



DCRB Spac Settlement

ELECTRONIC CLAIM FILING GUIDELINES



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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.



Appendix A

Case Specific Information

CLASS DEFINITION:	All Persons who held shares of Decarbonization Plus Acquisition Corporation (“DECARB”) Class A common stock as of the Redemption Deadline on July 13, 2021, and who did not redeem all of their shares, including their Heirs, Successors-In-Interest, Successors, Transferees, and Assigns.
CLAIM FILING DEADLINE:	10/14/2025

The following is a list of eligible Securities:

The only shares listed should be Eligible Shares (defined as shares of Decarbonization Plus Acquisition Corporation, Class A common stock as of the Redemption Deadline on July 13, 2021, and who did not redeem all of their shares).

SECURITY	TICKER	CUSIP	ISIN
Decarbonization Plus Acquisition Corporation	DCRB	242797108	US2427971088
Hyzon Motors, Inc.	HYZN	44951Y102	US44951Y1029



Common Stock transactions for each account should include:

Transaction Type	Definition	Valid Dates
O	Total shares owned at opening of trading, at beginning of Class Period.	07/14/2021
P	Purchases/acquisitions during the Class Period.	07/14/2021 through 03/18/2022
FR	Transfer into account during the Class Period.	07/14/2021 through 03/18/2022
S	Sales during the Class Period.	07/14/2021 through 03/18/2022
FD	Transfer out of account during the Class Period.	07/14/2021 through 03/18/2022
C	Total shares owned at close of trading at end of Class Period.	03/18/2022

*****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.**



IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

JOHN E. MALORK, Individually and on	)	
Behalf of All Others Similarly Situated,	)	
Plaintiff,	)	
v.	)	C.A. No. 2022-0260-PAF
ERIK ANDERSON, JENNIFER AAKER,	)	
JANE KEARNS, PIERRE LAPEYRE, JR.,	)	
DAVID LEUSCHEN, ROBERT TICHIO, JIM	)	
McDERMOTT, JEFFREY TEPPER,	)	
MICHAEL WARREN, RIVERSTONE	)	
INVESTMENT GROUP LLC, WRG DCRB	)	
INVESTORS, LLC and	)	
DECARBONIZATION PLUS ACQUISITION	)	
SPONSOR, LLC, CRAIG M. KNIGHT, and	)	
HYZON MOTORS INC.,	)	
Defendants.	)	
	)	

PROOF OF CLAIM AND RELEASE

I. GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled *Malork v. Anderson, et al.*, C.A. No. 2022-0260-PAF (the “Action”), you must complete and, on page 7 hereof, sign this Proof of Claim and Release. If you fail to submit a timely and properly addressed (as set forth in paragraph 3 below) Proof of Claim and Release, 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.

2. Submission of this Proof of Claim and Release, however, does not ensure that you will share in the proceeds of the Settlement of the Action.

3. THE COURT-APPOINTED SETTLEMENT ADMINISTRATOR FOR THIS ACTION MUST RECEIVE YOUR COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, AT THE FOLLOWING MAILING ADDRESS OR THROUGH THE FOLLOWING WEBSITE:

DCRB Spac Settlement
Settlement Administrator
c/o A.B. Data, Ltd.
P.O. Box 173102
Milwaukee, WI 53217
1-877-580-7816

info@DCRBSpacSettlement.com

Online submissions: www.DCRBSpacSettlement.com

YOUR PROOF OF CLAIM AND RELEASE MUST BE SUBMITTED ONLINE OR RECEIVED BY MAIL NO LATER THAN OCTOBER 14, 2025.¹

If you are NOT a member of the Class, as defined in the Notice of Pendency and Proposed Settlement of Stockholder Class Action, Settlement Hearing, and Right to Appear (the “Notice”), DO NOT submit a Proof of Claim and Release.

4. If you are a member of the Class, you will be bound by the terms of any judgment entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE FORM.

II. CLAIMANT IDENTIFICATION

If you held shares of Decarbonization Plus Acquisition Corporation (“Decarb”) Class A common stock as of July 13, 2021, in your name, you are the beneficial holder as well as the record holder. If, however, you held shares of Decarb Class A common stock as of July 13, 2021, that was registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial holder 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 holder, of the shares of Decarb Class A common stock which form the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL HOLDER OR THE LEGAL REPRESENTATIVE OF SUCH HOLDER OF THE SHARES UPON WHICH THIS CLAIM IS BASED.**

All joint holders 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 last four digits of the Social Security Number (or full and complete Taxpayer Identification Number) and telephone number of the beneficial holder 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.

