

# PROOF OF CLAIM AND RELEASE FORM

***GSX Securities Settlement***  
**c/o JND Legal Administration**  
**P.O. Box 91131**  
**Seattle, WA 98111**

**Toll-Free Number: (855) 779-3369**  
**Email: [info@GSXSecuritiesSettlement.com](mailto:info@GSXSecuritiesSettlement.com)**  
**Website: [www.GSXSecuritiesSettlement.com](http://www.GSXSecuritiesSettlement.com)**

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## A. GENERAL INSTRUCTIONS

1. To recover as a member of the Settlement Class based on your claims in the class action entitled *Wu v. GSX Techedu, Inc., et al.*, Case No. 2:20-cv-04457-MEF-JRA (D.N.J.) (the “Litigation”), you must complete and, on page 6 below, sign this Proof of Claim and Release Form (“Claim Form”). If you fail to submit a timely and properly addressed (as explained in paragraph 3 below) Claim Form, your claim may be rejected and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement.

2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

**3. THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.GSXSECURITIESSETTLEMENT.COM NO LATER THAN MAY 30, 2026 OR, IF MAILED, BE POSTMARKED NO LATER THAN MAY 30, 2026, ADDRESSED AS FOLLOWS:**

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4. If you are a member of the Settlement Class, and you do not timely request exclusion from the Settlement Class in response to the Notice dated March 12, 2026, 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 OR RECEIVE A PAYMENT. RECEIPT OF THIS CLAIM FORM DOES NOT MEAN YOU ARE A MEMBER OF THE SETTLEMENT CLASS.**

**Need help?** If you have questions concerning this Claim Form or need assistance in filling out the Claim Form, you may contact the Claims Administrator at the above mailing address, by email at [info@GSXSecuritiesSettlement.com](mailto:info@GSXSecuritiesSettlement.com), or by toll-free phone at (855) 779-3369, or you can visit the website, [www.GSXSecuritiesSettlement.com](http://www.GSXSecuritiesSettlement.com). 该索赔表格的中文版本可在网站上获取。

## B. CLAIMANT IDENTIFICATION

1. You are eligible to file a claim, or have a legal representative file a claim for you, if you are a member of the Settlement Class, which is: all persons and entities that purchased or otherwise acquired the publicly-traded American Depositary Shares (“ADSs”), evidenced by American Depositary Receipts (“ADRs”), of GSX Techedu, Inc. n/k/a Gaotu Techedu Inc. (“GSX” or the “Company”) (“GSX Securities”) from June 6, 2019 through October 20, 2020 inclusive (the “Class Period”), including those who purchased ADSs in or traceable to the Company’s initial public offering on or about June 6, 2019 (the “IPO”), or GSX’s secondary public offering on or about November 20, 2019 (the “SPO”), and were damaged thereby. Excluded from the Settlement Class are: (i) Defendants; (ii) members of the Immediate Families of the Individual Defendants and the directors and officers of GSX; (iii) any person who was an officer or director of GSX during the Class Period; (iv) any firm, trust, corporation, or other entity in which any Defendant has or had a controlling interest; (v) the Company’s employee retirement and benefit plan(s), if any, and their participants or beneficiaries; (vi) the legal representatives, affiliates, subsidiaries, parents, heirs, heirs apparent, beneficiaries, successors-in-interest, or assigns of any such excluded person or entity in (i)-(v), in their respective capacity as such; (vii) Judge Michael E. Farbiarz, Judge Esther Salas, Magistrate Judge Jose R. Almonte, and their current or former chambers staff, and any of their family members;

and (viii) any persons or entities who or which exclude themselves by submitting a timely and valid request for exclusion that is accepted by the Court.

2. The “Owner” of the GSX Securities should be identified in **Part I** of this Claim Form (below) entitled “CLAIMANT INFORMATION.” The Owner listed in **Part I** of this Claim Form should be the “beneficial owner(s)” of the GSX Securities, that is the person who ultimately controlled or benefited from ownership of the stock. Many investors hold their securities indirectly through a bank, broker-dealer, or other financial advisor or financial platform. In those cases, the investor is considered the beneficial owner (the “Owner”), while the bank, broker or financial advisor is considered the registered owner. The beneficial owner(s) (the “Owners”) must sign this Claim Form.

3. Use **Part I** of this form entitled “Claimant Information” to identify each Owner of GSX Securities whose ownership forms the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL OWNER(S) OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S).** All joint Owners must sign this claim.

### C. IDENTIFICATION OF TRANSACTIONS

1. Use **Part II** of this form entitled “Schedule of Transactions in GSX Securities” to supply all required details of your transaction(s) in GSX Securities. 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.

2. On the schedules, provide all of the requested information with respect to: (i) your holdings of GSX Securities at the relevant times; and (ii) all of your purchases, acquisitions and sales of GSX Securities at the relevant times, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

3. **Documentation.** You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of GSX securities set forth in **Part II** of the Claim Form. Documentation may consist of copies of account statements, transaction reports or confirmations, or any other authorized statements prepared by your broker, financial advisor, online trading platform, or other financial institution through which you purchased or held your GSX securities. For purchases, acquisitions, and sales, the documentation must show the number of shares traded, the purchase or sale price, and the date. A screenshot of an online trading platform that shows all of this required information and the name of the owner of the account will be acceptable. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. **THE CLAIMS ADMINISTRATOR DOES NOT HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN GSX SECURITIES.**

4. If such documents are not in your possession, please obtain copies of these documents for your financial institution. Self-created documents are not sufficient. Failure to supply this documentation may result in the rejection of your claim. **Please do not send original documents, as they will not be returned.** Please keep a copy of all documents that you send to the Claims Administrator.

