

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK

IN RE SYMBOL TECHNOLOGIES, INC. SECURITIES)
LITIGATION)

Case No.: 05-cv-3923
(DRH-AKT)

CLASS ACTION

PROOF OF CLAIM AND RELEASE

Deadline for Submission: November 29, 2018

This Proof of Claim and Release ("Proof of Claim") relates to the action entitled, *In re Symbol Technologies, Inc. Securities Litigation*, No. 05-cv-3923-DRH-AKT, U.S. District Court for the Eastern District of New York (the "Action").

You are urged to read carefully the accompanying Notice of Proposed Settlement of Class Action (the "Notice"). All capitalized terms used herein shall have the same meaning as defined in the Notice.

IF YOU PURCHASED THE COMMON STOCK OF SYMBOL TECHNOLOGIES, INC. ("SYMBOL") BETWEEN MARCH 12, 2004 AND AUGUST 1, 2005, BOTH DATES INCLUSIVE (THE "CLASS PERIOD"), YOU MAY BE 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. Submission of this Proof of Claim and Release ("PROOF OF CLAIM"), however, does not assure that you will share in the settlement proceeds.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN NOVEMBER 29, 2018, TO THE CLAIMS ADMINISTRATOR AT THE FOLLOWING ADDRESS:

Symbol Technologies Securities Litigation
c/o KCC Class Action Services
P.O. Box 404059
Louisville, KY 40233-4059

ANY FAILURE TO SUBMIT YOUR CLAIM BY NOVEMBER 29, 2018 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.

If you are NOT a Class Member, DO NOT submit a Proof of Claim. If you are a Class Member, you will be bound by the terms of any judgment entered in the Litigation, **WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM.**

If you need assistance filling out this Proof of Claim, please contact the Claims Administrator.

1. CLAIMANT IDENTIFICATION

- (a) Use Part I of this form entitled "claimant identification" to identify the beneficial purchaser of the Symbol Securities upon which this claim is based. This claim must be filed by the actual beneficial purchaser(s) or the legal representative of such purchaser(s) of the Symbol Securities upon which this claim is based.

- (b) All joint purchasers must sign this claim. Executors, administrators, guardians, conservators and trustees must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. 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. List each transaction in the Class Period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.

2. CLAIM FORM

- (a) Use Part II of this form entitled "Schedule of Transactions in Symbol Common Stock" to supply all required details of your transaction(s) in Symbol common stock. 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.
- (b) On the schedule, provide all of the requested information with respect to all of your beginning holdings, purchases, sales and ending holdings of Symbol common stock, regardless of whether such transactions resulted in a profit or a loss. **Failure to report all such transactions may result in the rejection of your claim. Please note:** only Symbol common stock purchased during the Class Period (i.e., the period between March 12, 2004 and August 1, 2005, inclusive), is potentially eligible to recover under the Settlement. However, because information regarding your sales of Symbol common stock during the period from August 2, 2005 to October 31, 2005, inclusive (the "90-day look back period"), will be used for purposes of calculating your Recognized Loss under the Plan of Allocation contained in the Notice, information with respect to your purchases and acquisitions of Symbol common stock during that period, as well as your holdings of Symbol common stock at the close of trading on October 31, 2005, is needed in order to balance your claim. While your purchases and acquisitions during the 90-day look back period will not be used for purposes of calculating your Recognized Loss pursuant to the Plan of Allocation, the information is necessary in order to process your claim.
- (c) List each transaction in the Class Period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.
- (d) Broker confirmations or other documentation of your transactions in Symbol common stock should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.
- (e) 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 calculate your losses efficiently and reliably. In some cases where 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 hiring of an accounting expert at the claimant's cost.

