

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK  
*In re Take-Two Interactive Securities Litigation*, No. 1:06-cv-00803-RJS  
*SEC v. Brant*, No. 1:07-cv-1075-DLC (S.D.N.Y.)

**PROOF OF CLAIM AND RELEASE**

IF YOU PURCHASED OR OTHERWISE ACQUIRED THE COMMON STOCK OF TAKE-TWO INTERACTIVE SOFTWARE, INC. (“TAKE-TWO”) DURING THE PERIOD FROM DECEMBER 17, 2002, THROUGH JULY 10, 2006, INCLUSIVE (THE “CLASS PERIOD”), AND WERE DAMAGED THEREBY, YOU ARE A “CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE PROCEEDS OF THE PROPOSED SETTLEMENT (THE “CLASS FUNDS”) DESCRIBED IN THE ACCOMPANYING NOTICE OF PROPOSED SETTLEMENT OF CLASS ACTION, APPLICATION FOR ATTORNEYS’ FEES AND EXPENSES AND FAIRNESS HEARING AND NOTICE OF AVAILABILITY OF FUNDS RECOVERED BY THE SECURITIES AND EXCHANGE COMMISSION (THE “NOTICE”).

IF YOU PURCHASED OR OTHERWISE ACQUIRED THE COMMON STOCK OF TAKE-TWO DURING THE PERIOD FROM FEBRUARY 6, 1998, THROUGH JULY 10, 2006 (THE “SEC CLAIMS PERIOD”), AND WERE DAMAGED THEREBY, YOU ARE A “QUALIFIED SEC CLAIMANT” AND YOU MAY BE ENTITLED TO SHARE IN THE PROCEEDS (THE “SEC FUNDS”) RECOVERED BY THE UNITED STATES SECURITIES AND EXCHANGE COMMISSION (“SEC”) DESCRIBED IN THE NOTICE.

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE, SIGN, AND SUBMIT THIS PROOF OF CLAIM AND RELEASE FORM (“CLAIM FORM”) IN ORDER TO BE ELIGIBLE FOR A DISTRIBUTION FROM THE CLASS FUNDS. AS FURTHER DESCRIBED IN THE NOTICE, YOU MAY FILE A REQUEST FOR EXCLUSION TO BE EXCLUDED FROM THE CLASS. REQUESTING EXCLUSION FROM THE CLASS DOES NOT LIMIT YOUR ELIGIBILITY FOR A DISTRIBUTION FROM THE SEC FUNDS, AND YOU MUST SUBMIT THIS CLAIM FORM TO OBTAIN BENEFITS FROM THE SEC FUNDS. IF YOU PROPERLY AND TIMELY REQUEST EXCLUSION FROM THE CLASS, THE RELEASE PRINTED BELOW WILL NOT APPLY TO YOU. IF SUBMITTED BY FIRST-CLASS MAIL, THIS CLAIM FORM MUST BE POSTMARKED **NO LATER THAN SEPTEMBER 21, 2010**, ADDRESSED TO THE CLAIMS ADMINISTRATOR AT THE FOLLOWING ADDRESS:

**TAKE-TWO INTERACTIVE SECURITIES LITIGATION  
CLAIMS ADMINISTRATOR  
C/O A.B. DATA, LTD.  
PO BOX 170500  
MILWAUKEE, WI 53217-8042**

IF YOU CHOOSE TO RETURN THIS CLAIM FORM BY EXPRESS MAIL, THEN IT MUST BE **RECEIVED** BY THE CLAIMS ADMINISTRATOR **NO LATER THAN SEPTEMBER 21, 2010**.

**REQUIREMENTS FOR FILING A CLAIM FORM**

**Please refer to the accompanying Notice or the Stipulation and Agreement of Settlement to find the definitions of words that are capitalized in the following directions and on the Claim Form but are not defined in this document.**

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all portions of the attached Claim Form.

Use the section of the form entitled “CLAIMANT IDENTIFICATION” to identify each beneficial owner and owner of record or nominee (if different from the beneficial owner) of the Take-Two common stock that forms the basis of this claim. THE ACTUAL BENEFICIAL OWNER OR THE LEGAL REPRESENTATIVE OF SUCH OWNER OF THE TAKE-TWO COMMON STOCK UPON WHICH THIS CLAIM IS BASED MUST SUBMIT THIS CLAIM FORM. Legal representatives MUST include proof of authority to sign on behalf of the beneficial owner in accordance with Number 2 below.

