

UMC Securities Litigation
Claims Administrator, Analytics Consulting LLC
P.O. Box 2007
Chanhassen, MN 55317-2007
Toll-Free Number: 1-855-917-4968
Website: www.umcsecuritieslitigation.com

PROOF OF CLAIM AND RELEASE

Deadline for Submission: JANUARY 8, 2021

IF YOU PURCHASED OR OTHERWISE ACQUIRED UNITED MICROELECTRONICS CORPORATION AMERICAN DEPOSITARY SHARES DURING THE PERIOD FROM OCTOBER 28, 2015 TO NOVEMBER 1, 2018, INCLUSIVE (THE "CLASS PERIOD"), YOU ARE A "CLASS MEMBER" AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS.

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE ("PROOF OF CLAIM") AND MAIL IT BY FIRST CLASS MAIL, **POSTMARKED NO LATER THAN JANUARY 8, 2021** TO ANALYTICS CONSULTING LLC, THE CLAIMS ADMINISTRATOR, AT THE FOLLOWING ADDRESS:

UMC Securities Litigation
Claims Administrator, Analytics Consulting LLC
P.O. Box 2007
Chanhassen, MN 55317-2007

YOUR FAILURE TO SUBMIT YOUR CLAIM BY JANUARY 8, 2021 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

CLAIMANT'S STATEMENT

1. I (we) purchased or otherwise acquired United Microelectronics Corporation ("UMC") American Depositary Shares ("ADSs") and was (were) damaged thereby. (Do not submit this Proof of Claim if you did not purchase UMC ADSs during the designated Class Period).
2. By submitting this Proof of Claim, I (we) state that I (we) believe in good faith that I am (we are) a Class Member as defined above and in the Notice of Pendency and Settlement of Class Action (the "Notice"), or am (are) acting for such person(s); that I am (we are) not a Defendant in the Action or anyone excluded from the Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund, as defined in the Notice; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member [e.g., 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.)

3. I (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I (we) understand and agree that my (our) claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my (our) status as a Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proof of Claim.
4. I (we) have set forth where requested below all relevant information with respect to each purchase of UMC ADSs during the Class Period, and each sale, if any, of such securities. I (we) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.
5. I (we) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of UMC ADSs listed below in support of my (our) 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.)
6. I (we) understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your recognized claim. In some cases, the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives securities such as options.)
7. Upon the occurrence of the Court's approval of the Settlement, as detailed in the Notice, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a full and complete release, remise and discharge by me (us) and my (our) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers and assigns (or, if I am (we are) submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Defendant Parties" of all "Settled Claims," as defined in the Notice.
8. 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 Claimants MUST submit a manually signed paper Proof of Claim form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator by toll-free phone at 1-855-917-4968 or visit the website at www.umcsecuritieslitigation.com 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.

I. CLAIMANT INFORMATION

Please Type or Print

Beneficial Owner's Name *(as it appears on your brokerage statement)*

First Name

M.I.

Last Name

Joint Beneficial Owner's Name *(as it appears on your brokerage statement)*

First Name

M.I.

Last Name

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

Street Address

City

State/Province ZIP Code

Foreign Postal Code *(if applicable)*

Foreign Country *(if applicable)*

Day Phone

Evening Phone

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Email Address

Social Security Number *(for individuals)*

Tax Payer Identification Number *(for estates, trusts, corporations, etc.)*

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OR

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II. SCHEDULE OF TRANSACTIONS IN UMC AMERICAN DEPOSITARY SHARES

Beginning Holdings:

A. State the total number of shares of UMC ADSs owned at the close of trading on October 27, 2015. (*Must be documented*) If none, write "zero" or "0."

Confirm Proof
of Position
Enclosed

Purchases:

B. Separately list each and every purchase or acquisition of UMC ADSs during the period from October 28, 2015 through November 1, 2018, inclusive, and provide the following information (*Must be documented*):

Trade Date <i>(List Chronologically)</i>			Number of ADSs Purchased	Price per ADS	Total Cost <i>(Excluding Commissions, Taxes and Fees)</i>	Confirm Proof of Purchase Enclosed
M	M	D D Y Y				
<input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>			
<input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>			
<input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>			
<input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>			
<input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>			

Sales:

C. Separately list each and every sale of UMC ADSs during the period from October 28, 2015 through November 1, 2018, inclusive, and provide the following information (*Must be documented*):

Trade Date <i>(List Chronologically)</i>			Number of ADSs Sold	Price per ADS	Amount Received <i>(Excluding Commissions, Taxes and Fees)</i>	Confirm Proof of Sale Enclosed
M	M	D D Y Y				
<input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>			
<input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>			
<input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>			
<input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>			
<input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>			

Ending Holdings:

D. State the total number of American Depositary Shares of UMC owned at the close of trading on November 1, 2018. (*Must be documented*) If none, write "zero" or "0."

Confirm Proof
of Position
Enclosed

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.

III. SUBSTITUTE FORM W-9

Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

Social Security Number *(for individuals)*

□□□-□□-□□□□

OR

Tax Payer Identification Number *(for estates, trusts, corporations, etc.)*

□□-□□□□□□□□

IV. CERTIFICATION

I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am (We are) exempt from backup withholding, or (b) I (We) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT AND COMPLETE.

Today's Date: _____

Signature of Claimant

(Type or print your name here)

Capacity of person(s) signing (e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)

Check here if proof of authority to file is enclosed.
(See Item 2 under Claimant's Statement)

Signature of Joint Claimant, if any

(Type or print your name here)

Capacity of person(s) signing (e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)

Check here if proof of authority to file is enclosed.
(See Item 2 under Claimant's Statement)

THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN JANUARY 8, 2021 AND MUST BE MAILED TO:

UMC Securities Litigation
Claims Administrator, Analytics Consulting LLC
P.O. Box 2007
Chanhassen, MN 55317-2007

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by January 8, 2021 and if a postmark is indicated on the envelope and it is mailed first class and addressed in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to process fully all of the Proofs of Claim and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim. Please notify the Claims Administrator of any change of address.

REMINDER CHECKLIST

- Please be sure to sign this Proof of Claim on page 5. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
- Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- Do NOT use red pen or highlighter on the Proof of Claim or any supporting documents.
- If you desire an acknowledgement of receipt of your Proof of Claim, please send it Certified Mail, Return Receipt Requested.
- If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.