# PART I – CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form. 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.

Name of the Owner of GSX Securities (see ¶ B.2 on page 3 for details)

Last Name	MI	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name (Joint Owner, if applicable)	MI	First Name (Joint Owner, if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if Owner is not an individual)

Representative or Custodian Name (if different from Owner(s) listed above)

Street Address 1

Street Address 2

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number (Home)	Telephone Number (Work)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

Social Security Number (Last 4 digits)	OR	Taxpayer Identification Number (Last 4 digits)
<input type="text"/>		<input type="text"/>

Claimant Account Type (check appropriate box):

Individual (includes joint owner accounts)     Corporation     Pension Plan     IRA/401k

Estate     Trust     Other (please specify): \_\_\_\_\_

# PART II – SCHEDULE OF TRANSACTIONS IN GSX SECURITIES

<b>1. PURCHASES/ACQUISITIONS OF GSX SECURITIES DURING THE PERIOD FROM JUNE 6, 2019 THROUGH AND INCLUDING JANUARY 15, 2021, INCLUDING IN THE IPO/SPO</b> – Separately list each and every purchase/acquisition (including free receipts) of GSX Securities from the opening of trading on June 6, 2019 through and including the close of trading on January 15, 2021. <sup>1</sup> (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 taxes, commissions, and fees)	Confirm Proof of Purchase Enclosed
/ /			\$	<input type="checkbox"/>
/ /			\$	<input type="checkbox"/>
/ /			\$	<input type="checkbox"/>
/ /			\$	<input type="checkbox"/>
/ /			\$	<input type="checkbox"/>
<b>2. SALES OF GSX SECURITIES DURING THE PERIOD FROM JUNE 6, 2019 THROUGH AND INCLUDING JANUARY 15, 2021</b> – Separately list each and every sale/disposition (including free deliveries) of GSX Securities from the opening of trading on June 6, 2019 through and including the close of trading on January 15, 2021. (Must be documented.)				<b>IF NONE, CHECK HERE</b> <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)	Confirm Proof of Sale Enclosed
/ /			\$	<input type="checkbox"/>
/ /			\$	<input type="checkbox"/>
/ /			\$	<input type="checkbox"/>
/ /			\$	<input type="checkbox"/>
/ /			\$	<input type="checkbox"/>
<b>3. HELD AS OF THE CLOSE OF TRADING ON JANUARY 15, 2021</b> – State the total number of shares of GSX Securities held as of the close of trading on January 15, 2021. (Must be documented.) If none, write “zero” or “0.”				Confirm Proof of Position Enclosed <input type="checkbox"/>
<div style="border: 1px solid black; width: 250px; height: 20px; margin: 0 auto;"></div>				
<b>IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME AND SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE, AND CHECK THIS BOX:</b> <input type="checkbox"/>				

<sup>1</sup> Please note: Only GSX Securities acquired during the Class Period (*i.e.*, from June 6, 2019 through October 20, 2020, inclusive) are eligible under the Settlement. However, because the PSLRA provides for a “90-Day Lookback Period” (described in the Plan of Allocation set forth in the Notice), you must provide documentation related to your purchases and sales of GSX Securities through January 15, 2021 in order for the Claims Administrator to calculate your Recognized Loss under the Plan of Allocation and process your claim.

# PART III – SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

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

1. I (We) submit this Claim Form under the terms of the Stipulation and Agreement of Settlement, dated June 5, 2025 (the “Stipulation”). I (We) also submit to the jurisdiction of the United States District Court for the District of New Jersey, with respect to my (our) claim as a Settlement Class Member(s) 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 (including transactions in other GSX securities) if requested to do so. I (We) have not submitted any other claim in the Action covering the same transactions in GSX Securities during the relevant periods and know of no other person having done so on my (our) behalf.

2. I (We) hereby warrant and represent that I am (we are) a Settlement Class Member as defined above, and that I am (we are) not excluded from the Settlement Class.

3. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge from the Released Plaintiffs’ Claims each and all of the Released Defendant Parties, both as defined in the Stipulation. This release shall be of no force or effect unless and until the Court approves the Settlement and the Settlement becomes effective on the Effective Date (as defined in the Stipulation).

4. 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.

5. I (We) hereby warrant and represent that I (we) have included the information requested about all of my (our) transactions in GSX Securities which are the subject of this claim, as well as the opening and closing positions in such securities held by me (us) on the dates requested in this Claim Form.

6. 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. (Note: If you have been notified by the Internal Revenue Service 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 United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, in \_\_\_\_\_.

(Month/Year) (City) (State/Country)

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
Print Name of Claimant

\_\_\_\_\_  
Print Name of Joint Claimant, if any

\_\_\_\_\_  
(Capacity of person(s) signing, e.g., Owner, Executor, President, Trustee, Custodian, or Administrator)

**Note: agents, executors, administrators, guardians, and trustees must complete and sign the Claim**

**Form on behalf of persons represented by them, and they must: (a) identify the name, account number, last four digits of the Social Security Number (or Taxpayer Identification Number), address, and telephone number of the Owner of the GSX Securities they are representing (in Part I of the Claim Form); and (b) submit with the Claim Form evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting.**

**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. If this claim is being made on behalf of Joint Claimants, then both must sign.



3. Remember to attach copies of supporting documentation, if available.
4. **Do not send** originals of certificates
5. Keep a copy of your Claim Form and all supporting documentation for your records.



6. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.



7. If you move, please send your new address to:



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P.O. Box 91131  
Seattle, WA 98111  
[www.GSXSecuritiesSettlement.com](http://www.GSXSecuritiesSettlement.com)  
(855) 779-3369

8. **Do not use red pen or highlighter** on the Claim Form or supporting documentation.