The Claim Form contains purchase/acquisition and sale schedules. You must carefully complete each applicable section of the schedules. List each transaction during the period from February 6, 1998, through July 10, 2006, separately and in chronological order, by trade date (as distinguished from the “settlement” date), beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

Do not omit any requested information regarding your holdings, purchases, or sales (including any free receipts and/or free deliveries). This information is necessary to determine your share of any distribution. If you cannot list all transactions in the space provided in the Claim Form, or if you believe that you must, or should, supply additional information with respect to any transaction, attach additional sheets to the Claim Form supplying the required information. Your full name and taxpayer identification number (TIN) must be properly stated on each additional sheet of paper.

**QUESTIONS? CALL 800-332-7414 TOLL FREE OR VISIT [WWW.TAKE-TWOSECURITIESSETTLEMENT.COM](http://WWW.TAKE-TWOSECURITIESSETTLEMENT.COM).  
DO NOT CONTACT THE COURT OR TAKE-TWO – THEY CANNOT ANSWER YOUR QUESTIONS.**

2. You must sign the Claim Form.

If the shares of Take-Two common stock were, or are, owned jointly, all joint owners must sign the Claim Form. Executors, administrators, guardians, conservators, and trustees may complete and sign the Claim Form on behalf of persons or entities represented by them, but they must identify such persons or entities and provide proof of their authority (for example, currently effective letters testamentary, letters of administration, active financial power of attorney, or certification of trust) to complete and execute the Claim Form on their behalf and to bind them in accordance with the terms thereof. A Claim Form submitted by legal representatives of a claimant must be executed by all such representatives.

3. You must provide proof for each transaction listed on this Claim Form.

Attach to the Claim Form legible copies of broker confirmation slips, monthly brokerage statements, or other proof satisfactory to the Claims Administrator, confirming the particulars of each purchase/acquisition and sale you have made during the period from February 6, 1998, through July 10, 2006. For any shares acquired through a merger or acquisition with Take-Two, you must provide all documentation received from the acquired company related to the number of Take-Two shares being issued and the value of those shares. Please make sure that all supporting documentation states the beneficial owner's account name. If you are filing on behalf of a deceased claimant, please provide a copy of the death certificate and a will or probate documents.

4. If you acquired Take-Two common stock by means of a gift, inheritance, or operation of law during the Class Period or SEC Claims Period, such acquisitions do not qualify as the purchase of such shares on the date of such acquisition. If, however, such stock was purchased during the Class Period or SEC Claims Period by the donor, decedent, or transferor, then as long as the original purchaser **does not** submit a Claim Form with respect to the shares, the recipient's Recognized Losses will be computed by using the price of such stock on the original date of purchase.

5. Any person or entity that sold Take-Two common stock "short" shall have no Recognized Loss with respect to any purchase during the Class Period or SEC Claims Period to cover such short sale.

6. You must also provide supporting documentation showing your holdings as of the close of trading on July 10, 2006, if any.

7. Your failure to complete and mail the Claim Form postmarked, or to submit it so that it is received, by September 21, 2010, may preclude you from receiving any share of the Class Funds or SEC Funds. So that you will have a record of the date of your mailing and its receipt by the Claims Administrator, you are advised to use Certified Mail, Return Receipt, requested.

8. For individuals and entities with a United States taxpayer identification number (TIN), which is the Social Security number (SSN) for individuals or the employer identification number (EIN) for entities, the TIN and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of your claim.

9. If you would like to use an alternate address for any distribution you might be eligible for, please place a check mark next to "Check Here to Use Alternate Address for Distribution" on page 3. If not checked, you need not fill out the Distribution Address portion of the Claim Form. You can also request a direct deposit of any distribution by filling out the applicable section below.

**FAILURE TO REPORT ALL TRANSACTIONS DURING THE REQUESTED PERIODS MAY RESULT IN THE REJECTION OF YOUR CLAIM. ANY PERSON WHO KNOWINGLY SUBMITS A FALSE CLAIM FORM IS SUBJECT TO PENALTIES FOR PERJURY AND OTHER VIOLATIONS OF FEDERAL LAW.**

Submission of a Claim Form, however, does not ensure that you will share in the distribution of the Class Funds or SEC Funds.

If the proposed Settlement described in the Notice is approved by the Court, and if you have a Recognized Loss entitling you to a *pro rata* payment from the Class Funds and/or SEC Funds, as calculated in accordance with the Plan of Allocation described in the Notice, a check will be sent to you, or to your financial institution by direct deposit if you elect, representing such *pro rata* payment as soon as practicable after all Claim Forms from all Class Members and Qualified SEC Claimants have been processed. Processing all of the Claim Forms will likely take a significant amount of time. Please be patient, and please advise the Claims Administrator of any changes in your name and/or address.

