



IN RE DEL MONTE FOODS COMPANY SHAREHOLDER LITIGATION

ELECTRONIC CLAIMS FILING GUIDELINES

TO: BANKS, BROKERAGE FIRMS, INSTITUTIONS, AND OTHER ENTITIES OR PERSONS WHO ARE NOMINEES AND WHO WERE RECORD HOLDERS OR BENEFICIAL OWNERS OF DEL MONTE COMMON STOCK AT ANY TIME BETWEEN AND INCLUDING NOVEMBER 25, 2010 AND MARCH 8, 2011.

ALL CLAIMS MUST BE POSTMARKED ON OR BEFORE FEBRUARY 1, 2012.

ELECTRONIC CLAIMS FILING APPLIES TO INDIVIDUALS OR ENTITIES THAT ARE FILING MULTIPLE PROOF OF CLAIM FORMS ON BEHALF OF THEMSELVES AND/OR OTHERS.

ELECTRONIC CLAIMS FILINGS ARE SUBJECT TO REJECTION IF NOT PREPARED IN COMPLIANCE WITH THESE ELECTRONIC CLAIMS FILING GUIDELINES.

CASE NAME: *In re Del Monte Foods Company Shareholders Litigation*
CUSIP NUMBER: 24522P103
ISIN: US24522P1030
TICKER SYMBOL: "DLM"
CLASS DEFINITION: Any and all Del Monte Foods Company ("Del Monte") stockholders who were record holders or beneficial owners of Del Monte common stock at any time between and including November 25, 2010 and March 8, 2011.
POSTMARK DEADLINE: February 1, 2012

SECTION I: ELECTRONIC FILING REQUIREMENTS

1. COMPLETE AND SIGN A PAPER PROOF OF CLAIM FORM. One executed "paper" master Proof of Claim form should be completed per submission. This Proof of Claim form serves as a master Proof of Claim form for one or all of the accounts included on your file.

You may obtain a Proof of Claim form by printing it from abdataclassaction.com/Cases.aspx, or by calling toll free 800-332-7417.

Complete the first page of the Proof of Claim form. Be sure to include company name, account name/number, and company address. If submitting an electronic file on behalf of several accounts, enter "Various Accounts" for the account name/number.

Complete the signature page on the Proof of Claim form. If you are filing on behalf of your clients, you must include a letter or document providing your authorization to sign on behalf of your clients, as set forth below.

- 1.1 **If you are a nominee** filing on behalf of your account holders, you **must** include the following documentation:
 - 1.1.1 Affidavit attesting that your entity has legal rights and authorization from your account holders to file Proof of Claim forms on their behalf **and** that your account holders understand that they are bound by and subject to the terms of all releases that may be entered in this Settlement, etc.; and
 - 1.1.2 Authorization to sign on your account holders' behalf.
- 1.2 **If you are a third party** filing on behalf of a nominee, you **must** include the following documentation:
 - 1.2.1 Affidavit attesting that your entity has legal rights and authorization from the nominee to file Proof of Claim forms on its behalf;
 - 1.2.2 Affidavit attesting that your entity has legal rights and authorization from the nominee's account holders to file Proof of Claim forms on their behalf **and** that the account holders understand that they are bound by and subject to the terms of all releases that may be entered in this Settlement, etc.; and
 - 1.2.3 Authorization to sign on the account holders' behalf.
- 1.3 **IF YOU ARE NOT A NOMINEE OR A THIRD PARTY AND WOULD LIKE TO FILE CLAIMS ELECTRONICALLY, YOU MUST INCLUDE DOCUMENTATION SUPPORTING ALL TRANSACTIONAL DATA OF YOUR CLAIM.**

You must submit supporting documentation with your Proof of Claim form that will support the transactions provided in your file. These documents may include, but are not limited to, a) photocopies of stockbrokers' confirmation slips; b) photocopies of stockbrokers' monthly statements reflecting ALL transactional data and how it was compiled for the opening of the Class Period through the end of the Class Period; or c) a signed letter from your broker, on their letterhead, providing all of the information that would be found on a confirmation slip and/or other aforementioned documents.

A.B. Data, Ltd., reserves the right to request additional documentation at any time after your Proof of Claim form and file have been received and processed.

