

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

In re DHB INDUSTRIES, INC. CLASS ACTION LITIGATION : Civil Action No. 2:05-cv-04296-JS-ETB
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: :

This Document Relates To: :
: :
ALL ACTIONS. :
: :

X

PROOF OF CLAIM AND RELEASE

I. GENERAL INSTRUCTIONS

1. To recover from the Settlement Fund as a Member of the Class based on the claims in the action entitled *In re DHB, Inc. Securities Litigation*, No. 2:05-cv-04296-JS-ETB (the "Class Action"), you must complete and, on page 8 hereof, sign this Proof of Claim and Release. If you fail to submit a timely, properly completed and addressed (as set forth in paragraph 3 below) Proof of Claim and Release, 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 Class Action.

2. Submission of this Proof of Claim and Release, however, does not assure that you will share in the Settlement Fund.

3. **YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE POSTMARKED ON OR BEFORE OCTOBER 16, 2007, ADDRESSED AS FOLLOWS:**

DHB Class Action Litigation
Claims Administrator
c/o Gilardi & Co. LLC
P.O. Box 8040
San Rafael, CA 94912-8040

If you are NOT a Member of the Class (as defined in the Notice of Pendency and Settlement of Class Action) DO NOT submit a Proof of Claim and Release form.

4. 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 Class Action, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE.

II. DEFINITIONS

All other capitalized terms not otherwise defined herein shall have the same meaning as set forth in the Notice of Pendency and Settlement of Class Action ("Notice"), which accompanies this Proof of Claim and Release.

III. IDENTIFICATION OF CLAIMANT

1. If you purchased or otherwise acquired (including by exchange, conversion or otherwise) DHB securities (including common stock, puts, calls and other securities) during the Class Period and held the securities in your name, you are the beneficial purchaser or acquirer as well as the record purchaser or acquirer. If, however, you purchased or otherwise acquired DHB securities 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 purchaser or acquirer of these securities, but the third party is the record purchaser or acquirer of these securities.

2. Use Part I of this form entitled "Claimant Identification" to identify each beneficial purchaser or acquirer of DHB securities which forms the basis of this claim, as well as the purchaser or acquirer of record if different. THIS CLAIM MUST BE SUBMITTED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR AUTHORIZED ACQUIRER(S) OR LEGAL REPRESENTATIVE(S) OF SUCH PURCHASER(S) OR ACQUIRER(S) OF THE DHB SECURITIES UPON WHICH THIS CLAIM IS BASED.

3. All joint beneficial purchasers or acquirers 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.



IV. IDENTIFICATION OF TRANSACTION(S)

1. Use Part II of this form entitled "Schedule of Transactions in DHB Securities" to supply all required details of your transaction(s) in DHB securities. 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.

2. On the schedules, provide all of the requested information with respect to **all** of your holdings of DHB securities as of the beginning of trading on November 18, 2003, **all** of your option transactions open as of the beginning of trading on November 18, 2003, **all** of your purchases, other acquisitions and sales of DHB securities and **all** of your option transactions which took place at any time beginning November 18, 2003 through and including November 30, 2006 (the "Class Period"), as well as proof of your holdings of DHB securities and/or options as of the close of trading on November 30, 2006, 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.

3. List each purchase, acquisition, sale and transaction in the Class 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.

4. The date of covering a "short sale" is deemed to be the date of purchase of the DHB security involved. The date of a "short sale" is deemed to be the date of sale of the DHB security involved.

5. Broker confirmations or other documentation of your purchases, acquisitions, sales or transactions in DHB securities or options should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

6. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All claimants **MUST** submit a manually signed paper Proof of Claim form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-(800) 447-7657 or visit their website at www.gilardi.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.



**PART II. SCHEDULE OF TRANSACTIONS IN DHB SECURITIES
COMMON STOCK**

Proof of Holding Enclosed?

