

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

IN RE BECKMAN COULTER, INC. SECURITIES LITIGATION )  
 )  
 ) **Case No.: 8:10-cv-1327-JST (RNBx)**  
 )  
 ) **PROOF OF CLAIM AND RELEASE**  
 )  
 )  
 ) Hon. Josephine Staton Tucker



TO HAVE AN OPPORTUNITY TO RECEIVE A SHARE OF THE SETTLEMENT FUND, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE, AND RETURN IT TO:

BECKMAN SECURITIES LITIGATION  
CLAIMS ADMINISTRATOR  
c/o A.B. DATA, LTD.  
PO BOX 170500  
MILWAUKEE, WI 53217-8091

MAIL THIS FORM BY PREPAID, FIRST-CLASS MAIL, **POSTMARKED NO LATER THAN APRIL 12, 2012**. FAILURE TO SUBMIT YOUR CLAIM BY APRIL 12, 2012, WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOU FROM RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION.

DO NOT MAIL OR DELIVER YOUR PROOF OF CLAIM AND RELEASE TO THE COURT, THE PARTIES, OR THEIR COUNSEL. ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

**PART I—CLAIMANT INFORMATION**

Last Name (Claimant)			First Name (Claimant)		
Last Name (Beneficial Owner If Different From Claimant)			First Name (Beneficial Owner)		
Last Name (Co-Beneficial Owner)			First Name (Co-Beneficial Owner)		
Company/Other Entity (If Claimant Is Not an Individual)			Contact Person (If Claimant Is Not an Individual)		
Record Owner's Name (If Different From Beneficial Owner Listed Above, e.g., trustee, brokerage firm, bank, nominee, etc.)					
Account Number (If Claimant Is Not an Individual)			Trust/Other Date (If Applicable)		
Address Line 1					
Address Line 2 (If Applicable)					
City		State	Zip Code		
Foreign Province		Foreign Zip Code	Foreign Country		
<input type="checkbox"/> <b>Check Here to Use Alternate Address for Distribution (Optional)</b>					
Distribution Address Line 1					
Distribution Address Line 2 (If Applicable)					
City		State	Zip Code		
Foreign Province		Foreign Zip Code	Foreign Country		
Telephone Number (Day) ( ) -			Telephone Number (Night) ( ) -		
Beneficial Owner's Employer Identification Number or Social Security Number <sup>3</sup>					
Email Address [An email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.]					

<sup>3</sup> The taxpayer identification number (TIN), consisting of a valid Social Security number (SSN) for individuals or employer identification number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.

IDENTITY OF CLAIMANT (check only one):  Individual  Corporation  Joint Owners  Estate  Trust  Partnership  Private Pension Fund  Legal Representative  
 IRA, Keogh, or other type of individual retirement plan (indicate type of plan, mailing address, and name of current custodian on separate sheet)  Other (specify, describe on separate sheet)

Excluded from the Class are the Defendants; any officer or director of Beckman during the Class Period; members of the immediate families of each of the foregoing and their legal representatives, heirs, successors or assigns; and any entity in which any Defendant has or had (during the Class Period) a controlling interest.

Check here if the claimant or beneficial owner is excluded from the Class.

