

NINTH JUDICIAL DISTRICT COURT FOR THE PARISH OF RAPIDES
STATE OF LOUISIANA

HELEN MOORE, et al., Individually and on Behalf)	NO.: 251,417 c/w NOS. 251,456; 251,
of All Others Similarly Situated,)	515; 252,446; 252, 458; and 252,459
Plaintiffs,)	DIVISION B
vs.)	
MACQUARIE INFRASTRUCTURE AND REAL)	
ASSETS, et al.,)	
Defendants.)	

PROOF OF CLAIM AND RELEASE

Cleco Merger Settlement
Claims Administrator
c/o Gilardi & Co. LLC
P.O. Box 301171
Los Angeles, CA 90030-1171
Toll-Free Number: 1-888-297-2017
Email: info@ClecoMergerSettlement.com
Website: www.ClecoMergerSettlement.com

To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Action, you must complete and sign this Proof of Claim and Release (“Claim Form”) and mail it by first-class mail to the above address, **postmarked no later than March 6, 2024 or submit it online at the above website so that it is received on or before March 6, 2024.**

Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to receive any money in connection with the Settlement.

Do not mail or deliver your Claim Form to the Court, the parties to the Action, or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above.

PART I – INTRODUCTION

A. GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled *Helen Moore, et al. v. Macquarie Infrastructure and Real Assets, et al.*, No.: 251,417 c/w Nos. 251,456; 251,515; 252,446; 252,458; and 252,459 (the “Action”), you must complete and, on page 7 hereof, sign this Proof of Claim and Release (“Claim Form”). If you fail to submit a properly addressed (as set forth in paragraph 5 below) Claim Form, 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 Claim Form, however, does not assure that you will share in the proceeds of settlement in the Action.

3. As explained in the Notice of Proposed Settlement of Class Action (the “Notice”), the Class is comprised of “all persons or entities (and their successors in interest) who owned Cleco common stock, whether beneficially or of record, as of January 13, 2015 and who voted against, abstained from voting, or did not vote on Proposal 1 on the Proxy Statement issued in connection with the February 26, 2015 shareholder vote on the Buyout, except for Defendants and their affiliates or family members.”

4. “Proposal 1” as referenced in the Class definition was set forth in the Proxy Statement as follows: “To approve the Agreement and Plan of Merger, dated as of October 17, 2014 (the ‘Merger Agreement’), among Cleco, Como 1 L.P., a Delaware limited partnership (‘Parent’), and Como 3 Inc., a Louisiana corporation and an indirect, wholly-owned subsidiary of Parent (‘Merger Sub’), whereby Merger Sub will be merged with and into Cleco, with Cleco being the surviving corporation (the ‘Merger’).” **Therefore, as ordered by the Court, if your shares were voted in favor of Proposal 1 in the Merger Proxy Statement, i.e., voted in favor of the Merger/Buyout, those shares are not part of the Class and are not eligible for recovery as part of this Settlement. If all of your shares of Cleco common stock were voted in favor of the Merger, you should not submit a Claim Form.**

5. YOU MUST MAIL OR SUBMIT ONLINE YOUR COMPLETED AND SIGNED CLAIM FORM SO THAT IT IS **POSTMARKED** (IF MAILED) OR **RECEIVED** (IF SUBMITTED ONLINE) ON OR BEFORE MARCH 6, 2024, ADDRESSED AS FOLLOWS:

Cleco Merger Settlement
Claims Administrator
c/o Gilardi & Co. LLC
P.O. Box 301171
Los Angeles, CA 90030-1171
www.ClecoMergerSettlement.com

If you are NOT a member of the Class, as defined above and in the Notice, DO NOT submit a Claim Form.

6. If you are a member of the Class and you previously did not timely and validly request exclusion from the Class, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

7. It is important that you completely read and understand the Notice that accompanies this Claim Form, including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

B. CLAIMANT IDENTIFICATION

1. If you held shares of Cleco Corporation (“Cleco”) common stock and held the certificate(s) in your name, you are the beneficial owner as well as the record owner. If, however, 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 owner.

2. Use Part II of this form entitled “Claimant Identification” to identify the beneficial owner(s) of the shares of Cleco common stock. The complete name(s) of the beneficial owner(s) must be entered. **THIS CLAIM MUST BE FILED AND SIGNED BY THE ACTUAL BENEFICIAL OWNER(S) OR THE LEGAL REPRESENTATIVE OF SUCH BENEFICIAL OWNER(S) OF CLECO COMMON STOCK UPON WHICH THIS CLAIM IS BASED.**

3. All joint owners must sign this Claim Form and be identified in Part II. 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.

4. **One Claim Form should be submitted for each separate legal entity.** Separate Claim Forms 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 Form should be submitted on behalf of one legal entity including all transactions made by that entity on one Claim Form, 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 Form).

5. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, Social Security Number (or taxpayer identification number), address, and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the Cleco common stock; and
- (c) furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person's accounts.)