**If you are a Class Member and you do not complete, sign, and return the Claim Form postmarked or received by the deadline, you will not receive any money from the Class Funds, but you will still be bound by all orders of the Court in the Class Action, including the release reprinted in the Claim Form, unless you properly and timely submit a Request for Exclusion from the Class as set forth in the Notice.**

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MUST BE POSTMARKED  
NO LATER THAN  
SEPTEMBER 21, 2010

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*In re Take-Two Interactive Securities Litigation*, No. 1:06-cv-00803-RJS  
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**PROOF OF CLAIM AND RELEASE**

  
For Official Use Only

Please Type or Print

**CLAIMANT IDENTIFICATION**

Last Name (Claimant)

First Name (Claimant)

Last Name (Beneficial Owner If Different From Claimant)

First Name (Beneficial Owner)

Last Name (Co-Beneficial Owner)

First Name (Co-Beneficial Owner)

Company/Other Entity (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 Zip Code

Foreign Country

**Check Here to Use Alternate Address for Distribution** (Optional) Distribution Address - Distribution Address Line 1

Distribution Address Line 2 (If Applicable)

City

State

Zip Code

Foreign Province

Foreign Zip Code

Foreign Country

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Telephone Number (Day) (     )     -     

Telephone Number (Night) (     )     -     

Beneficial Owner's Employer Identification Number or Social Security Number     -     -     

E-mail Address

**IDENTITY OF CLAIMANT**

- Individual     Joint Owners    Estate    Corporation        Trust        Partnership    Limited Liability Company     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) \_\_\_\_\_

**LEGAL REPRESENTATIVES OF CLAIMANTS MUST ATTACH POWER OF ATTORNEY OR OTHER INSTRUMENT SHOWING AUTHORITY TO ACT AS A LEGAL REPRESENTATIVE.**

Individuals or entities excluded from receiving a distribution from the Class Funds and the SEC Funds are: any parents, subsidiaries, affiliates, officers, or directors of Take-Two and their immediate families; any entity in which any excluded person has a controlling interest; and the legal representatives, heirs, successors, and assigns of any excluded person. In addition, any individuals or entities who exclude themselves from the Class in accordance with the Notice shall be excluded from receiving a distribution from the Class Funds. Exclusion from the Class by filing a Request for Exclusion shall not affect an individual's or entity's eligibility for a distribution from the SEC Funds.

- Check here if the claimant or beneficial owner has requested exclusion from the Class.
- Check here if the claimant or beneficial owner was an officer or director of Take-Two at any time during the SEC Claims Period. If so, please state position(s) held and dates of employment: \_\_\_\_\_
- Check here if the claimant or beneficial owner acquired Take-Two common stock through any Take-Two employee benefit plan.

**SCHEDULE OF PURCHASES AND SALES OF TAKE-TWO COMMON STOCK**

Separately list each of your purchases and sales of Take-Two common stock. Attach a separate schedule if more space is needed. Be sure to include the full name and TIN of the beneficial owner on any additional sheets.

For purposes of this schedule, you should list all transactions (including any free receipts and/or free deliveries) during the period from February 6, 1998, through July 10, 2006.

The date of purchase and sale is the "trade" or "contract" date, and not the "settlement" or "payment" date. Documentation of purchases or sales with only the "settlement" or "payment" date will be deemed deficient. The purchase price is the price paid without regard to commissions or other expenses. The sale price is the price received without regard to commissions or other expenses.

<p><b>BEGINNING HOLDINGS OF TAKE-TWO COMMON STOCK:</b>  Please state the number of shares of Take-Two common stock that you owned as of the close of all trading on February 5, 1998.  IF NONE, CHECK HERE <input type="checkbox"/></p>	<input type="text"/> <input type="text"/>	Proof enclosed?  <input type="radio"/> Y <input type="radio"/> N
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<b>PURCHASES/ACQUISITIONS:</b> List all purchases and acquisitions (including free receipts) of Take-Two common stock during the period from February 6, 1998, through July 10, 2006. List shares received through the 3-for-2 stock split, effective 4/12/05 separately, and do not split-adjust original purchases.				IF NONE, CHECK HERE <input type="checkbox"/>		
Trade date(s) of purchase/acquisition (List chronologically) MM DD YYYY			Number of shares purchased or acquired	Purchase/acquisition price per share (excluding taxes, commissions, etc.)	Shares acquired as part of merger/acquisition?	Proof enclosed?
				\$	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
				\$	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
				\$	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
				\$	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

IF YOU REQUIRE ADDITIONAL SPACE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT AS ABOVE. PRINT THE FULL ACCOUNT NAME AND TIN OF THE BENEFICIAL OWNER ON EACH ADDITIONAL PAGE.