CLAIMANT'S STATEMENT

1. I (we) purchased common stock in Symbol and was (were) damaged thereby. (Do not submit this Proof of Claim if you did not purchase Symbol common stock 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 Proposed 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 Symbol common stock 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 Symbol common stock 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 Loss. 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) current, former and future spouses, heirs, executors, beneficiaries, administrators, successors, attorneys, insurers, agents, representatives, and assigns, any Person I (we) represent, and any Person (claiming now or in the future) through or on behalf of me (us) directly or indirectly (or, if I am (we are) submitting this Proof of Claim on behalf of a corporation, a partnership, limited liability company, estate or one or more other Persons, by it, him or her, any past, present or future parents, subsidiaries, divisions, departments, affiliates, stockholders, officers, directors, employees, partners, limited partners, members, spouses, heirs, executors, beneficiaries, administrators, successors, attorneys, insurers, agents, representatives, and assigns and any Person (claiming now or in the future) through or on behalf of it, him, her or them) directly or indirectly of each of the Released Persons of all Released Claims, as those terms are defined here, and in the Stipulation and in the Notice:
 - a. The Released Claims are any and all claims, rights, demands, obligations, damages, actions or causes of action, liabilities, losses or controversies of every nature and description whatsoever, including both known claims and Unknown Claims, that now exist, previously existed, or may in the future exist, whether arising under federal, state, common or foreign law or regulation, or any other law, rule, or regulation, regardless of legal or equitable theory, that arise out of, are based upon, or relate in any way directly or indirectly, in whole or in part, to the purchase or sale of Symbol Securities during the Class Period and the acts, facts, statements, or omissions that were or could have been alleged or asserted by Lead Plaintiff or any member of the Class, or the successors or assigns of any of them, in the Action or in any other action in any court or forum, except that the following are expressly excluded from the definition of Released Claims: (i) all claims of any Person who opted out of this Action in accordance with the Court's Order Establishing Program and Schedule for Class Notice (Dkt. No. 202), dated December 21, 2017 and the notice given pursuant thereto; and (ii) all claims to enforce any of the terms of this Stipulation.
 - b. The Released Persons are (i) Defendants and Arthur O'Donnell; (ii) the members of each of their immediate families, any entity in which any Defendant, O'Donnell or any member of their immediate family has, or had during the Class Period, a controlling interest (directly or indirectly), any estate or trust of which any individual defendant is a settlor or which is for the benefit of any individual defendant, O'Donnell and/or members of his family, (iii) for each and every Person

listed in part (i) and (ii) their respective past, present and future parents, subsidiaries, divisions, departments, affiliates, stockholders, officers, directors, employees, agents, heirs, executors, advisors, auditors, insurers, counsel, underwriters, representatives, members, trustees (and the predecessors, successors, administrators and assigns of each of the foregoing) in their capacities as such.

8. 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 covenant by me (us) and my (our) current, former and future spouses, heirs, executors, beneficiaries, administrators, successors, attorneys, insurers, agents, representatives, and assigns, any Person I (we) represent, and any Person (claiming now or in the future) through or on behalf of me (us) directly or indirectly (or, if I am (we are) submitting this Proof of Claim on behalf of a corporation, a partnership, limited liability company, estate or one or more other Persons, by it, him or her, any past, present or future parents, subsidiaries, divisions, departments, affiliates, stockholders, officers, directors, employees, partners, limited partners, members, spouses, heirs, executors, beneficiaries, administrators, successors, attorneys, insurers, agents, representatives, and assigns and any Person (claiming now or in the future) through or on behalf of it, him, her or them) to permanently refrain from prosecuting or attempting to prosecute any Released Claims against any of the Released Persons.
9. I (we) acknowledge that the inclusion of "Unknown Claims" in the definition of claims released pursuant to the Stipulation was separately bargained for and is a material element of the Settlement of which this release is a part.
10. 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 at info@SymbolTechnologiesSecuritiesLitigation.com or visit their website at www.SymbolTechnologiesSecuritiesLitigation.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.

Must Be Postmarked
or Received No Later
Than November 29, 2018

SYZ



Official
Office
Use
Only

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

*In re Symbol Technologies, Inc.
Securities Litigation*

Case No.: 05-cv-3923-DRH-AKT

PROOF OF CLAIM AND RELEASE

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

PART I: CLAIMANT IDENTIFICATION

Last Name	M.I.	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name (Co-Beneficial Owner)	M.I.	First Name (Co-Beneficial Owner)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA		
<input type="text"/>		
Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)		
<input type="text"/>		
Account#/Fund# (Not Necessary for Individual Filers)		
<input type="text"/>		

Last Four Digits of Social Security Number	or	Taxpayer Identification Number
<input type="text"/>		<input type="text"/>
Telephone Number (Primary Daytime)		Telephone Number (Alternate)
<input type="text"/>		<input type="text"/>
Email Address		
<input type="text"/>		

MAILING INFORMATION

Address		
<input type="text"/>		
Address		
<input type="text"/>		
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"/>

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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III. CERTIFICATION

I (We) submit this Proof of Claim and Release under the terms of the Stipulation described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for Eastern District of New York, with respect to my (our) claim as a Class Member and for purposes of enforcing the release and covenant not to sue set forth therein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in this Action. I (We) have not submitted any other claim covering the same purchases or sales of Symbol Securities during the Class Period and know of no other person having done so on my (our) behalf.

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.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign):

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

(Signature)

(Signature)

(Type or print your name here)

(Type or print your name here)

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

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

THIS PROOF OF CLAIM FORM MUST BE SUBMITTED ONLINE OR MAILED NO LATER THAN NOVEMBER 29, 2018, AND MUST BE MAILED TO:

Symbol Technologies Securities Litigation
c/o KCC Class Action Services
P.O. Box 404059
Louisville, KY 40233-4059

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by November 29, 2018 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:

- 1. Please be sure to sign this Proof of Claim on page 7. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
- 2. Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- 3. Do NOT use highlighter on the Proof of Claim or any supporting documents.
- 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 move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.
- 7. The Claims Administrator will acknowledge receipt of your Proof of Claim 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 1-866-650-1813.



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