6. By submitting a signed Claim Form, you will be swearing that you:

- (a) owned the Cleco common stock you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

C. Claim Form

1. Use Parts III and IV of this form entitled "Confirmation of Holdings in Cleco Common Stock" and "Confirmation of Voting on the Merger" to (1) supply all required details regarding your holding(s) in Cleco common stock as of the opening of trading on January 13, 2015, and (2) indicate whether you voted against, abstained from voting, did not vote on, or voted for Proposal 1 on the Proxy Statement issued in connection with the February 26, 2015 shareholder vote on the Merger/Buyout. If you need more space, 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.

2. You are required to submit genuine and sufficient documentation for all of your holdings of Cleco common stock set forth in the Claim Form. Documentation may consist of copies of brokerage confirmation slips or monthly brokerage account statements, or an authorized statement from your broker containing the transactional and holding information found in a broker confirmation slip or account statement. The parties and the Claims Administrator do not independently have information about your investments in Cleco common stock. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OF THE DOCUMENTS OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator. Also, do not highlight any portion of the Claim Form or any supporting documents.**

3. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Claims Administrator may request additional information as required to confirm your holding or voting status. In the event the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information and/or the claimant's responsibility for any increased costs due to the nature and/or scope of the claim.

4. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all claims processing. The claims process will take substantial time to complete fully and fairly. Please be patient.

5. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her or its *pro rata* share (on an equal per-share basis) 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.

6. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, Gilardi & Co. LLC, at the address on the first page of the Claim Form, by email at info@ClecoMergerSettlement.com, or by toll-free phone at 1-888-297-2017, or you can visit the website, www.ClecoMergerSettlement.com, where copies of the Claim Form and Notice are available for downloading. 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 Claim Form whether or not they also submit electronic copies. To obtain the **mandatory** electronic filing requirements and file layout, you may email the Claims Administrator's electronic filing department at edata@gilardi.com. **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 (see ¶B.4 above) and the **complete** name of the beneficial owner(s) of the securities must be entered where called for (see ¶B.2 above). Distribution payments must be made by check or electronic payment payable to the Authorized Claimant (beneficial account owner). 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 submitted unless the Claims Administrator issues an email to that effect. **Do not assume that your file has been received until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at edata@gilardi.com to inquire about your file and confirm it was received.**

Official
Office
Use
Only

NINTH JUDICIAL DISTRICT COURT FOR THE
PARISH OF RAPIDES STATE OF LOUISIANA

*Helen Moore, et al. v. Macquarie
Infrastructure and Real Assets, et al.*

NO.: 251, 417 c/w NOS. 251, 456; 251, 515; 252,
446; 252, 458; and 252, 459

**Must Be Postmarked (if Mailed)
or Received (if Submitted Online)
No Later Than March 6, 2024**

CLEC

Please Type or Print in the Boxes Below
Must use Black or Blue Ink or your
claim may be deemed deficient.

PROOF OF CLAIM AND RELEASE

IMPORTANT: PLEASE NOTE YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL, WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, CALL THE CLAIMS ADMINISTRATOR TOLL-FREE AT 1-888-297-2017.

PART II. CLAIMANT IDENTIFICATION

Last Name M.I. First Name

Last Name (Co-Beneficial Owner) M.I. First Name (Co-Beneficial Owner)

IRA Joint Tenancy Employee Individual Other

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA (specify)

Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)

Account#/Fund# (Not Necessary for Individual Filers)

Last Four Digits of Social Security Number or Taxpayer Identification Number

Telephone Number (Primary Daytime) Telephone Number (Alternate)

Email Address

MAILING INFORMATION

Address

Address (cont.)

City State ZIP Code

Foreign Province Foreign Postal Code Foreign Country Name/Abbreviation

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> ATP <input type="radio"/> KE <input type="radio"/> ICI	<input type="radio"/> BE <input type="radio"/> DR <input type="radio"/> EM	<input type="radio"/> FL <input type="radio"/> ME <input type="radio"/> ND	<input type="radio"/> OP <input type="radio"/> RE <input type="radio"/> SH	MM / DD / YYYY	FOR CLAIMS PROCESSING ONLY
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I (We) declare under penalty of perjury under the laws of Louisiana that the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Country)

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or print your name here)

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

(Capacity of person(s) signing, e.g.,
Beneficial Owner, 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, if available.
- 3. Do not send original stock certificates. Attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.
- 4. Keep a copy of your Claim Form and all supporting documentation for your records.
- 5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. **If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator toll-free at 1-888-297-2017.**
- 6. If you move, please send us your new address.
- 7. If you have any questions or concerns regarding your claim, contact the Claims Administrator at *Cleco Merger Settlement*, Claims Administrator c/o Gilardi & Co. LLC, P.O. Box 301171, Los Angeles, CA 90030-1171, by email at info@ClecoMergerSettlement.com, or by toll-free phone at 1-888-297-2017, or you may visit www.ClecoMergerSettlement.com. **DO NOT** call Defendants, or their counsel with questions regarding your claim.

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR MAILED
NO LATER THAN MARCH 6, 2024, ADDRESSED AS FOLLOWS:**

Cleco Merger Settlement
Claims Administrator
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