

Must be
Postmarked
No Later Than
January 28, 2017

Pfizer Securities Litigation Settlement
c/o Garden City Group, LLC
P.O. Box 10305
Dublin, OH 43017-5905
1-888-236-0464
www.pfizersecuritieslitigationsettlement.com



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE FORM

TO BE ELIGIBLE TO RECEIVE A SHARE OF THE NET CASH SETTLEMENT AMOUNT IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE FORM ("CLAIM FORM") AND MAIL IT BY PREPAID, FIRST-CLASS MAIL, POSTMARKED NO LATER THAN JANUARY 28, 2017, ADDRESSED AS FOLLOWS:

Pfizer Securities Litigation Settlement
c/o Garden City Group, LLC
P.O. Box 10305
Dublin, OH 43017-5905

FAILURE TO SUBMIT YOUR CLAIM FORM BY THE DATE SPECIFIED ABOVE WILL SUBJECT YOUR CLAIM TO REJECTION AND MAY PRECLUDE YOU FROM BEING ELIGIBLE TO RECEIVE ANY MONEY IN CONNECTION WITH THE SETTLEMENT.

DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE PARTIES TO THIS ACTION, OR THEIR COUNSEL. SUBMIT YOUR CLAIM FORM ONLY TO THE SETTLEMENT ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE.

<u>TABLE OF CONTENTS</u>	<u>PAGE #</u>
PART I - CLAIMANT IDENTIFICATION	2
PART II - GENERAL INSTRUCTIONS	3-4
PART III - SCHEDULE OF TRANSACTIONS IN PFIZER COMMON STOCK.....	5
PART IV - RELEASE OF CLAIMS AND SIGNATURE	6-7
REMINDER CHECKLIST	8

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

Claimant or Representative Contact Information:

The Settlement Administrator will use the information supplied below for all communications regarding this Claim Form. If this information changes, you MUST notify the Settlement Administrator in writing at the address above.

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

Joint Beneficial Owner, if applicable:

Street Address:

City:

Last 4 digits of Claimant SSN/TIN:¹

Account Number:

State:

Zip Code:

Country (if Other than U.S.):

Name of the Person you would like the Settlement Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above):

Daytime Telephone Number:

Evening Telephone Number:

Email Address (Email address is not required, but if you provide it you authorize the Settlement Administrator to use it in providing you with information relevant to this claim.)

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. To obtain the mandatory electronic filing requirements and file layout, you may visit the Settlement website at www.pfizersecuritieslitigationsettlement.com or you may email the Settlement Administrator's electronic filing department at eClaim@gardencitygroup.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 Settlement 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@gardencitygroup.com to inquire about your file and confirm it was received and acceptable.**

To view Garden City Group, LLC's Privacy Notice, please visit <http://www.gardencitygroup.com/privacy>

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

1. It is important that you completely read and understand the Notice of Proposed Settlement of Securities Class Action, Application for Attorneys' Fees and Expenses, and Settlement Fairness Hearing (the "Notice") that accompanies this Claim Form, including the Proposed Plan of Allocation of Net Cash Settlement Amount set forth in the Notice. The Notice describes the proposed Settlement, how Class Members are affected by the Settlement, and the manner in which the Net Cash Settlement Amount will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

2. By submitting this Claim Form, you will be making a request to share in the proceeds of the Settlement described in the Notice. **IF YOU ARE NOT A CLASS MEMBER** (see the definition of the Class in Question 5 of the Notice, which sets forth who is included in and who is excluded from the Class), **DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A CLASS MEMBER.** **THUS, IF YOU PREVIOUSLY EXCLUDED YOURSELF FROM THE CLASS IN CONNECTION WITH THE NOTICE OF PENDENCY OF CLASS ACTION DATED JULY 5, 2012 (THE "CLASS NOTICE") AND ARE LISTED ON EXHIBIT C TO THE SETTLEMENT AGREEMENT², ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.**

3. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Cash Settlement Amount will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.**

4. Use the Schedule of Transactions in Part III of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in and holdings of Pfizer common stock. On this schedule, please provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of Pfizer common stock, whether such transactions resulted in a profit or a loss. **Failure to report all transaction and holding information during the requested time period may result in the rejection of your claim.**

5. **PLEASE NOTE:** The Class certified by the Court includes the Class Period from October 31, 2000 through October 19, 2005. However, in connection with Defendants' summary judgment motion, the Court ruled that the full extent of the truth was in the public domain as of the end of the day on December 19, 2004 and that Plaintiffs identified no loss-causing risk information disclosure after December 19, 2004. In addition, based upon the Court's ruling, it also became clear that any Pfizer common stock purchased or otherwise acquired on December 17, 2004 and December 18, 2004 did not incur a loss attributable to the allegedly misrepresented information. As a result, if you purchased or otherwise acquired shares of Pfizer common stock on any date after December 16, 2004, you will not receive any recovery resulting from such purchases/acquisitions. **Accordingly, if your only purchases/acquisitions of Pfizer common stock occurred after December 16, 2004, it is not necessary for you to complete and submit this Claim Form.**

6. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of Pfizer common stock set forth in the Schedule of Transactions in Part III of this Claim Form. Documentation may consist of copies of brokerage confirmation slips or monthly brokerage account statements, or an authorized statement from your broker containing the transactional and holding information found in a broker confirmation slip or account statement. **The Parties and the Settlement Administrator do not independently have information about your investments in Pfizer common stock. If such documents are not in your possession, please obtain copies or equivalent documents from your broker. Failure to supply this documentation may result in the rejection of your claim.** **DO NOT SEND ORIGINAL DOCUMENTS.** Please keep a copy of all documents that you send to the Settlement Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.

