In re Carter's, Inc. Securities Litigation Claims Administrator PO Box 5110 Portland, OR 97208-5110

<<mail id>>
 <<Namel>>
 <Name2>>
 <Rep>>
 <Biz>>
 <Addressl>>
 <Address2>>
 <City>><State>><Zip>>
 <Foreign Country>>

IMPORTANT II	NFORMATION & KEY DATES
TOLL FREE NUMBER	R: 866-833-7918
WEBSITE:	www.CartersSecuritiesLitigation.com
EMAIL:	in fo @Carters Securities Litigation.com
OBJECTION/EXCLUS	SION DEADLINE: September 17, 2013
SETTLEMENT FAIRN	JESS HEARING: October 8, 2013
DEADLINE TO SUBM	MIT CLAIM FORMS: October 3, 2013

PROOF OF CLAIM AND RELEASE

Settlement with PricewaterhouseCoopers LLP

THIS PROOF OF CLAIM IS ONLY TO BE USED BY CLAIMANTS WHO <u>DID NOT</u> SUBMIT A CLAIM BY MAY 21, 2013 IN CONNECTION WITH THE PRIOR CARTER'S SETTLEMENT. IF YOU <u>DID</u> SUBMIT A CARTER'S CLAIM, YOU DO NOT NEED TO DO SO AGAIN.

If you <u>did not</u> submit a claim in connection with the prior Carter's Settlement by May 21, 2013, you must complete and, on page 7 below, sign this Proof of Claim and Release form ("Proof of Claim") in order to recover from the Net Settlement Fund created in connection with the settlement with the last remaining defendant in the Consolidated Action, PricewaterhouseCoopers LLP (the "PwC Settlement"). 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 Net Settlement Fund in the PwC Settlement. Submission of this Proof of Claim, however, does not assure that you will share in the Net Settlement Fund.

YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM POSTMARKED ON OR BEFORE OCTOBER 3, 2013, ADDRESSED AS FOLLOWS:

In re Carter's, Inc. Securities Litigation Claims Administrator PO Box 5110 Portland, OR 97208-5110

If you are NOT a Member of the Settlement Class (as defined in the Notice of Pendency of Class Action and Proposed Settlement with PricewaterhouseCoopers LLP and Motion for Attorneys' Fees and Expenses (the "Notice")) DO NOT submit a Proof of Claim. If you did not submit a claim in connection with the Carter's Settlement and you wish to do so, please contact the Claims Administrator or check the website to obtain a copy of the claim form.

If you are a Member of the Settlement 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 that accompanies this Proof of Claim.

<u>Call Option</u>: A contract that gives the purchaser the right to purchase the underlying common stock at a specified price up to a specified date from the writer of the option contract.

<u>Put Option</u>: A contract that gives the purchaser the right to sell the underlying common stock at a specified price up to a specified date to the writer of the option contract.



For Questions Please Call: (866) 833-7918
Page 1 of 8

IDENTIFICATION OF CLAIMANT

If you purchased or otherwise acquired (including by exchange, conversion or otherwise) the publicly traded securities (*i.e.*, common stock and options) of Carter's, Inc. during the period from March 16, 2005 through November 9, 2009, inclusive (the "Eligibility Period") and held the securities in your name, you are the beneficial purchaser <u>as well as</u> the record purchaser. If, however, you purchased or otherwise acquired Carter's common stock or options during the Eligibility Period through a third party, such as a nominee or brokerage firm, you are the beneficial purchaser of these securities, <u>but</u> 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 Carter's securities that form the basis of this claim, as well as the purchaser of record if different. THIS CLAIM MUST BE SUBMITTED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR AUTHORIZED OR LEGAL REPRESENTATIVE(S) OF SUCH PURCHASER(S) OF THE CARTER'S SECURITIES 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 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: (866) 833-7918; www.CartersSecuritiesLitigation.com; or info@CartersSecuritiesLitigation.com.

IDENTIFICATION OF TRANSACTION(S)

Use Parts II and III of this form to supply all required details of your transaction(s) in Carter's common stock and options. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same format. 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 Carter's common stock and options as of the beginning of trading on March 16, 2005; (ii) **all** of your purchases, other acquisitions and sales of Carter's common stock and options which took place at any time beginning March 16, 2005 through, and including, November 9, 2009; and (iii) proof of your holdings of Carter's common stock and options as of the opening of trading on November 10, 2009, 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 periods 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 Carter's securities should be attached to your claim. **DO NOT SEND ORIGINALS**. 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: (866) 833-7918; www.CartersSecuritiesLitigation.com; or info@CartersSecuritiesLitigation.com. Although the Claims Administrator does not have information about your transactions in Carter's securities, someone will be able to help you with the process of locating your information.

