

**Must Be
Postmarked
No Later Than
August 21 , 2012**

In re Coinstar, Inc. Securities Litigation
c/o The Garden City Group, Inc.
Claims Administrator
P.O. Box 9869
Dublin, OH 43017-5769
1-855-733-8309
www.gcjinc.com

CIS



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 Coinstar, Inc. Securities Litigation*, No. C11-133 MJP (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 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)

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.gcginc.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.

¹The 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 AUGUST 21, 2012, ADDRESSED AS FOLLOWS:

In re Coinstar, Inc. Securities Litigation
c/o The Garden City Group, Inc.
Claims Administrator
P.O. Box 9869
Dublin, OH 43017-5769

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 the common stock of Coinstar, Inc. ("Coinstar") during the period from October 29, 2010 to February 3, 2011, 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 Coinstar common stock 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 Coinstar common stock that forms 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 COINSTAR 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 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: 1-855-733-8309 or www.gcginc.com.

IDENTIFICATION OF TRANSACTION(S)

Use Part III of this form to supply all required details of your transaction(s) in Coinstar 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.

On the schedules, provide all of the requested information with respect to: (i) **all** of your holdings of Coinstar common stock as of the close of trading on October 28, 2010; (ii) **all** of your purchases, other acquisitions and sales of Coinstar common stock which took place at any time beginning October 29, 2010 through and including February 3, 2011; and (iii) proof of your holdings of Coinstar common stock as of the close of trading on February 3, 2011, 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 Coinstar 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: 1-855-733-8309 or www.gcginc.com. Although, the Claims Administrator does not have information about your transactions in Coinstar common stock, someone will be able to help you with the process of locating your information.



PART III - SCHEDULE OF TRANSACTIONS IN COINSTAR COMMON STOCK

A. BEGINNING HOLDINGS: Number of shares of Coinstar common stock held at the close of trading on October 28, 2010. If none, write "zero" or "0". (Must be documented.)

Shares

B. PURCHASES/ACQUISITIONS: Purchases or other acquisitions, including by way of exchange, conversion or otherwise (from October 29, 2010 to February 3, 2011, inclusive) of Coinstar common stock. (Must be documented.)

Table with 4 columns: Trade Date, Number of Shares, Price Per Share, Total Purchase Price. Includes grid for data entry.

C. SALES: Sales (from October 29, 2010 to February 3, 2011, inclusive) of Coinstar common stock. (Must be documented.)

Table with 4 columns: Trade Date, Number of Shares, Price Per Share, Total Sale Price. Includes grid for data entry.

D. ENDING HOLDINGS: Number of shares of Coinstar common stock held at the close of trading on February 3, 2011. If none, write "zero" or "0". (Must be documented.)

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 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 Western District of Washington 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 Coinstar 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 Coinstar common stock that occurred during the relevant time periods and the number of shares of Coinstar 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) 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 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 Proof of Claim and Release.
2. If this claim is made on behalf of Joint Claimants, then both must sign.
3. Please remember to attach supporting documents. (Supporting documents include trade confirmations, official monthly, quarterly or annual brokerage statements).
4. DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.
5. If you aggregated accounts, be sure to include supporting documents for all accounts.
6. Keep a copy of your Proof of Claim and all documentation submitted for your records.
7. The Claims Administrator will acknowledge receipt of your Proof of Claim by regular or electronic mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgment postcard or email. If you do not receive an acknowledgment postcard or email within 60 days, please call the Claims Administrator toll free at **1-855-733-8309**.
8. If you move, you must send us your new address. Otherwise, any funds allocated to your claim are subject to forfeiture.
9. **Do not use highlighter on the Proof of Claim or supporting documentation.**

THIS PROOF OF CLAIM MUST BE POSTMARKED ON OR BEFORE
AUGUST 21, 2012 AND MUST BE MAILED TO:

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