2. **A valid email address MUST be on file with the Paying Agent.** Communication regarding deficiencies and rejections on electronically filed claims may be conducted by email. A valid email address **MUST** be included on the Proof of Claim form, and the email address provided **MUST** be updated in the event the contact person or email address changes; it is the sole responsibility of the filing party to maintain up-to-date, complete contact information with the Paying Agent.
3. **Prepare a data file** according to the *In re Del Monte Foods Company Shareholders Litigation* Electronic Claims Filing Guidelines. An Excel spreadsheet or other electronic file containing account information and transactional data **MUST** be prepared in accordance with A.B. Data, Ltd.'s Electronic Claims Filing Template Mapping Instructions found in Section II below. The following formats are acceptable: a) MEDIA: CD, DVD, or flash drive) DATA: ASCII, MS Excel, MS Access, and dBASE. For your convenience, an Excel spreadsheet template is available for your use and may be downloaded from abdaclassaction.com/Cases.aspx.

If you cannot provide the information in the aforementioned formats or you have other requests, questions, concerns, or comments, please email A.B. Data, Ltd., at efiling@abdata.com or you may call 800-949-0194 to speak to an Electronic Claims Filing Specialist.



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4. **A cover letter MUST be included with the master Proof of Claim form.** The cover letter must include the total number of shares held at the end of the Class Period; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter below:

LETTERHEAD

Re: *In re Del Monte Foods Company Shareholders Litigation*

Date:

Enclosed is a fully executed master Proof of Claim form with required authorizations and affidavits as well as an electronic media attachment, which is being filed in connection with the above-referenced matter on behalf of [COMPANY NAME(S) OR INDIVIDUAL NAME(S)] for the proprietary accounts of [ENTITY].

We, [ENTITY], hereby agree that further communication from the Paying Agent may be conducted by email, and we accept sole responsibility to ensure the email address for [ENTITY] is updated in the event the email address provided on the master Proof of Claim form should change.

The attachment consists of a [CD, DVD, OR FLASH DRIVE] containing [NUMBER] accounts/claims in [ASCII, MS EXCEL, MS ACCESS, OR DBASE] format with aggregated totals for common stock held on the closing date for [ENTITY]'s proprietary accounts. Each transaction contains corresponding account information for which the claims are being filed.

The total number of common stock shares held [##.##] can be found on the enclosed [CD, DVD, OR FLOPPY DISKETTE].

We, [ENTITY], attest that the data provided on the media attachment corresponds to [ENTITY]'s internal records.

I attest that the above information is true and correct.

Signature

Company Name

Job Title

Contact Information (including telephone number, fax number, and email address)

5. Mail your executed paper master Proof of Claim form with a cover letter and media format to:¹

IN RE DEL MONTE FOODS COMPANY SHAREHOLDERS LITIGATION
PAYING AGENT
ATTENTION: ELECTRONIC CLAIMS DEPARTMENT
C/O A.B. DATA, LTD.
3410 WEST HOPKINS STREET
PO BOX 170500
MILWAUKEE, WI 53217-8091

¹ If you would like confirmation of delivery, mail your package Registered Mail, Return Receipt.



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SECTION II: TEMPLATE MAPPING INSTRUCTIONS

Column	Common Stock Transaction Field	Max Length	DEL MONTE COMMON STOCK TRANSACTION DESCRIPTION
A	Account Number	40	Account number associated with the proprietary account for which transactions are being submitted with this Proof of Claim form batch.
B	Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner (Required)	40	Full name of the beneficial owner of the common stock (required).
D	TIN of the Beneficial Owner (Required)	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes (required).
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer identification number (EIN); S = Social Security number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence should be mailed.
H	Street 1	40	Street Address 1 for correspondence.
I	Street 2	40	Street Address 2 for correspondence.
J	City	25	City for correspondence.
K	State	2	State for correspondence.
L	Zip Code	5	Zip code for correspondence.
M	Province	40	Province for correspondence.
N	Country	40	Country for correspondence.
O	Care of:	40	Name of the entity to which distributions should be mailed.
P	Attn:	40	Name of the person to whose attention distributions should be mailed.
Q	Street 1	40	Street Address 1 for fund distribution.
R	Street 2	40	Street Address 2 for fund distribution.
S	City	25	City for fund distribution.
T	State	2	State for fund distribution.
U	Zip Code	5	Zip code for fund distribution.
V	Province	40	Province for fund distribution.
W	Country	40	Country for fund distribution.
X	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
Y	CUSIP/ISIN	10	CUSIP number or ISIN for common stock.
Z	Transaction Type/Holdings (C)	1	C = Position on March 8, 2011.
AA	Position Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year. (Should be March 8, 2011)
AB	Number of Shares of Common Stock	19	Number of shares of common stock surrendered pursuant to the merger March 8, 2011. No commas; use decimal point if needed. Up to four digits after decimal point.

*****You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of shares held; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Section I, Paragraph 4, of these guidelines for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.**



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