

Must Be
Postmarked
No Later Than
October 8, 2013

*In re Computer Sciences Corporation
Securities Litigation*
c/o GCG
P.O. Box 9971
Dublin, OH 43017-5971
1-866-297-7119

CTS



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE FORM

**YOU MUST COMPLETE THIS CLAIM FORM AND IT MUST BE POSTMARKED
BY OCTOBER 8, 2013 TO BE ELIGIBLE TO SHARE IN THE SETTLEMENT.**

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QUESTIONS? PLEASE CALL 1-866-297-7119 OR VISIT WWW.CSCSECURITIESLITIGATION.COM

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 Number¹

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)

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

NOTE: You must file a separate Proof of Claim for each differently named account or ownership, such as an individual account, an IRA account, a joint account, a custodial account, etc. Joint tenants, co-owners or custodians UGMA should file a single claim. Claimants who file one or more claims (e.g., one in Claimant's name and one for an IRA or joint ownership) must identify the other claims filed.

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.cscsecuritieslitigation.com or you may email the Claims Administrator at 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 to inquire about your file and confirm it was received and acceptable.

¹ 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 - SCHEDULE OF TRANSACTIONS IN CSC COMMON STOCK

1. **BEGINNING HOLDINGS:** State the total number of shares of Computer Sciences Corporation common stock owned at the open of trading on **August 5, 2008** (if none, enter "0"):

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Shares

2. **PURCHASES:** Separately list each and every purchase of Computer Sciences Corporation common stock during the period **August 5, 2008** through **December 27, 2011**, and provide the following information (*must be documented*):

Purchase Date (List Chronologically) Month/Day /Year	Number of Shares Purchased	Price Per Share	Total Purchase Price (excluding commissions, taxes and other fees)
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.

3. **PURCHASES:** Please list the number of shares of Computer Sciences Corporation common stock purchased between **December 28, 2011** and **March 23, 2012**.

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Shares

4. **SALES:** Separately list each and every sale of Computer Sciences Corporation common stock during the period **August 5, 2008**, through and including **March 23, 2012** and provide the following information (*must be documented*):

Sale Date (List Chronologically) Month/Day /Year	Number of Shares Sold	Price Per Share	Total Sale Price (excluding commissions, taxes and other fees)
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.

5. **ENDING HOLDINGS:** State the total number of shares of Computer Sciences Corporation common stock owned at the close of trading on **March 23, 2012**, (if none, enter "0"; if other than zero, must be documented):

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Shares

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX ☐

IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED



PART III - SUBMISSION TO JURISDICTION OF THE COURT

By submitting this Proof of Claim Form and Release, I/we, and every Settlement Class member I/we represent, submit to the jurisdiction of the United States District Court for the Eastern District of Virginia for purposes of this Action and the Settlement of the Action, as reflected in the Stipulation and Agreement of Settlement (the "Stipulation"), dated as of May 14, 2013. I/We further agree to be bound by the orders of the Court and agree that this Proof of Claim form, my/our status or the status of the Settlement Class member I/we represent, and the allowable amount of this claim will be subject to review and further inquiry, and that I/we will furnish such additional documentation with respect to this Proof of Claim as may be required.

PART IV - RELEASE

All capitalized terms not otherwise defined herein shall have the same meaning as set forth in the Notice of Proposed Settlement of Class Action, Extended Class Period, and Motion for Attorneys' Fees and Expenses ("Settlement Notice") that accompanies this Proof of Claim and in the Stipulation.

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 Settlement Notice. 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.

PART V - REPRESENTATIONS

I/We hereby warrant and represent that neither I/we, nor any person I/we represent, is excluded from the Settlement Class as defined in the Settlement Notice or a person or entity who has requested exclusion from the Settlement Class.

I/We hereby warrant and represent that I am/we are authorized to execute and deliver this Proof of Claim form and Release.

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.



PART VI - CERTIFICATION & SIGNATURE

I/We certify that I am/we are not subject to backup withholding. **(If you have been notified by the IRS that you are subject to backup withholding, strike out the previous sentence.)**

I/We certify that I/we purchased or otherwise acquired the common stock listed in the above Schedule during the period between August 5, 2008 and December 27, 2011, inclusive.

I/We declare and affirm under penalties of perjury that the foregoing information and the documents attached hereto, including the Social Security or Taxpayer Identification Number shown on this Proof of Claim, are true, correct and complete to the best of my/our knowledge, information and belief, and that this Proof of Claim was

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

If the Claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of person signing on behalf of Claimant

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**

1. Please sign the Certification & Signature Section of the Proof of Claim form.
2. If this claim is being made on behalf of Joint Claimants, then both must sign.
3. For an overview of what constitutes adequate supporting documentation, please visit www.gcginc.com
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Proof of Claim form and all documentation submitted for your records.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim form 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 1-866-297-7119.
7. If you move, please send your new address to:

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P.O. Box 9971
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8. Do not use highlighter on the Proof of Claim form or supporting documentation.

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