

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

AVIVA PARTNERS LLC, Individually and On)	No. 3:05-cv-03098-MLC-JJH
Behalf of All Others Similarly Situated,)	(Consolidated)
)	
Plaintiff,)	<u>CLASS ACTION</u>
)	
vs.)	
)	
EXIDE TECHNOLOGIES, et al.,)	
)	
Defendants.)	
)	

PROOF OF CLAIM AND RELEASE

I. GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled *Aviva Partners LLC v. Exide Technologies, et al.*, No. 3:05-cv-03098-MLC-JJH (the "Litigation"), you must complete and, on Page 6 hereof, sign this Proof of Claim and Release Form ("Claim Form"). If you fail to file a properly addressed (as set forth below) Claim Form, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed settlement of the Litigation.

2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the settlement of the Litigation.

3. YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM POSTMARKED ON OR BEFORE JULY 22, 2009, ADDRESSED AS FOLLOWS:

Exide Securities 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 below and in the Notice of Proposed Settlement of Class Action ("Notice")) DO NOT submit a Claim Form.

4. If you are a member of the Class and you did not timely request exclusion in connection with the proposed settlement, you are bound by the terms of any judgment entered in the Litigation, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

II. DEFINITIONS

1. "Class" means all Persons who purchased Exide common stock between May 5, 2004 and May 17, 2005, inclusive. Excluded from the Class are Defendants, officers and directors of Exide, members of their immediate families and their legal representatives, heirs, successors and assigns, and any entity in which Defendants have or had a controlling interest. Also excluded from the Class are those Persons who timely and validly request exclusion from the Class pursuant to the Notice.

2. "Defendants" means Exide, Craig H. Muhlhauser, J. Timothy Gargaro, and Ian J. Harvie.

3. "Exide" means Exide Technologies and its past and current parents, divisions, predecessors, successors and assigns.

4. "Related Parties" means, with respect to each Defendant, the immediate family members, heirs, executors, administrators, and present and former shareholders (excepting class members), successors, assigns, employees, officers, directors, attorneys, legal representatives, accountants, insurers, reinsurers, and agents of each of them, and any person or entity which is or was related to or affiliated with any Defendant or in which any Defendant has or had a controlling interest and the present and former parents, subsidiaries, divisions, affiliates, predecessors, successors, employees, officers, directors, shareholders (excepting class members), attorneys, assigns, legal representatives, insurers, reinsurers, and agents of each of them.

5. "Stipulation" or "Stipulation of Settlement" is the Stipulation of Settlement dated as of March 26, 2009, entered into by the parties to the Litigation for the purpose of settling the Litigation.

III. CLAIMANT IDENTIFICATION

1. If you purchased Exide common stock and held the certificate(s) in your name, you are the beneficial purchaser as well as the record purchaser. If, however, you purchased Exide common stock and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

2. Use Part I of this form entitled "Claimant Identification" to identify each purchaser of record ("nominee"), if different from the beneficial purchaser of Exide common stock which forms the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S), OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S), OF THE EXIDE COMMON STOCK UPON WHICH THIS CLAIM IS BASED.**

3. All joint purchasers must sign this Claim Form. Executors, administrators, guardians, conservators and trustees must complete and sign this Claim Form on behalf of persons represented by them and their authority must accompany this Claim Form and their titles or capacities must be stated. The Social Security (or taxpayer identification) number 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 the claim.

IV. CLAIM FORM

1. Use Part II of this form entitled "Schedule of Transactions in Exide Common Stock" to supply all required details of your transaction(s) in Exide 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.

2. On the schedules, provide all of the requested information with respect to **all** of your purchases of Exide common stock which took place at any time between May 5, 2004 and May 17, 2005, inclusive (the "Class Period") and **all** of your sales of Exide common stock which took place at any time between May 5, 2004 and August 16, 2005, inclusive, whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to **all** of the Exide common stock you held at the beginning of trading on May 5, 2004, and at the close of trading on August 16, 2005. Failure to report all such transactions may result in the rejection of your claim.

