Claim Balancing

All securities for each Claim must balance. This means all opening position shares plus purchases /acquisitions (including free receipts) from July 27, 2018, through and including January 20, 2026, MUST EQUAL the total sales (including free deliveries) from July 27,2018, through and including January 20, 2026, plus the closing position. **(O+P+FR=S+FD+C).**

Negative values may only be given for short opening or closing positions. All other transactions must be positive values.

Appendix A

Case Specific Information

| | |
|------------------------|---|
| CLASS DEFINITION: | All Persons and Entities who purchased or acquired shares of the Alphacentric Income Opportunities Fund during the period from July 27, 2018, through March 22, 2020. |
| CLAIM FILING DEADLINE: | 05/26/2026 |

The following is a list of eligible Securities:

| SECURITY | TICKER | CUSIP | ISIN |
|--|--------|-----------|--------------|
| AlphaCentric Income Opportunities Fund Class A Shares | IOFAX | 62827M169 | US62827M1696 |
| AlphaCentric Income Opportunities Fund Class C Shares | IOFCX | 62827M151 | US62827M1514 |
| AlphaCentric Income Opportunities Fund Class I Shares | IOFIX | 62827M144 | US62827M1449 |



Common Stock transactions for each account should include:

| Transaction Type | Definition | Valid Dates |
|-------------------------|---|-------------------------|
| O | Total number of shares of IOFAX Class A, IOFCX Class C or IOFIX Class I Fund Shares held as of the close of trading on July 26, 2018. | 07/26/2018 |
| P | List each purchase of IOFAX Class A, IOFCX Class C or IOFIX Class I Fund shares you made between July 27, 2018, and January 20, 2026, separately by share class | 07/27/2018 – 01/20/2026 |
| FR | Transfer into account during the Class Period. | 07/27/2018 – 01/20/2026 |
| S | List each redemption (sale) of IOFAX Class A, IOFCX Class C or IOFIX Class I Fund shares you made between July 27, 2018, and January 20, 2026, separately by share class | 07/27/2018 – 01/20/2026 |
| FD | Transfer out of account during the Class Period. | 07/27/2018 – 01/20/2026 |
| C | For each share class, state your net position (in shares) of IOFAX Class A, IOFCX Class C or IOFIX Class I Fund shares owned as of the close of trading on January 20, 2026 | 01/20/2026 |

*****Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**



II. CLAIMANT IDENTIFICATION

5. You are a member of the Settlement Class if you purchased or otherwise acquired Class A, Class C, or Class I shares of the AlphaCentric Income Opportunities Fund (“Fund”) (ticker symbols IOFAX, IOFCX, and IOFIX, respectively) from July 27, 2018, to March 22, 2020 (inclusive) (“Class Period”) pursuant to the Fund’s July 27, 2018 Registration Statement and/or other offering materials subsequently issued by the Fund during the Class Period, unless you are an excluded party under the terms of the Settlement Agreement, as described in the Notice.

6. Use Part 1 of the form below titled “Claimant Information” to identify each purchaser or acquirer of record (“nominee”) of the Fund shares that form the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S) OF THE FUND SHARES ON WHICH THIS CLAIM IS BASED.**

7. All joint purchasers or acquirers 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. PROOF OF CLAIM AND RELEASE FORM

8. Use Part 2 of the form below titled “Schedule of Transactions in Shares of the AlphaCentric Income Opportunities Fund” to supply all required details of your transaction(s). If you need more space or additional schedules, attach separate sheets giving all the required information in substantially the same form. Sign and print or type your name on each additional sheet.

9. On the schedules, provide all the requested information for all of your purchases, acquisitions, and redemptions (i.e., sales) of Fund shares that took place between July 27, 2018, and January 20, 2026, whether such transactions resulted in a profit or a loss. You must also provide all the requested information for the number of Fund shares you held at the close of trading on January 20, 2026, and as to your total purchases. Failure to report all such transactions may result in the rejection of your claim.

10. 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. The date of a purchase or redemption (sale) is the “contract” or “trade” date, not the “settle” or “settlement” date.

