

# TNT Token Claim Form

## Section 1: Claimant Identifying Information

This section requests information concerning the identity of the Claimant.

First Name	
Last Name	
Address	
City	
State	
Zip/Postal	
Email	
Phone Number	
Country	
Government ID Type	
Government ID Number	

If you are filing a claim on behalf of a business, complete the following:

Business Name	
Country	
Tax ID Number	

## Section 2: Claimant TNT Token Information

### Token Sale Information

Complete this section if you participated in the Token Sale. This information must match identically to the information provided to Tierion in connection with the purchase of tokens in the token sale.

<b>Email address used in Token Sale</b>
<b>Ethereum or Bitcoin address(es) used to transfer consideration to purchase tokens in Token Sale</b>
<b>Transaction ID(s) of the transfer of consideration to purchase tokens in the Token Sale</b>
<b>Address where Claimant received tokens purchased in the Token Sale</b>
<b>Number of tokens purchased in the Token Sale</b>
<b>Number of tokens purchased in the Token Sale that the Claimant holds today</b>

**TNT Address Information**

Complete this section if you currently hold TNT in one or more on-chain addresses:

<b>Number of addresses holding TNT</b>	
<b>Total TNT currently held in on-chain addresses</b>	

**Exchange Information**

Complete this section if you have ever deposited TNT into an exchange account or purchased TNT on an exchange.

<b>Number of exchange accounts</b>	
<b>Total TNT currently held in on exchanges</b>	

<b>Exchange Name</b>	<b>Total TNT in this Exchange Account</b>
1.	
2.	
3.	
4.	
5.	

*Claimants with more than five exchange accounts should provide their Exchange Information in a supplemental document when mailing in their supporting documentation.*

**TNT Rewards Information**

Complete this section if you currently hold TNT acquired as rewards for running a public Node:

<b>Number of unique rewards transactions received</b>	
<b>Total TNT you currently hold in on-chain addresses, from rewards</b>	
<b>Total TNT transferred to exchanges, from rewards</b>	

All information provided in Section 2 regarding address counts, exchange accounts, and balances must match data that will later be provided via the Claims Processing System.

**Section 3: Claimant Financial Institution Information For Payment of U.S. Dollars**

This section requests information to allow Tierion to make payments for approved claims. Alternatively, US Claimants may receive payment via check, sent to the mailing address provided by the Claimant:

<b>Name of Financial Institution</b>
<b>Mailing Address of Financial Institution</b>
<b>ABA/SWIFT Routing Number</b>
<b>Bank Account Number</b>

For all approved claims, Tierion may make a small trial deposit ("Trial Deposit") to the account identified in Section 3. Claimant may be required to confirm the amount of the Trial Deposit before Tierion will make the full payment.

#### **Section 4: Supporting Documentation That Must Be Submitted**

In addition to this Claim Form, the following documentation must be submitted:

1. Copy of government-issued photo identification referenced in Section 1.
2. Copy of a business registration document (if a business entity is filing the claim), demonstrating your authority to submit a claim on behalf of such business entity.
3. Copy of a cancelled check or account statement establishing Claimant as the owner of the financial institution account identified in Section 3 of the Claim Form. This information will not be required if Claimant elects to receive their payment via check, mailed to their physical address.

It is recommended that claimants submit their supporting documents in English. The completed Claim Form and all required supporting documentation must be mailed to the following address and received by the Expiration Date:

TNT Claims Administrator  
P.O. Box 1208  
Austin, TX 78767

**COMPLETED CLAIM FORMS AND SUPPORTING DOCUMENTATION MUST BE RECEIVED NO LATER THAN FEBRUARY 21, 2021. CLAIMS RECEIVED AFTER THAT DATE WILL NOT BE PROCESSED.**