3. List each 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 transaction you list.

4. The date of covering a "short sale" is deemed to be the date of purchase of Exide common stock. The date of a "short sale" is deemed to be the date of sale of Exide common stock.

5. Copies of broker confirmations or other documentation of your transactions in Exide common stock 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 Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-866-967-6903 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.

Official
Office
Use
Only



UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

Aviva Partners LLC v. Exide Technologies, et al.
No. 3:05-cv-03098-MLC-JJH

**Must be Postmarked
No Later Than:
July 22, 2009**

PROOF OF CLAIM AND RELEASE

Please Type or Print in the Boxes Below
Do NOT use Red Ink, Pencil, or Staples

ETEC1

PART I: CLAIMANT IDENTIFICATION

Last Name (Beneficial Owner) First Name (Beneficial Owner)

[Grid boxes for Beneficial Owner Name]

Last Name (Co-Beneficial Owner) First Name (Co-Beneficial Owner)

[Grid boxes for Co-Beneficial Owner Name]

IRA Trust Joint Tenancy UTMA/UGMA Individual Other _____

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA (specify)

[Grid boxes for Company Name]

Trustee/Asset Manager/Nominee/Record Owner's Name (if Different from Beneficial Owner Listed Above)

[Grid boxes for Trustee Name]

Account#/Fund# (Not Necessary for Individual Filers) Date of Trust

[Grid boxes for Account/Fund# and Date of Trust]

Social Security Number Taxpayer Identification Number

[Grid boxes for Social Security Number and Taxpayer Identification Number]

Telephone Number (Work) Telephone Number (Home)

[Grid boxes for Telephone Numbers]

Email Address

[Grid boxes for Email Address]

MAILING INFORMATION

Address

[Grid boxes for Address]

Address

[Grid boxes for Address]

City State Zip Code

[Grid boxes for City, State, and Zip Code]

Foreign Province Foreign Zip Code Foreign Country Name/Abbreviation

[Grid boxes for Foreign Information]

FOR CLAIMS PROCESSING ONLY	PB [] []	PC [] []	<input type="radio"/> ND	<input type="radio"/> NS	<input type="radio"/> ICI	<input type="radio"/> OPT	<input type="radio"/> EMP	DC [] []	<input type="radio"/> L1
			<input type="radio"/> IHI	<input type="radio"/> NTIN	<input type="radio"/> OTHER	<input type="radio"/> MRG			<input type="radio"/> L2
						<input type="radio"/> BOTH			



V. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Claim Form under the terms of the Stipulation of Settlement described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the District of New Jersey, 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 am (we are) bound by and subject to the terms of any judgment that may be entered in the Litigation. 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 or sales of Exide common stock 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 Claims each and all of the "Released Persons," defined as each and all of Defendants and each and all of their Related Parties.

2. "Released Claims" means all rights, demands, claims (including "Unknown Claims" as defined in the Stipulation) and causes of action of every nature and description, in law or equity, accrued or unaccrued, and whether known or unknown, and whether arising under federal, state, common or foreign law, that Lead Plaintiffs or any member of the Class asserted, or could have asserted, arising out of, or relating to, directly or indirectly, the purchase of Exide common stock during the Class Period, and the facts, matters, allegations, transactions, events, disclosures, statements, acts or omissions which were alleged or that could have been alleged in the Litigation.

3. This release shall be of no force or effect unless and until the Court approves the Stipulation of Settlement and the Stipulation becomes effective on the Effective Date (as defined in the Stipulation).

4. 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.

5. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in Exide common stock which occurred during the Class Period as well as the number of shares of Exide common stock held by me (us) at the beginning of trading on May 5, 2004, and at the close of trading on August 16, 2005.



SUBSTITUTE FORM W-9

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

First Name

I. Last Name

Grid for First Name (15 boxes)

Grid for Last Name (15 boxes)

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

Employer Identification Number

- - or -

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 Claim 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, Executor or Administrator)

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

**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 and all supporting documentation 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.