11. YOU MUST ATTACH COPIES OF BROKER CONFIRMATIONS OR OTHER DOCUMENTATION OF YOUR TRANSACTIONS IN THE ALPHACENTRIC INCOME OPPORTUNITIES FUND TO YOUR CLAIM. FAILURE TO PROVIDE THIS DOCUMENTATION COULD DELAY VERIFICATION OF YOUR CLAIM OR RESULT IN REJECTION OF YOUR CLAIM.

12. **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 such claimants **MUST** also submit a manually signed paper Proof of Claim whether or not they also submit electronic copies. If you wish to submit your claim electronically, you may visit the Settlement website at www.AlphaCentricSecuritiesLitigation.com, or you may contact the Claims Administrator by email at info@AlphaCentricSecuritiesLitigation.com or by phone at 877-888-4851 to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK: COMMERCIAL DIVISION
Koza v. Mutual Fund Series Trust, et al., Index No. 655297/2020

PROOF OF CLAIM AND RELEASE FORM

**Must Be Postmarked (if Mailed) or Received (if Submitted Online)
No Later Than May 26, 2026**

Please attach copies of broker confirmations or other documentation of your transactions in shares of the AlphaCentric Income Opportunities Fund. Failure to provide this documentation could delay verification or result in rejection of your claim.

PART 1: CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form. Please also note that, if eligible for payment, the check will be issued according to the information listed below. If this information changes, you MUST notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

| | | | |
|--|-------|---------------------------------------|---------|
| Beneficial Owner's Name: | | | |
| | | | |
| Co-Beneficial Owner's Name (if applicable): | | | |
| | | | |
| Entity Name (if claimant is not an individual): | | | |
| | | | |
| Representative or Custodian Name (if different from Beneficial Owner(s) listed above): | | | |
| | | | |
| Address 1 (street name and number): | | | |
| | | | |
| Address 2 (apartment, unit, or box number): | | | |
| | | | |
| City | State | Zip Code/Province | Country |
| | | | |
| Last Four Digits of Your Social Security Number or Taxpayer Identification Number: | | | |
| | | | |
| Telephone Number (primary): | | Telephone Number (secondary): | |
| | | | |
| Email Address: | | | |
| | | | |
| Account Number (if filing for multiple accounts, file a separate Claim Form for each account): | | | |
| | | | |
| Claimant Account Type (check appropriate box): | | | |
| <input type="checkbox"/> Individual (includes joint owner accounts) | | <input type="checkbox"/> Pension Plan | |
| <input type="checkbox"/> Corporation | | <input type="checkbox"/> Estate | |
| <input type="checkbox"/> IRA/401k | | <input type="checkbox"/> Trust | |
| <input type="checkbox"/> Other (please specify): | | | |

PART 2: SCHEDULE OF TRANSACTIONS IN SHARES OF THE ALPHACENTRIC INCOME OPPORTUNITIES FUND

List each purchase and redemption (sale) of Fund shares you made between July 27, 2018, and January 20, 2026, separately by share class (must be documented):

Class A Fund Shares (IOFAX)

| 1. NUMBER OF ELIGIBLE SHARES* – State the total number of shares of IOFAX Class A Fund Shares held as of the close of trading on July 26, 2018. (Must be documented.) If none, write “zero” or “0.” _____ | | | | Confirm Proof of Position Enclosed <input type="checkbox"/> |
|---|--|---|---|--|
| 2. PURCHASES/ACQUISITIONS FROM JULY 27, 2018, THROUGH JANUARY 20, 2026 – Separately list each and every purchase or acquisition (including free receipts) of IOFAX Class A Fund Shares from after the opening of trading on July 27, 2018, through the close of trading on January 20, 2026. (Must be documented.) | | | | |
| Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year) | Number of Shares Purchased/Acquired | Purchase/Acquisition Price Per Share | Total Purchase/ Acquisition Price (excluding any taxes, commissions, and fees) | Confirm Proof of Purchase Enclosed |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| 3. SALES FROM JULY 27, 2018, THROUGH JANUARY 20, 2026 – Separately list each and every sale or disposition (including free deliveries) of IOFAX Class A Fund Shares after the opening of trading on July 27, 2018, through the close of trading on January 20, 2026. (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 (not deducting any taxes, commissions, and fees) | Confirm Proof of Sale Enclosed |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| 4. HOLDINGS AS OF THE CLOSE OF JANUARY 20, 2026 – State the total number of shares of IOFAX Class A Fund Shares held as of the close of trading on January 20, 2026. (Must be documented.) If none, write “zero” or “0.” _____ | | | | Confirm Proof of Position Enclosed <input type="checkbox"/> |