<b>SALES/OTHER DISPOSITIONS:</b> List all sales and other dispositions (including free deliveries) of Take-Two common stock during the period from February 6, 1998, through July 10, 2006.				IF NONE, CHECK HERE <input type="checkbox"/>		
Trade date(s) of sale (List chronologically) MM DD YYYY			Number of shares sold or otherwise disposed of	Sale price per share (excluding taxes, commissions, etc.)	Proof enclosed?	
				\$	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
				\$	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
				\$	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
				\$	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

IF YOU REQUIRE ADDITIONAL SPACE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT AS ABOVE. PRINT THE FULL NAME AND TIN OF THE BENEFICIAL OWNER ON EACH ADDITIONAL PAGE.

<b>UNSOLD HOLDINGS OF TAKE-TWO COMMON STOCK:</b> Please state the number of shares of Take-Two common stock that you held as of the close of trading on July 10, 2006. IF NONE, CHECK HERE <input type="radio"/>					Proof enclosed? <input type="radio"/> Y <input type="radio"/> N
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YOU MUST PROVIDE SUPPORTING DOCUMENTATION OF ALL HOLDINGS AND TRANSACTIONS IN TAKE-TWO COMMON STOCK INDICATED ABOVE.

QUESTIONS? CALL 800-332-7414 TOLL FREE OR VISIT [WWW.TAKE-TWOSECURITIESSETTLEMENT.COM](http://WWW.TAKE-TWOSECURITIESSETTLEMENT.COM).  
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DIRECT DEPOSIT—If You Prefer Your Distribution(s) To Be Directly Deposited Into Your Bank Account, Check Here

You MUST provide the following information to receive your Distribution(s) by direct deposit:

Bank Name

Routing Number

Account Number

Checking Account  Savings Account

Claimant's Account Name Matches Submitted Documentation (Must Match)  Y  N

### CERTIFICATION

1. I (We) purchased publicly traded common stock of Take-Two during the period from February 6, 1998, through July 10, 2006. (Do not submit this Claim Form if you did not purchase Take-Two common stock during this period.)
2. By submitting this Claim Form, I (we) state that I (we) believe in good faith that I am a Class Member (we are Class Members) and/or a Qualified SEC Claimant (Qualified SEC Claimants) as defined above, or am (are) legally authorized to act for such person; that I am (we are) not a Defendant (Defendants) in the Class Action or anyone excluded from the Class by reason of a relationship specified above with a Defendant; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Class Funds and/or SEC Funds; that I (we) elect to participate in the proposed Settlement described in the Notice and/or the distribution of the SEC Funds; and that if I (we) previously submitted a Request for Exclusion from the Class, we have so indicated on this Claim Form. (If you are acting in a representative capacity on behalf of a Class Member or Qualified SEC Claimant (e.g., as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member or Qualified SEC Claimant. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)
3. I (We) have set forth, where requested above, all relevant information with respect to my (our) ownership of Take-Two common stock at the commencement of the SEC Claims Period and the Class Period and all purchases and sales of Take-Two common stock during the SEC Claims Period and the Class Period. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.
4. I (We) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, relevant portions of my (our) tax returns, or other documents evidencing each purchase, sale, or retention of Take-Two common stock listed above in support of my (our) claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)
5. I (We) understand that the information contained in this Claim Form is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) agree to cooperate and provide any such verification.
6. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may make a request to the Claims Administrator to accept, or may be requested by the Claims Administrator to submit, information regarding their transactions in Take-Two common stock in electronic files. Claims with more than 50 transactions are required to be submitted in an electronic file. All claimants MUST submit a manually signed paper Claim Form listing all their transactions whether or not they also submit electronic copies. If you wish to file your Claim Form electronically, you must contact the Claims Administrator at 800-949-0194 or visit the case website at [www.take-twosecuritiessettlement.com](http://www.take-twosecuritiessettlement.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.

### RELEASE

Upon the occurrence of the Effective Date (the date on which the proposed Settlement described in the Notice is approved by the Court and that approval becomes final), unless I (we) have timely and properly requested exclusion from the Class, my (our) signature(s) hereto will constitute a full and complete release, remise, and discharge by me (us) and my (our) heirs, executors, administrators, successors, and assigns (or, if I am (we are) submitting this Claim Form on behalf of a corporation, a partnership, estate, or one or more other persons, by it, him, her, or them, and by its, his, her, or their heirs, executors, administrators, successors, and assigns) of all "Released Claims," including "Unknown Claims," against each and all of the "Released Parties," as each term is defined in the Notice. If I (we) have timely and properly requested exclusion from the Class, then receipt of payment from the SEC Funds will not constitute a release of any claim against any party.

