

**Must Be  
Postmarked  
No Later Than  
June 25, 2013**

*In re STEC, Inc. Securities Litigation*  
c/o The Garden City Group, Inc.  
Claims Administrator  
P.O. Box 9949  
Dublin, OH 43017-5949  
1-855-728-4603  
www.stecsecuritiessettlement.com

**STC**



Claim Number:

Control Number:

## **PROOF OF CLAIM AND RELEASE**

To recover from the Net Settlement Fund as a Member of the Class in the action entitled *In re STEC, Inc. Securities Litigation*, No. SACV-09-01304-JVS (MLGX) (the "Action"), you must complete and, on page 5 below, sign this Proof of Claim and Release form ("Proof of Claim"). If you fail to submit a timely, properly completed and addressed Proof of Claim, your claim may be rejected and you may be precluded from any recovery from the Settlement Fund created in connection with the Settlement of the Action. Submission of this Proof of Claim, however, does not assure that you will share in the Settlement Fund.

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**Important** - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0**



## PART I - CLAIMANT IDENTIFICATION

**LAST NAME (CLAIMANT)**

**FIRST NAME (CLAIMANT)**

**Last Name (Beneficial Owner if Different From Claimant)**

**First Name (Beneficial Owner)**

**Last Four Digits of the Beneficial Owner's Employer Identification Number or Social Security Number<sup>1</sup>**

**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)**

**Trustee/Nominee/Other**

**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 Country**

**Foreign Zip Code**

**Telephone Number (Day)**

**Telephone Number (Night)**

**Email Address** (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.)

**IDENTITY OF CLAIMANT (check only one box):**

- Individual   
  Joint Owners   
  Estate   
  Corporation   
  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)  
 Other (specify, describe on separate sheet)

**NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the website at [www.stecsecuritiessettlement.com](http://www.stecsecuritiessettlement.com) or you may email the Claims Administrator at [eClaim@gcginc.com](mailto:eClaim@gcginc.com). Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at [eClaim@gcginc.com](mailto:eClaim@gcginc.com) to inquire about your file and confirm it was received and acceptable.

**To view GCG's Privacy Notice, please visit <http://www.gcginc.com/pages/privacy-policy.php>**

<sup>1</sup>The last four digits of 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.



## PART II - GENERAL INSTRUCTIONS

**YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM POSTMARKED ON OR BEFORE JUNE 25, 2013, ADDRESSED AS FOLLOWS:**

*In re STEC, Inc. Securities Litigation*  
c/o The Garden City Group, Inc.  
Claims Administrator  
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Dublin, OH 43017-5949

If you are NOT a Member of the Class (as defined in the Notice of Pendency of Class Action and Proposed Settlement and Motion for Attorneys' Fees and Expenses (the "Notice")) DO NOT submit a Proof of Claim.

If you are a Member of the Class and you have not timely requested exclusion, you will be bound by the terms of the Judgment entered in the Action, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM.

### DEFINITIONS

All capitalized terms not otherwise defined in this form shall have the same meaning as set forth in the Notice which accompanies this Proof of Claim.

### IDENTIFICATION OF CLAIMANT

If you purchased or otherwise acquired the publicly traded common stock of STEC, Inc. ("STEC") during the period from June 16, 2009 to February 23, 2010, inclusive (the "Class Period") and held the stock in your name, you are the beneficial purchaser as well as the record purchaser. If, however, you purchased or otherwise acquired the publicly traded common stock of STEC during the Class Period through a third party, such as a nominee or brokerage firm, you are the beneficial purchaser of these securities, but the third party is the record purchaser of these securities.

Use Part I of this form entitled "Claimant Identification" to identify each beneficial purchaser of STEC publicly traded common stock that forms the basis of this claim. THIS CLAIM MUST BE SUBMITTED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR AUTHORIZED OR LEGAL REPRESENTATIVE(S) OF SUCH PURCHASER(S) OF THE PUBLICLY TRADED STEC COMMON STOCK UPON WHICH THIS CLAIM IS BASED.