Class C Fund Shares (IOFCX)

| 1. NUMBER OF ELIGIBLE SHARES* – State the total number of shares of IOFCX Class C Fund Shares held as of the close of trading on July 26, 2018. (Must be documented.) If none, write “zero” or “0.” _____ | | | | Confirm Proof of Position Enclosed <input type="checkbox"/> |
|---|--|---|---|--|
| 2. PURCHASES/ACQUISITIONS FROM JULY 27, 2018, THROUGH JANUARY 20, 2026 – Separately list each and every purchase or acquisition (including free receipts) of IOFCX Class C Fund Shares from after the opening of trading on July 27, 2018, through the close of trading on January 20, 2026. (Must be documented.) | | | | |
| Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year) | Number of Shares Purchased/Acquired | Purchase/Acquisition Price Per Share | Total Purchase/ Acquisition Price (excluding any taxes, commissions, and fees) | Confirm Proof of Purchase Enclosed |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| 3. SALES FROM JULY 27, 2018, THROUGH JANUARY 20, 2026 – Separately list each and every sale or disposition (including free deliveries) of IOFCX Class C Fund Shares after the opening of trading on July 27, 2018, through the close of trading on January 20, 2026. (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 (not deducting any taxes, commissions, and fees) | Confirm Proof of Sale Enclosed |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| 4. HOLDINGS AS OF THE CLOSE OF JANUARY 20, 2026 – State the total number of shares of IOFCX Class C Fund Shares held as of the close of trading on January 20, 2026. (Must be documented.) If none, write “zero” or “0.” _____ | | | | Confirm Proof of Position Enclosed <input type="checkbox"/> |

Class I Fund Shares (IOFIX)

| 1. NUMBER OF ELIGIBLE SHARES* – State the total number of shares of IOFIX Class I Fund Shares held as of the close of trading on July 26, 2018. (Must be documented.) If none, write “zero” or “0.” _____ | | | | Confirm Proof of Position Enclosed <input type="checkbox"/> |
|---|--|---|---|--|
| 2. PURCHASES/ACQUISITIONS FROM JULY 27, 2018, THROUGH JANUARY 20, 2026 – Separately list each and every purchase or acquisition (including free receipts) of IOFIX Class I Fund Shares from after the opening of trading on July 27, 2018, through the close of trading on January 20, 2026. (Must be documented.) | | | | |
| Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year) | Number of Shares Purchased/Acquired | Purchase/Acquisition Price Per Share | Total Purchase/ Acquisition Price (excluding any taxes, commissions, and fees) | Confirm Proof of Purchase Enclosed |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| 3. SALES FROM JULY 27, 2018, THROUGH JANUARY 20, 2026 – Separately list each and every sale or disposition (including free deliveries) of IOFIX Class I Fund Shares after the opening of trading on July 27, 2018, through the close of trading on January 20, 2026 (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 (not deducting any taxes, commissions, and fees) | Confirm Proof of Sale Enclosed |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| 4. HOLDINGS AS OF THE CLOSE OF JANUARY 20, 2026 – State the total number of shares of IOFIX Class I Fund Shares held as of the close of trading on January 20, 2026. (Must be documented.) If none, write “zero” or “0.” _____ | | | | Confirm Proof of Position Enclosed <input type="checkbox"/> |

If you need more space to provide all your transactions, please complete extra schedules in the same format as above (or copy or download, and complete, additional copies of the above “Schedule of Transactions in Shares of the AlphaCentric Income Opportunities Fund”), and attach them to this Form. Print the beneficial owner’s full name and the last four digits of their Taxpayer Identification Number on each additional page.

**YOU MUST READ AND SIGN THE RELEASE IN SECTION V BELOW.
FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION
OF YOUR CLAIM.**

IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim under the terms of the Settlement Agreement described in the Notice. I (We) also submit to the jurisdiction of the Supreme Court of the State of New York, County of New York (Commercial Division) with respect to my (our) claim as a Settlement Class Member and for purposes of enforcing the release set forth 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, acquisitions, or sales of AlphaCentric Income Opportunities Fund shares during the Class Period and know of no other Person having done so on my (our) behalf.