QUESTIONS? CALL 800-332-7414 TOLL FREE OR VISIT [WWW.TAKE-TWOSECURITIESSETTLEMENT.COM](http://WWW.TAKE-TWOSECURITIESSETTLEMENT.COM).  
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**SUBSTITUTE FORM W-9 AND W-8**

ALL CLAIMANTS MUST COMPLETE EITHER THE FORM W-9 OR W-8, AS APPLICABLE, PER THE INSTRUCTIONS BELOW AND SIGN THE CERTIFICATION BELOW.

**SUBSTITUTE FORM W-9 FOR UNITED STATES CITIZEN, RESIDENT, OR ENTITY**

Enter the TIN below for the beneficial owner(s) (employer identification number (EIN) for estates, trusts, corporations, partnerships, etc., or Social Security number (SSN) for individuals). The Internal Revenue Service (IRS) requires such TIN. If you fail to provide this information, your claim may be rejected.

EIN: [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] OR SSN: [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

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 IRS that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If the IRS has notified you that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

NOTE: If you have a joint account, only the Social Security number associated with that account is required to be provided. However, if your account is held jointly, BOTH parties must sign the form below.

**SUBSTITUTE FORM W-8 FOR NON-UNITED STATES CITIZEN, RESIDENT, OR ENTITY**

Certificate of foreign status of beneficial owner for United States tax withholding

Last Name	First Name

Country

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Check Appropriate Box:

- Individual           Corporation           Partnership           Simple trust
- Grantor trust           Complex trust           Estate           Government
- Disregarded entity           Private foundation           Central bank of issue           International organization           Tax-exempt organization

UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I (WE) CERTIFY THAT:

- I am (We are) the beneficial owner(s) (or am (are) authorized to sign for the beneficial owner(s)) of all the income to which this form relates;
- The beneficial owner(s) is (are) not a United States person(s);
- Any income to which this Substitute Form W-8 (“W-8”) relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty; and
- For broker transactions or barter exchanges, the beneficial owner(s) is (are) an exempt foreign person(s).

Furthermore, I (we) authorize this W-8 to be provided to any withholding agent that has control, receipt, or custody of any income of which I am (we are) the beneficial owner(s) or any withholding agent that can disburse or make payments of any income of which I am (we are) the beneficial owner(s).

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The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to establish your status as a non-United States person(s) and, if applicable, obtain a reduced rate of withholding. Enter United States taxpayer identification number (TIN) on appropriate line, if applicable. For individuals, this is your Social Security number (SSN). If you are not an individual or you are an individual who is an employer or who is engaged in a United States trade or business as a sole proprietor, you must enter an employer identification number (EIN). If you are a disregarded entity claiming treaty benefits as a hybrid entity, enter your EIN. If you are a non-United States citizen and have no SSN or EIN, please check "Not Applicable."

EIN:    -         OR SSN:    -   -

Not Applicable

**CERTIFICATION FOR ALL CLAIMANTS**

UNDER THE PENALTIES OF PERJURY PURSUANT TO 28 U.S.C. § 1746, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE AND THAT THIS FORM WAS EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ (MONTH, YEAR) IN \_\_\_\_\_ (CITY, STATE, COUNTRY).

\_\_\_\_\_  
Signature of claimant

\_\_\_\_\_  
Print your name here

\_\_\_\_\_  
Signature of joint claimant, if any

\_\_\_\_\_  
Print your name here

\_\_\_\_\_  
Capacity of person(s) signing (e.g., beneficial owner, purchaser, executor, administrator, trustee, etc.)

**REMINDER CHECKLIST**

1. Please sign the Certification section of the Claim Form on page 8.
2. If this claim is being made on behalf of joint claimants, both must sign.
3. Please remember to attach supporting documents. Do NOT use a highlighter on the Claim Form or any supporting documents.
4. Do NOT send any stock certificates or original documentation. Please send only copies.
5. If you move or change your name after submitting this Claim Form, please notify the Claims Administrator of the change in your name and/or address.
6. Keep a copy of your Claim Form and all documentation submitted for your records; originals cannot be returned to you once the documents are submitted.
7. You will not receive confirmation that your Claim Form has been received unless you send it via Certified Mail, Return Receipt, requested or by some other means that provides you with proof of receipt.