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF GEORGIA

In re Carter's, Inc. Securities Litigation
No. 1:08-CV-2940-AT
PROOF OF CLAIM
Must be Postmarked No Later Than:
October 3, 2013



Please Type or Print

PART I: <u>CLAIMANT IDENTIFICATION</u>

Last Name (Joint Beneficial Owner) Business Name (if Beneficial Owner is not an individual) Representative Name City State Zip Code Foriegn Province Foreign Country Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Corporation Partnership IRA Other (please specify)
Business Name (if Beneficial Owner is not an individual) Representative Name Mailing Address
Business Name (if Beneficial Owner is not an individual) Representative Name Mailing Address
Representative Name Mailing Address City State Zip Code Foriegn Province Foreign Country Social Security Number Taxpayer Identification Number OR Trust Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Corporation Partnership
Representative Name Mailing Address City State Zip Code Foreign Province Foreign Country Social Security Number Taxpayer Identification Number OR Trust Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Corporation Partnership
Mailing Address City State Zip Code Foriegn Province Foreign Country Social Security Number Taxpayer Identification Number OR Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Corporation Partnership
City State Zip Code Foriegn Province Foreign Country Social Security Number Taxpayer Identification Number OR OR Trust Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Corporation Partnership
City State Zip Code Foriegn Province Foreign Country Social Security Number Taxpayer Identification Number OR OR Trust Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Corporation Partnership
City State Zip Code Foriegn Province Foreign Country Social Security Number Taxpayer Identification Number OR OR Trust Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Corporation Partnership
Foriegn Province Foreign Country Social Security Number Taxpayer Identification Number OR Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Corporation Partnership
Foriegn Province Foreign Country Social Security Number Taxpayer Identification Number OR Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Corporation Partnership
Social Security Number Taxpayer Identification Number OR Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Orporation Partnership
Social Security Number Taxpayer Identification Number OR Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Orporation Partnership
Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Corporation Partnership
Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Corporation Partnership
Check appropriate box: Individual or Sole Proprietor Pension Plan Trust Corporation Partnership
☐ Individual or Sole Proprietor ☐ Pension Plan ☐ Trust ☐ Corporation ☐ Partnership
Corporation Partnership
☐ IRA ☐ Other (please specify)
Telephone Number (work) Telephone Number (home)
Facsimile Number
Email (optional)
Account Number
Were your shares held in "street name" (i.e., in the name of a stock broker or other nominee)? If so, that broker or nominee is the
Record Owner. Please fill in the following line.
Record Owner's Name (if different from beneficial owner listed above); e.g. brokerage firm, bank, nominee, etc.
Cecord Owner's realize (if different from beneficial owner fisted above), e.g. blokerage fifth, bank, nonlinee, etc.



Dio	l yo	u su	bmi	it a	clain	n fo	rm	in c	con	nect	ion	with	th	e pr	ior C	arte	er's S	Settl	eme	ent?														
	Ye	S		No)																													
PA	RT	II:		<u>S</u>	CHE	EDU	JLF	E O	FΊ	'RA	NS	AC7	ΓIC	<u>NS</u>	IN (CAI	RTE	R'S	ST	<u>oc</u>	<u>K</u>													
A.	Νι	ımb	er o	f sh	ares	of C	Cart	er's	со	mm	on s	stock	c he	eld a	t the	beg	ginn	ing (of tr	adir	ng c	n]	Ma	rch	16,	200)5:							
В.					other e) of								y w	vay o	of ex	chai	nge,	con	vers	ion	or (oth	erv	vise	(fr	om	Mar	ch	16, 2	2005	to N	Vov	emb	er 9
		rad									r of S						Tr.	4-11		1	. D.	.•	٠.		T		sacti	on		D*	D	C	1	
	(M	M/I)D/	Y Y)		ſ		Pu	rch	asec	l or A	Acqı [uire	ed			10	tal I	urc	has	e Pi	rice] [e*			Ty	pe †	1		Pri	ce Po	er S	hare)
	<u> </u>					۱ آ				_		J●L] [+	\pm		H	$\frac{\perp}{\Gamma}$					J•L] [H]	H		一	' 	•	
	<u> </u>				Ш] 1				<u> </u>]•[_] [_		+		H	<u> </u>	_]•[] [늗] 1				' 	•	<u> </u>
					Щ	[<u> </u>			_			L	<u> </u>] • [Ļ							•_	
												•																					•	
												•].[•	
C.	Т	les (rade M/I	e Da	ıte	larch	16,	, 20				embe				inclu	sive		Car Tota					sto	ock:			sacti pe †	on		Pri	ce Po	or S	hari	
	(17)	1141/1	יעני	11)				114			1 511			Iu				100	11 54	110 1	110	֓֞֝֞֝֞֝֞֟֝֓֓֓֟֟				Ty	pc]					liai	
						[」●∟] [J●L] []				' 	_	
	<u> </u>					l I						J●L_] [+	\pm		H						J•L] [H]]			井	' 	• <u> </u>	
					Ш]				<u> </u>]• -		<u> </u>		Ļ	<u> </u>]•[7				L]					•_	<u> </u>
					Ш	Į				Ļ		•				Ļ	Ļ]•[L							•_	
												•										•											•	
† S	=Sa	ıle, l	Ď=Ľ	Deli	, fees							stock	c he	eld a	t beg	ginn	ing	of tr	adir	ng o	n N	lov	em	ber	10,	200	09:							

