

Official  
Office  
Use  
Only

United States District Court  
for the Southern District of New York

Cardinal Health SEC Fair Fund  
Civil Action No. 07 CV 6709

Must be Postmarked  
on or before  
December 23, 2008

**PROOF OF CLAIM**

***Please Type or Print in the Boxes Below***  
Do **NOT** use Red Ink, Pencil, or Staples

**SCDN1**

**PART I: CLAIMANT IDENTIFICATION**

Last Name (Beneficial Owner) First Name (Beneficial Owner)

[Grid boxes for Last Name and First Name of Beneficial Owner]

Last Name (Co-Beneficial Owner) First Name (Co-Beneficial Owner)

[Grid boxes for Last Name and First Name of Co-Beneficial Owner]

IRA  Trust  Joint Tenancy  UTMA/UGMA  Individual  Other \_\_\_\_\_

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

[Grid boxes for Company Name or Custodian Name]

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

[Grid boxes for Trustee/Asset Manager/Nominee/Record Owner's Name]

Account#/Fund# (Not Necessary for Individual Filers) Date of Trust

[Grid boxes for Account#/Fund# and Date of Trust]

Social Security Number Taxpayer Identification Number

[Grid boxes for Social Security Number and Taxpayer Identification Number]

Telephone Number (Work) Telephone Number (Home)

[Grid boxes for Telephone Number (Work) and Telephone Number (Home)]

Email Address

[Grid boxes for Email Address]

**MAILING INFORMATION**

Address

[Grid boxes for Address]

Address

[Grid boxes for Address]

City State Zip Code

[Grid boxes for City, State, and Zip Code]

Foreign Province Foreign Zip Code Foreign Country Name/Abbreviation

[Grid boxes for Foreign Province, Foreign Zip Code, and Foreign Country Name/Abbreviation]

FOR CLAIMS PROCESSING ONLY PB [ ] PC [ ]  ND  NS  ICI  OPT  EMP  L1  
 IHI  NTIN  OTHER  MRG  BOTH  L2  
DC [ ]





**Cardinal Health SEC Fair Fund**

United States District Court for the Southern District of New York

**PART I. Certification**

UNDER THE PENALTY OF PERJURY, I (WE) CERTIFY THAT:

- (1) The number shown on this form is my correct TIN; and
- (2) I (We) certify that I am (we are) NOT subject to backup withholding under 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 Internal Revenue Service that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the Internal Revenue Service has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you must cross out item 2 above.

*SEE ENCLOSED FORM W-9 INSTRUCTIONS*

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

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 Proof of Claim and Release form by the undersigned is true and correct.

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

**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 PROOF OF CLAIM FORM BY THE UNDERSIGNED IS TRUE AND CORRECT.**

\_\_\_\_\_  
(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 Purchaser, Executor or Administrator)

\_\_\_\_\_  
(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 certification and declaration.
- 2. Remember to attach supporting documentation, if available.
- 3. Do not send original stock certificates.
- 4. Keep a copy of your claim form for your records.
- 5. If you desire an acknowledgment of receipt of your claim form please send it Certified Mail, Return Receipt Requested.
- 6. If you move, please send the Fund Administrator your new address.

**THIS PROOF OF CLAIM MUST BE SUBMITTED TO THE ADDRESS BELOW BY FIRST CLASS MAIL,  
POST-MARKED ON OR BEFORE DECEMBER 23, 2008**

Cardinal Health SEC Fair Fund  
c/o Gilardi & Co. LLC  
P.O. Box 808003  
Petaluma, CA 94975-8003

Website: [www.gilardi.com/cardinalhealthfairfund](http://www.gilardi.com/cardinalhealthfairfund)



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