V. RELEASE

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge from the Released Claims each and all of the Released Defendant Parties, as defined in the Settlement Agreement and Notice.

2. 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 this release or any other part or portion thereof.

3. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in the AlphaCentric Income Opportunities Fund that occurred during the relevant period, as well as the number of shares held by me (us) at the close of trading on January 20, 2026.

4. I (We) certify that I am (we are) NOT subject to backup tax withholding. (Note: If you have been notified by the IRS that you are subject to backup withholding, please strike out the prior sentence.)

I (We) declare under penalty of perjury under the laws of the State of New York that all of the foregoing information supplied on this Proof of Claim by the undersigned is true and correct.

Executed this _____ day of _____
(Month and Year)

in _____ , _____
(City) (State/Country)

(Sign your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g., Beneficial Purchaser or 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 release and acknowledgment.
2. Remember to attach copies of supporting documentation.
3. ***Do not send*** originals of certificates or other documentation as they will not be returned.
4. Keep a copy of your Proof of Claim and all supporting documentation for your records.
5. The Claims Administrator will acknowledge receipt of your claim by mail within 45 days of receipt. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 45 days, please contact the Claims Administrator at info@AlphaCentricSecuritiesLitigation.com.
6. If you move, please send your new address to the address below.
7. ***Do not use red pen or highlighter*** on the Proof of Claim or supporting documentation.

**THIS PROOF OF CLAIM MUST BE SUBMITTED ONLINE OR MAILED
NO LATER THAN MAY 26, 2026, ADDRESSED AS FOLLOWS:**

For Submissions by Mail:
AlphaCentric Securities Litigation
Claims Administrator
c/o A.B. Data, Ltd.
P.O. Box 173017
Milwaukee, WI 53217

For Online Submissions:
Visit www.AlphaCentricSecuritiesLitigation.com

Appendix C

Authorization Requirements

If you are a nominee filing on behalf of your account holders, you must include the following documentation:

- Affidavit attesting that your entity has legal rights and authorization from your account holders to file Proofs of Claim and Release on their behalf **and** that your account holders understand that they are bound by and subject to the terms of all releases that may be entered in this AlphaCentric Securities Litigation etc.; and
- Authorization to sign on your account holders' behalf.

If you are a third party filing on behalf of a nominee, you must include an Affidavit attesting to the following:

- Your entity has the legal right and authorization from the nominee to file and sign any Proofs of Claim and Release on their behalf;
- Your entity has the legal right and authorization from the nominee's account holders to file and sign any Proofs of Claim and Release on their behalf; and
- The account holders understand they are bound by and subject to the terms of all releases that may be entered in the Action.

If you are a third party filing on behalf of another party, you must include an Affidavit attesting to the following:

- Your entity has the legal right and authorization from the other party to file and sign any Proofs of Claim and Release on its behalf; and
- The other party understands it is bound by and subject to the terms of all releases that may be entered in the Action.

If you are not a nominee or a third party and would like to file claims electronically, you must include documentation supporting all transactional data of your claim as follows:

- Documents may include, but are not limited to, a) photocopies of stockbrokers' confirmation slips; b) photocopies of stockbrokers' monthly statements reflecting ALL transactional data and how it was compiled for the opening of the Class Period through the end of the Class Period; or c) a signed letter from your broker, on their letterhead, providing all of the information that would be found on a confirmation slip and/or other aforementioned documents.



Appendix D
Sample Cover Letter

LETTERHEAD

Re: AlphaCentric Securities Litigation

Date:

Enclosed is a fully executed master Proof of Claim and Release with required authorizations and affidavits as well as an electronic media attachment, which is being filed in connection with the above-referenced matter on behalf of [COMPANY NAME(S) OR INDIVIDUAL NAME(S)] for the proprietary accounts of [ENTITY].

We, [ENTITY], hereby agree that further communication from the Claims Administrator may be conducted by email, and we accept sole responsibility to ensure the email address for [ENTITY] is updated in the event the email address provided on the master Proof of Claim and Release should change.