PART III: SCHEDULE OF TRANSACTIONS IN CARTER'S CALL OPTIONS

A. At the beginning of trading on March 16, 2005, the following call options on Carter's common stock were owned:

Date of Purchase MMDDYY	Number of Expiration Contracts MM YY	Strike Price	Purchase Price Per Contract		Exercised "E" or Expired "X" (blank if neither)	Exercised Date MMDDYY
		•		•		
				•		
				•		

B. Purchases, including by way of exchange, conversion or otherwise (between March 16, 2005 and November 9, 2009, inclusive) of call options on Carter's common stock:

Date of Purchase MMDDYY	Number of Contracts	Expiration MM YY	Strike Price	Purchase Price Per Contract	Amount Paid*	Exercised "E" or Expired "X" (blank if neither)	Exercised Date MMDDYY
			•		•		
					•		

(Please note, there was a stock split on June 7, 2006. If you received shares in this split, you should indicate those shares above.)

C. Sales of call options on Carter's common stock in which call options were purchased on or before November 9, 2009 (include all such sales no matter when they occurred):

Date of Purchase MMDDYY	Number of Contracts	Expiration MM YY	Strike Price	Sale Price Per Contract	Amount Recieved*
				•	
				•	

^{*} Excluding taxes, fees, and commissions.

D. At the beginning of trading on November 10, 2009, the following call options on Carter's common stock were owned:

Assigned

Number of Contracts	Expiration MM YY	Strike Price	"A" or Expired Sale Price "X" (blan Per Contract if neither	k Assign Date
		•		

PART IV: SCHEDULE OF TRANSACTIONS IN CARTER'S PUT OPTIONS

A. At the beginning of trading on March 16, 2005 the following put options written on Carter's common stock were open:

Number of Contracts	Expiration MM YY	Strike Price	Sale Price Per Contract	Amount Recieved*	"A" or Expired "X" (blank if neither	Assign Date MMDDYY
			•			
			•			
				•		

B. Written (sold) put options on Carter's common stock (between March 16, 2005 and November 9, 2009, inclusive) as follows:

Date of Writing	Number of	Expiration of Options MM YY	Strike Price	Sale Price Per Contract	Assigned "A" or Expired Amount* "X" (blank if Recieved neither)	Assign Date MMDDYY
(Sale) MMDDYY	Contracts	NINI X X	Strike Frice	• Ontract	Recieved neither)	MMDDYY
			•	•		
			•	•		

C. Purchases of put options on Carter's common stock that were written (sold) on or before November 9, 2009, (include all purchases no matter when they occurred):

Date of Purchase MMDDYY	Number of Contracts	Expiration MM YY	Strike Price of Options	Price Paid Per Contract	Aggregate Cost*
			•	•	•
			•	•	

D. At the beginning of trading on November 10, 2009, the following put options on Carter's common stock were owned:

Date of Purchase MMDDYY	Number of Contracts	Expiration MM YY	Strike Price of Options	Purchase Price Per Contract	Exercised "E or Expired Amount "X" (blank i Paid* neither)	
				•		
			•		•	

^{*}Excluding taxes, fees, and commissions.

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

YOU ARE NOT FINISHED YET. YOU MUST READ THE RELEASE AND SIGN ON PAGE 7. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

PART V: <u>SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS</u>

I (We) submit this Proof of Claim under the terms of the Stipulation and Agreement of Settlement with PricewaterhouseCoopers LLP ("Stipulation") described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Northern District of Georgia with respect to my (our) claim as a Settlement 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 as to PricewaterhouseCoopers LLP 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 Carter's securities during the relevant period and know of no other Person having done so on my (our) behalf.

PART VI: 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 Carter's common stock and options that occurred during the relevant time periods and the number of shares of Carter's common stock and options 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 Settlement Class as defined herein and in the Notice.
- 6. The number(s) shown on this form is (are) the correct SSN/TIN; and
- 7. 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 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 7 above.)

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 t	his d	ay of	, in		,				
		(Month / Year)		(City)		(Stat	e / Cou	ntry)	
Signature of Claimant				I	Date _	– [DD	- [YY
Print Name									
Signature of Joint Owner				I	Date	– [DD		YY
Print Name									



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

Reminder Checklist:

- 1. Please sign the above release and certification.
- 2. Remember to attach only copies of supporting documentation.
- 3. Do not send original stock certificates or documentation. These items cannot be returned to you by the Claims Administrator.
- 4. Keep a copy of the completed Proof of Claim and documentation for your records.
- 5. The Claims Administrator will acknowledge receipt of your Claim Form 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.
- 6. If you move, please send the Claims Administrator your new address.
- 7. If you have any questions or concerns regarding your Proof of Claim, please contact the Claims Administrator at the address on page 1 above or at 866-833-7918, or visit www.CartersSecuritiesLitigation.com.