If you are acting in a representative capacity on behalf of a member of the Class (for example, as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.

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 and Release listing all of their transactions whether or not they also submit electronic copies. If you wish to submit your claim electronically, you must contact the Settlement Administrator at info@DCRBSpacSettlement.com to obtain the required file layout. Any file not in accordance with the required electronic filing format will be subject to rejection. Only one claim should be submitted for each separate legal entity and the complete name of the beneficial holder(s) of the securities must be entered where called for. Distribution payments must be made by check or electronic payment payable to the Authorized Claimant (beneficial account holder). The third-party filer shall not be the payee of any distribution payment check or electronic distribution payment. No electronic files will be considered to have been properly submitted unless the Settlement Administrator issues to the claimant a written acknowledgement of receipt and acceptance of electronically submitted data.

III. CLAIM FORM

Use Part II of this form entitled “Schedule of Transactions in Decarb Class A Common Stock or Ordinary Shares of Hyzon” to supply all required details of your holdings, purchase(s), and sale(s) of Decarb Class A

¹ Proofs of Claim and Release that are legibly postmarked no later than October 14, 2025 will be treated as received on the postmark date. ***Please be advised that the U.S. Postal Service may not postmark mail which is not presented in person.***

common stock or ordinary shares of Hyzon. 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: (i) **all** shares of Decarb Class A common stock held by you as of July 13, 2021; (ii) **all** of your purchases and sales (including any redemptions by Decarb) of shares of Decarb Class A common stock or ordinary shares of Hyzon after July 13, 2021, through March 18, 2022, regardless of whether such transactions resulted in a profit or a loss; and (iii) if applicable, **all** ordinary shares of Hyzon held by you as of the close of the market on March 18, 2022. Failure to report all such transactions may result in the rejection of your claim.

List these transactions separately and in chronological order, (i) by number of shares of Decarb Class A common stock held as of July 13, 2021, (ii) then by purchase and sale date for all shares of Decarb Class A common stock or ordinary shares of Hyzon after July 13, 2021, through March 18, 2022, beginning with the earliest, (iii) then, if applicable, by number of ordinary shares of Hyzon held as of the close of the market on March 18, 2022. You must accurately provide the month, day, and year of each transaction you list.

Copies of stockbroker confirmation slips, stockbroker statements, or other documents evidencing: (i) your holdings of Decarb Class A common stock as of July 13, 2021; (ii) your subsequent purchases and sales of Decarb Class A common stock or ordinary shares of Hyzon after July 13, 2021, through March 18, 2022; and (iii) your holdings of ordinary shares of Hyzon as of the close of the market on March 18, 2022, should be attached to your claim. If any such documents are not in your possession, please obtain a copy or equivalent documents from your broker because these documents are necessary to prove and process your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

PLEASE NOTE: As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her, its, or their *pro rata* share of the Net Settlement Fund. If the prorated payment to any Authorized Claimant calculates to less than \$10.00, it will not be included in the calculation and no distribution will be made to that Authorized Claimant.

COURT OF CHANCERY
STATE OF DELAWARE

Malork v. Anderson, et al.

C.A. No. 2022-0260-PAF

PROOF OF CLAIM AND RELEASE

Must Be Received No Later Than:

October 14, 2025

Please Type or Print

PART I: CLAIMANT IDENTIFICATION

Beneficial Owner's Name (First, Middle, Last)

Street Address

City

State or Province

Zip Code or Postal Code

Country

Last Four Digits of Social Security Number or
Taxpayer Identification Number

Individual

Corporation/Other

Area Code

Telephone Number (work)

Area Code

Telephone Number (home)

Email Address

Record Owner's Name (if different from beneficial owner listed above)

PART II: SCHEDULE OF TRANSACTIONS IN DECARB CLASS A COMMON STOCK OR ORDINARY SHARES OF HYZON

A. Number of shares of Decarb Class A common stock held as of July 13, 2021: _____.

B. Purchases or acquisitions of shares of Decarb Class A common stock or ordinary shares of Hyzon after July 13, 2021, through March 18, 2022:

Trade Date Mo. Day Year	Number of Shares Purchased	Price Per Share	Total Purchase Price
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____
8. _____	8. _____	8. _____	8. _____

C. Sales or dispositions of shares of Decarb Class A common stock or ordinary shares of Hyzon after July 13, 2021, through March 18, 2022:

Trade Date Mo. Day Year	Number of Shares Sold	Price Per Share	Total Sales Price
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____
8. _____	8. _____	8. _____	8. _____

D. Number of ordinary shares of Hyzon held as of the close of the market on March 18, 2022: _____.

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

*****YOUR SIGNATURE ON PAGE 7 WILL CONSTITUTE
YOUR ACKNOWLEDGMENT OF THE RELEASE*****

IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim and Release under the terms of the Stipulation described in the Notice. I (We) also submit to the jurisdiction of the Court of Chancery for the State of Delaware with respect to my (our) claim as a 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 Settlement Administrator to support this claim if requested to do so. I (We) have not submitted any other claim in connection with the Action 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 Plaintiff's Claims each and all of the Released Defendant Parties as provided and defined in the Stipulation.