## PART II—GENERAL INSTRUCTIONS

1. It is important that you completely read the Notice of Pendency of Class Action and Proposed Settlement and Motion for Attorneys' Fees and Expenses (the "Notice") that accompanies this Proof of Claim and Release ("Proof of Claim") and the Plan of Allocation included in the Notice. The Notice contains the definitions of many of the defined terms (which are indicated by initial-capital letters) used in this Proof of Claim. By signing and submitting this Proof of Claim, you will be certifying that you have read the Notice, including the terms of the releases described therein and provided for herein.
2. This Proof of Claim is directed to any person or entity who purchased or otherwise acquired Beckman Coulter, Inc. ("Beckman"), common stock between July 31, 2009 and July 22, 2010, inclusive (the "Class Period"), and who was allegedly damaged thereby (the "Class").
3. IF YOU ARE NOT A CLASS MEMBER, OR IF YOU, OR SOMEONE ACTING ON YOUR BEHALF, FILED A REQUEST FOR EXCLUSION FROM THE CLASS, DO NOT SUBMIT A PROOF OF CLAIM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A CLASS MEMBER. THUS, IF YOU FILE A VALID REQUEST FOR EXCLUSION IN A TIMELY MANNER, ANY PROOF OF CLAIM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.
4. You may only participate in the distribution of the Net Settlement Fund if you are a member of the Class and if you complete and return this form as specified below. If you fail to file a timely, properly addressed, and completed Proof of Claim, your claim may be rejected and you may be precluded from receiving any distribution from the Net Settlement Fund.
5. **Submission of this Proof of Claim does not guarantee that you will share in the Net Settlement Fund.** The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if approved by the Court, or such other plan of allocation as the Court approves.
6. Use Part III of this Proof of Claim entitled "SCHEDULE OF TRANSACTIONS IN BECKMAN COMMON STOCK DURING THE CLASS PERIOD" to supply all required details of your transaction(s) in Beckman common stock during the Class Period. On the schedule, provide all the requested information with respect to all purchases/acquisitions (this includes free receipts, if any) and sales (this includes free deliveries, if any) of Beckman common stock during the Class Period.
7. You are required to submit genuine and sufficient documentation for all your transactions in and holdings of Beckman common stock during the Class Period as set forth in the Schedule of Transactions in Part III. Documentation may consist of copies of brokerage confirmations or monthly statements. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator.
8. Separate Proofs of Claim should be submitted for each legal entity that has a claim. For example, if one joint owner also has an individual claim, two Proofs of Claim should be submitted. However, each Proof of Claim should include all transactions made by that entity, even if the transactions were in different accounts.
9. All joint beneficial owners must each sign this Proof of Claim. If you purchased or acquired Beckman common stock during the Class Period and held the securities in your name, you are the beneficial owner as well as the record owner. If, however, you purchased or acquired Beckman common stock during the Class Period and the securities were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these securities, but the third party is the record owner.
10. Agents, executors, administrators, guardians, and trustees must complete and sign the Proof of Claim 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) Beckman common stock during the Class Period; and
  - (c) furnish herewith evidence of their authority to bind the person or entity on whose behalf they are acting. (Authority to complete and sign a Proof of Claim cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade stock in another person's accounts.)
11. **NOTICE REGARDING ELECTRONIC FILES:** To obtain the mandatory electronic filing requirements and file layout, visit the website at [www.BeckmanCoulterSecuritiesSettlement.com](http://www.BeckmanCoulterSecuritiesSettlement.com) or email the Claims Administrator at [efiling@abdata.com](mailto:efiling@abdata.com).
12. If you have questions concerning the Proof of Claim, or need additional copies of the Proof of Claim or the Notice, you may contact the Claims Administrator at the above address or by toll-free phone at 800-494-2165 or you may download the documents from [www.BeckmanCoulterSecuritiesSettlement.com](http://www.BeckmanCoulterSecuritiesSettlement.com).

**PART III—SCHEDULE OF TRANSACTIONS IN BECKMAN COMMON STOCK DURING THE CLASS PERIOD**

**A. BEGINNING HOLDINGS OF BECKMAN COMMON STOCK:**  
 State the total number of shares of Beckman common stock held as of the close of trading on July 30, 2009. If other than zero, be sure to attach the required documentation. Proof enclosed  
 Y  N  
 If None, Check Here

**B. PURCHASES/ACQUISITIONS OF BECKMAN COMMON STOCK:**  
 Separately list each and every purchase/acquisition of Beckman common stock from July 31, 2009 through and including February 4, 2011. Be sure to attach the required documentation. If None, Check Here

Date(s) of Purchase (List Chronologically)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share (excluding commissions, taxes, & fees)	Proof Enclosed?
MM      DD      YYYY			
____ / ____ / ____	_____	\$ _____ . _____	<input type="radio"/> Y <input type="radio"/> N
____ / ____ / ____	_____	\$ _____ . _____	<input type="radio"/> Y <input type="radio"/> N
____ / ____ / ____	_____	\$ _____ . _____	<input type="radio"/> Y <input type="radio"/> N
____ / ____ / ____	_____	\$ _____ . _____	<input type="radio"/> Y <input type="radio"/> N

**C. SALES OF BECKMAN COMMON STOCK:**  
 Separately list each and every sale of Beckman common stock from July 31, 2009 through and including February 4, 2011. Be sure to attach the required documentation. If None, Check Here