All joint beneficial 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 last 4 digits of the Social Security (or taxpayer identification) number and telephone number of one of the beneficial owner(s) may be used in verifying this claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of your claim. If you need help completing this claim form, you may contact the Claims Administrator for assistance: 1-855-728-4603 or [www.stecsecuritiessettlement.com](http://www.stecsecuritiessettlement.com).

### IDENTIFICATION OF TRANSACTION(S)

Use Part III of this form to supply all required details of your transaction(s) in the publicly traded common stock of STEC. 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.

On the schedules, provide all of the requested information with respect to: (i) **all** of your holdings of publicly traded common stock of STEC as of the beginning of trading on June 16, 2009; (ii) **all** of your purchases, other acquisitions and sales of publicly traded common stock of STEC which took place at any time beginning June 16, 2009 through and including May 24, 2010; and (iii) proof of your holdings of publicly traded common stock of STEC as of the close of trading on May 24, 2010, whether such purchases, acquisitions, sales or transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

List each purchase, acquisition, sale and transaction during the relevant period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each such transaction you list.

Copies of broker confirmations or other documentation of your purchases, acquisitions, sales or transactions in publicly traded STEC common stock should be attached to your claim. **DO NOT SEND ORIGINALS OR HIGHLIGHT THE COPIES.** Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. The Claims Administrator may also request additional information as requested to efficiently and reliably calculate your losses.

If you need help, you may ask the Claims Administrator for assistance: 1-855-728-4603 or [www.stecsecuritiessettlement.com](http://www.stecsecuritiessettlement.com). Although the Claims Administrator does not have information about your transactions in STEC publicly traded common stock, someone will be able to help you with the process of locating your information.





**PART IV - SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS**

I (We) submit this Proof of Claim under the terms of the Stipulation and Agreement of Settlement ("Stipulation") described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Central District of California with respect to my (our) claim as a Class Member and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I (we) will be bound by and subject to the terms of any Final Order and Judgment that may be entered in the Action. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so. I (We) have not submitted any other claim covering the same purchases, acquisitions or sales or holdings of publicly traded STEC common stock during the relevant period and know of no other Person having done so on my (our) behalf.

**PART V - RELEASE AND CERTIFICATION**

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever settle, release and discharge from the Released Claims each and all of the Released Defendant Parties as those terms and terms related thereto are defined in the accompanying Notice.

2. This release shall be of no force or effect unless and until the Court approves the Stipulation and the Effective Date (as defined in the Stipulation) has occurred.

3. 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.

4. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions, and sales and other transactions in publicly traded STEC common stock that occurred during the relevant time periods and the number of shares of publicly traded STEC common stock held by me (us) at the relevant time periods.

5. I (We) hereby warrant and represent that I (we) am (are) not excluded from the Class as defined herein and in the Notice.

6. The number(s) shown on this form is (are) from the correct SSN/TIN.

I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name here

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name here

\_\_\_\_\_  
Capacity of person signing on behalf of Claimant, if other than an individual, e.g., executor, president, custodian, etc.

**REMINDER CHECKLIST**

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.  
THANK YOU FOR YOUR PATIENCE.**

1. Please sign the Proof of Claim and Release.
2. If this claim is made on behalf of Joint Claimants, then both must sign.
3. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
4. Keep a copy of your completed Proof of Claim and all documentation submitted for your records.
5. 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 1-855-728-4603.
6. If you move, you must send the Claims Administrator your new address. Otherwise, any funds allocated to your claim are subject to forfeiture.
7. **Do not use highlighter on the Proof of Claim or supporting documentation.**
8. If you have any questions or concerns regarding your Proof of Claim, please contact the Claims Administrator at the address listed below or at 1-855-728-4603, or visit [www.stecsecuritiessettlement.com](http://www.stecsecuritiessettlement.com)

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