The attachment consists of a [CD, DVD, OR FLASH DRIVE] containing [NUMBER] accounts/claims in [ASCII, MS EXCEL, OR MS ACCESS] format with [NUMBER OF TRANSACTIONS] transactions for The Alphacentric Income Opportunities Fund as well as the opening and closing positions held for [ENTITY]'s proprietary accounts. Each transaction contains corresponding account information for which the claims are being filed.

The total number of The Alphacentric Income Opportunities Fund Class A, Class C or Class I shares purchased or acquired [##.##] for the amount of [\$0.0000] and The Alphacentric Income Opportunities Fund Class A, Class C or Class I shares sold [##.##] for the amount of [\$0.0000] can be found on the enclosed [CD, DVD, OR FLASH DRIVE].

We, [ENTITY], attest that the data provided on the media attachment corresponds to [ENTITY]'s internal records.

I attest that the above information is true and correct.

Signature

Company Name

Job Title

Contact Information (including telephone number, fax number, and email address).



abdataclassaction.com

New York | Washington, D.C. | West Palm Beach | Milwaukee | Tel Aviv

Appendix E

Electronic Claim Filing Template Mapping Instructions

| Column | Field Name | Max Length | The Alphacentric Income Opportunities Fund Stock FIELD DESCRIPTION |
|--------|---|------------|--|
| A | Account Number | 40 | Account number associated with the proprietary account for which transactions are being submitted with this Proof of Claim and Release. |
| B | Account Name | 40 | Name of individual, company, or entity associated with the account listed in Column A. |
| C | Full Name of the Beneficial Owner | 40 | Full name of the beneficial owner associated with the account listed in Column A. |
| D | TIN of the Beneficial Owner | 9 | Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes. |
| E | Beneficial Owner TIN Type (E/S/U/F) | 1 | E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign. |
| F | Care of: | 40 | Name of the entity to which items should be mailed. |
| G | Attn: | 40 | Name of the person to whose attention items should be mailed. |
| H | Street 1 | 40 | Street Address 1 |
| I | Street 2 | 40 | Street Address 2 |
| J | City | 25 | City |
| K | State | 2 | State |
| L | Zip Code | 5 | Zip code |
| M | Province | 40 | Province |
| N | Country | 40 | Country |
| O | CUSIP/ISIN | 10 | CUSIP number or ISIN for common stock. |
| P | Transaction Type/Holdings | 2 | O = Opening position – IOFAX Class A, IOFCX Class C, IOFIX Class I shares held at close of trading on 07/26/2018 P = Purchases made between July 27, 2018 through January 20, 2026 inclusive. FR = Free receipts made between July 27, 2018 through January 20, 2026 inclusive; S = Sales made between July 27, 2018 through January 20, 2026 inclusive; FD = Free deliveries made between July 27, 2018 through January 20, 2026 inclusive; C = Closing position – IOFAX Class A, IOFCX Class C, IOFIX Class I shares held at close of trading on January 20, 2026 |
| Q | Trade Date (MM/DD/YYYY) | 10 | Trade date for transaction or holding date for closing position. |
| R | Number of Shares of Stock | 19 | Number of shares associated with a transaction. No commas: use decimal point if needed. Up to four digits after decimal point. |
| S | Price Per Share EXCLUDING Commissions/Taxes/Fees | 19 | Price per share (USD), excluding commissions/taxes/fees, associated with a transaction. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Leave blank when providing closing positions. Use zero when specifying free receipts and/or free deliveries. |
| T | Total Price EXCLUDING Commissions/Taxes/Fees | 19 | Aggregate cost or proceeds received (USD), excluding commissions/taxes/fees. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Use zero when specifying free receipts and/or free deliveries. |

***All eligible Alphacentric Income Opportunities Fund shares for each account must balance. This means that the opening position plus total purchases, and free receipts during the Class Period MUST EQUAL the total sales and free deliveries during the Class Period plus the closing position (O+P+FR+ =S+FD+C).**

***You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix D for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.**

Free Receipts and Free Deliveries are provided to balance your claim and will not result in a Recognized Loss under the Plan of Allocation. The original purchase and/or sale information relating to these shares must be provided in your original filing in order to be eligible under the Plan of Allocation. There will be no further attempt to collect transactional information regarding Free Receipts/Deliveries included in the filing.



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