Date(s) of Sale (List Chronologically)	Number of Shares Sold	Sale Price Per Share (excluding commissions, taxes, & fees)	Proof Enclosed?
MM      DD      YYYY			
____ / ____ / ____	_____	\$ _____ . _____	<input type="radio"/> Y <input type="radio"/> N
____ / ____ / ____	_____	\$ _____ . _____	<input type="radio"/> Y <input type="radio"/> N
____ / ____ / ____	_____	\$ _____ . _____	<input type="radio"/> Y <input type="radio"/> N
____ / ____ / ____	_____	\$ _____ . _____	<input type="radio"/> Y <input type="radio"/> N

**D. ENDING HOLDINGS OF BECKMAN COMMON STOCK:**  
 State the total number of shares of Beckman common stock held as of the close of trading on February 4, 2011. If other than zero, be sure to attach the required documentation. Proof enclosed  
 Y  N  
 If None, Check Here

IF YOU REQUIRE ADDITIONAL SPACE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT AS ABOVE. PRINT THE BENEFICIAL OWNER'S FULL NAME AND TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE.

PART IV—CERTIFICATION

YOU MUST SIGN THIS PROOF OF CLAIM AND RELEASE BELOW.

I (we) hereby acknowledge that as of the Effective Date, I (we) shall: (i) have and be deemed to have fully, finally, and forever waived, released, discharged, and dismissed each and every one of the Released Defendant Parties from any and all of the Released Claims; (ii) have and be deemed to have covenanted not to sue any of the Released Defendant Parties with respect to any and all of the Released Claims; and (iii) forever be barred and enjoined from commencing, instituting, prosecuting, or maintaining any of the Released Claims against any of the Released Defendant Parties.

By signing and submitting this Proof of Claim, the claimant(s) or the person(s) who represents the claimant(s) certifies (certify) as follows:

1. that I (we) have read the Notice, the Plan of Allocation, and the Proof of Claim, including the releases provided for in the Settlement;
2. that the claimant(s) is (are) Class Member(s), as defined in the Notice, and is (are) not excluded from the Class;
3. that the claimant(s) has (have) not submitted a request for exclusion from the Class;
4. that the claimant(s) own(s)(ed) the Beckman common stock identified in the Proof of Claim during the Class Period and has (have) not assigned the claim against the Released Defendant Parties to another, or that, in signing and submitting this Proof of Claim, the claimant(s) has (have) the authority to act on behalf of the owner(s) thereof;
5. that the claimant(s) has (have) not submitted any other claim covering the same purchases, sales, or holdings of Beckman common stock during the Class Period and knows of no other person having done so on his/her/its/their behalf;
6. that the claimant(s) submits (submit) to the jurisdiction of the Court with respect to his/her/its/their claim and for purposes of enforcing the releases set forth herein;
7. that I (we) agree to furnish such additional information with respect to this Proof of Claim as the Claims Administrator or the Court may require;
8. that the claimant(s) waives (waive) the right to trial by jury, to the extent it exists, and agrees (agree) to the Court’s summary disposition of the determination of the validity or amount of the claim made by this Proof of Claim; and
9. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgment that may be entered in the Litigation;
10. that I (We) certify that the Social Security number(s)/taxpayer identification number provided are accurate and complete, if applicable.
11. that 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 language that you are not subject to backup withholding in the certification above.**

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Claimant	Date	Print Name of Claimant
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Signature of Joint Claimant (if any)	Date	Print Name of Joint Claimant
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Capacity of person(s) signing, e.g., beneficial owner(s), executor, administrator, trustee, etc.

THIS PROOF OF CLAIM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTAGE PREPAID, **POSTMARKED BY APRIL 12, 2012**, ADDRESSED AS FOLLOWS:

BECKMAN SECURITIES LITIGATION  
CLAIMS ADMINISTRATOR  
c/o A.B. DATA, LTD.  
PO BOX 170500  
MILWAUKEE, WI 53217-8091

You should be aware that it will take a significant amount of time to fully process all of the Proofs of Claim. Please notify the Claims Administrator of any change of address.

**REMINDER CHECKLIST**

1. Please sign the above release and certification. If this Proof of Claim is being made on behalf of joint claimants, then both must sign.
2. Remember to attach only copies of supporting documentation.
3. Please do not highlight any portion of the Proof of Claim or any supporting documents.
4. Do not send original stock certificates or documentation. These items cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Proof of Claim and documentation for your own records.
6. 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 acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at 800-494-2165.
7. If your address changes in the future, or if this Proof of Claim was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
8. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the above address or at 800-494-2165, or visit [www.BeckmanCoulterSecuritiesSettlement.com](http://www.BeckmanCoulterSecuritiesSettlement.com).