2. This release shall be of no force or effect unless and until the Court approves the Stipulation and the Settlement becomes effective on the Effective Date.

3. 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.

4. I (We) hereby warrant and represent that I (we) have reviewed the definition of Excluded Persons, which includes Erik Anderson, Jennifer Aaker, Jane Kearns, Pierre Lapeyre, Jr., David Leuschen, Robert Tichio, Jim McDermott, Jeffrey Tepper, Michael Warren, Riverstone Investment Group LLC, Decarbonization Plus Acquisition Sponsor, LLC, WRG DCRB Investors, LLC, Hyzon Motors Inc., and Craig M. Knight, and that I (we) are not members of their immediate families, or any entity in which any of them has a controlling interest, or the heirs, successors, or assignees of any Excluded Person.

5. I (We) hereby warrant and represent that I (we) have included information about all of my (our) holdings of Decarb Class A common stock as of July 13, 2021. In addition, I (we) have included information about all of my (our) purchases and sales of shares of Decarb Class A common stock or ordinary shares of Hyzon from July 13, 2021, through March 18, 2022, and, if applicable, the total number of ordinary shares of Hyzon held as of the close of the market on March 18, 2022.

6. I declare under penalty of perjury under the laws of the State of Delaware that the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____
(Month/Year)

in _____
(City) (State/Country)

(Sign your name here)

(Type or print your name here)

(Capacity of person(s) signing,
e.g., Beneficial Purchaser, 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 acknowledgement.
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 Release and all supporting documentation for your records.
5. If you desire an acknowledgment of receipt of your Proof of Claim and Release, please send it Certified Mail, Return Receipt Requested.
6. If you move after submitting this Proof of Claim and Release, please notify the Settlement Administrator of the change in your address, otherwise you may not receive additional notices or payment.
7. Do not use red pen or highlighter on the Proof of Claim and Release or supporting documentation. You must use black or blue ink or your claim may be deemed deficient.

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 Settlement 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: DCRB Spac Settlement

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 Decarbonization Plus Acquisition Corporation, Class A Common Stock or Hyzon Motors, Inc. 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 Decarbonization Plus Acquisition Corporation, Class A or Hyzon Motors, Inc. Common Stock shares purchased or acquired [##.##] for the amount of [\$0.0000] and Decarbonization Plus Acquisition Corporation, Class A or Hyzon Motors, Inc. Common Stock 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



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



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Appendix E

Electronic Claim Filing Template Mapping Instructions

Column	Field Name	Max Length	DCRB or HYZN 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 - shares held at opening of trading on 07/14/2021 P = Purchases made between 07/14/2021 through 03/18/2022, inclusive; FR = Free receipts made between 07/14/2021 through 03/18/2022, inclusive; S = Sales made between 07/14/2021 through 03/18/2022, inclusive; FD = Free deliveries made between 07/14/2021 through 03/18/2022, inclusive; C = Closing position – shares held at close of trading on 03/18/2022
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 DCRB or HYZN shares for each account must balance. This means that the opening position plus total purchases, and free receipts during the Class Period and Lookback Period MUST EQUAL the total sales and free deliveries during the Class Period and Lookback 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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Appendix F

Electronic Claim Filing Template Mapping Instructions Wire Request (Optional)

Column	Field Name	Max Length
A	Settlement Name	
Domestic Wire		
B	Beneficiary Name*	
C	Beneficiary Account #*	25
D	Bank Routing # (ABA#)*	9
E	Bank Name*	
F	Bank Address*	
G	Further Credit or other instructions	
International Wire***		
I	Swift #*	11
J	Bank Name*	
K	IBAN #*	34
L	Currency*	
M	Country	
N	Beneficiary Address	
O	Intermediary Bank Name	
P	Intermediary Bank Routing # (ABA#)	9
Q	Further Credit or other instructions	

***Required Fields**

****Eligible claims that meet the requirements for a share of the distribution in this submission, will be paid via mailed check unless the wire template is filled out in its entirety. Any missing or inaccurate information provided will result in default of the payment being sent via mailed check.**

*****If wire details are for a domestic transfer, please leave international wire section blank.**