A. Number of shares of DHB common stock held at the beginning of trading on November 18, 2003:

Y
 N

B. Purchases or acquisitions, including by way of exchange, conversion or otherwise of DHB common stock (November 18, 2003 – November 30, 2006, inclusive):

PURCHASES

	Trade Date(s) of Shares (List Chronologically)	Number of Shares Purchased or Acquired	Total Purchase or Acquisition Price	Proof of Purchase Enclosed?
1.	M M / D D / Y Y Y Y		\$	<input type="radio"/> Y <input type="radio"/> N
2.	M M / D D / Y Y Y Y		\$	<input type="radio"/> Y <input type="radio"/> N
3.	M M / D D / Y Y Y Y		\$	<input type="radio"/> Y <input type="radio"/> N
4.	M M / D D / Y Y Y Y		\$	<input type="radio"/> Y <input type="radio"/> N
5.	M M / D D / Y Y Y Y		\$	<input type="radio"/> Y <input type="radio"/> N
6.	M M / D D / Y Y Y Y		\$	<input type="radio"/> Y <input type="radio"/> N

IMPORTANT: Identify by number listed above all purchases in which you covered a "short sale": _____

C. Sales of DHB common stock (November 18, 2003 – November 30, 2006, inclusive):

SALES

	Trade Date(s) of Shares (List Chronologically)	Number of Shares Sold	Total Sales Price	Proof of Sales Enclosed?
1.	M M / D D / Y Y Y Y		\$	<input type="radio"/> Y <input type="radio"/> N
2.	M M / D D / Y Y Y Y		\$	<input type="radio"/> Y <input type="radio"/> N
3.	M M / D D / Y Y Y Y		\$	<input type="radio"/> Y <input type="radio"/> N
4.	M M / D D / Y Y Y Y		\$	<input type="radio"/> Y <input type="radio"/> N
5.	M M / D D / Y Y Y Y		\$	<input type="radio"/> Y <input type="radio"/> N
6.	M M / D D / Y Y Y Y		\$	<input type="radio"/> Y <input type="radio"/> N

Proof of Holding Enclosed?

D. Number of shares of DHB common stock held at close of trading on November 30, 2006:

Y
 N

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

**YOU MUST READ AND SIGN THE RELEASE ON PAGE 8. FAILURE TO SIGN THE RELEASE
MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.**



V. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim and Release 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 Eastern District of New York 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 judgment that may be entered in the Class 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 DHB securities or options during the Class Period and know of no other Person having done so on my (our) behalf.

VI. RELEASE

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever settle, release and discharge from the Released Class Claims each and all of the Released Class Persons 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 DHB securities and options which occurred during the Class Period and the number of shares of DHB securities and options held by me (us) at the beginning of trading on November 18, 2003, and at the close of trading on November 30, 2006.

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



SUBSTITUTE FORM W-9

PART I. Request for Taxpayer Identification Number ("TIN") and Certification

First Name

Grid for entering the first name.

I. Last Name

Grid for entering the last name.

Check appropriate box:

- Individual/Sole Proprietor, IRA, Trust, Corporation, Partnership, Pension Plan, Other (specify)

Enter TIN on the appropriate line.

- For individuals, this is your Social Security Number ("SSN").
- However, for a resident alien, sole proprietor, or disregarded entity, see Part 1 of the enclosed W-9 instructions.
- For sole proprietors, you must show your individual name, but you may also enter your business or "doing business as" name. You may enter either your SSN or your Employer Identification Number ("EIN").
- For other entities, it is your EIN.

Social Security Number

Grid for entering Social Security Number.

Employer Identification Number

Grid for entering Employer Identification Number.

PART II. For Payees Exempt from Backup Withholding

If you are exempt from backup withholding, enter your correct TIN in Part I and write "exempt" on the following line:

PART III. Certification

UNDER THE PENALTY OF PERJURY, I (WE) CERTIFY THAT:

- (1) The number shown on this form is my correct TIN; and
(2) I (We) certify that I am (we are) NOT subject to backup withholding under 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 2 above.

SEE ENCLOSED FORM W-9 INSTRUCTIONS

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim and Release form by the undersigned is true and correct.

Executed this _____ day of _____ in _____ (Month/Year) (City/State/Country)

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

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

Reminder Checklist:

- 1. Please sign the above release and declaration.
2. Remember to attach supporting documentation, if available.
3. Do not send original stock certificates.
4. Keep a copy of your claim form for your records.
5. If you desire an acknowledgment of receipt of your claim form please send it Certified Mail, Return Receipt Requested.
6. If you move, please send the Claims Administrator your new address.