7. Separate Claim Forms should be submitted for each separate legal entity (e.g., a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity on one Claim Form, no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).

² Exhibit C to the Settlement Agreement can be viewed on the website for the Settlement, www.pfizersecuritieslitigationsettlement.com.



PART II - GENERAL INSTRUCTIONS (CONTINUED)

8. All joint beneficial owners must each sign this Claim Form and their names must appear as “Claimants” in Part I of this Claim Form. If you purchased or otherwise acquired Pfizer common stock during the Class Period and held the shares in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to participate in the Settlement. If, however, you held, purchased or otherwise acquired Pfizer common stock during the relevant time period and the securities were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these shares, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be eligible to participate in the Settlement.

9. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, last four digits of the Social Security Number (or taxpayer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the Pfizer common stock; and
- (c) furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person’s accounts.)

10. By submitting a signed Claim Form, you will be swearing that you:

- (a) own(ed) the Pfizer common stock you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

11. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

12. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all claims processing. The claims process could take substantial time to complete fully and fairly. Please be patient.

13. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Settlement Administrator, Garden City Group, LLC, at the above address, by toll-free phone at 1-888-236-0464 or by e-mail at info@pfizersecuritieslitigationsettlement.com, or you may download the documents from www.pfizersecuritieslitigationsettlement.com.

Please be sure to include proper documentation with your Claim Form as described in detail in Part II – General Instructions, Paragraph 6, above. Do not include information regarding securities other than Pfizer common stock.



PART III - SCHEDULE OF TRANSACTIONS IN PFIZER COMMON STOCK

A. BEGINNING HOLDINGS: State the total number of shares of Pfizer common stock held as of the opening of trading on October 31, 2000. (Must be documented.) If none, write "zero" or "0."

Shares

B. PURCHASES/ACQUISITIONS DURING RELEVANT PERIOD: Separately list each and every purchase/acquisition (including free receipts) of Pfizer common stock from after the opening of trading on October 31, 2000 through and including the close of trading on December 16, 2004. (Must be documented.)

Table with 4 columns: Trade Date(s) of Purchase(s)/Acquisition(s), Number of Shares Purchased/Acquired, Purchase/Acquisition Price Per Share, Total Purchase/Acquisition Price. Includes grid for data entry.

C. PURCHASES/ACQUISITIONS DURING 90-DAY LOOK-BACK PERIOD: State the total number of shares of Pfizer common stock purchased/acquired (including free receipts) from after the opening of trading on December 17, 2004 through and including the close of trading on March 16, 2005. If none, write "zero" or "0."

Shares

D. SALES DURING RELEVANT PERIOD AND DURING 90-DAY LOOK-BACK PERIOD: Separately list each and every sale/disposition (including free deliveries) of Pfizer common stock from after the opening of trading on October 31, 2000 through and including the close of trading on March 16, 2005. (Must be documented.)

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

E. ENDING HOLDINGS: State the total number of shares of Pfizer common stock held as of the close of trading on March 16, 2005. (Must be documented.) If none, write "zero" or "0."

Shares

3 Please Note: As set forth above, the Class certified by the Court includes the Class Period from October 31, 2000 through October 19, 2005. However, in connection with Defendants' summary judgment motion, the Court ruled that the full extent of the truth was in the public domain as of the end of the day on December 19, 2004 and that Plaintiffs identified no loss-causing risk information disclosure after December 19, 2004.

4 Please Note: Information requested with respect to your purchases/acquisitions of Pfizer common stock from after the opening of trading on December 17, 2004 through and including the close of trading on March 16, 2005 is needed in order to evaluate your claim; purchases/acquisition during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

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 - RELEASE OF CLAIMS AND SIGNATURE****YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 7 OF THIS CLAIM FORM.**

I (we) hereby acknowledge that, pursuant to the terms set forth in the Settlement Agreement and the Order Approving Settlement and Final Judgment, without further action by anyone, on and after the Effective Date, I (we), on behalf of myself (ourselves) and my (our) respective legal representatives, heirs, executors, administrators, predecessors, successors in interest, transferees and assigns, in that capacity, for good and sufficient consideration, shall be deemed to have, and by operation of law and of the Order Approving Settlement and Final Judgment shall have, fully, finally, and forever released, relinquished, settled, and discharged all Released Plaintiffs' Claims (as defined below) against each and every one of the Releasees (as defined below), except to the extent otherwise specified in the Settlement Agreement.

- "Released Plaintiffs' Claims" means any and all Claims arising from or related in any way to both (i) the purchase of Pfizer Inc. common stock during the Class Period and (ii) the acts, facts, statements or omissions that have been, could have been, or could be alleged by Plaintiffs in the Action, including any and all Claims and claims, demands, losses, rights, causes of action, liabilities, obligations, judgments, suits, matters and issues of any kind or nature whatsoever, whether known or unknown, contingent or absolute, suspected or unsuspected, disclosed or undisclosed, that have been, could have been, or could be asserted in the Action or in any court, tribunal, forum or proceeding (including, but not limited to, any claims arising under federal, state or foreign law, common law, statute, rule or regulation relating to alleged fraud, breach of any duty, negligence, violations of the federal securities laws, or otherwise and including all claims within the exclusive jurisdiction of the federal courts), whether individual or class, which Plaintiffs or any member of the Class, or their legal representatives, heirs, executors, administrators, predecessors, successors in interest, transferees and assignees, ever had, now have, or hereafter can, shall, or may have had, except claims to enforce the Settlement.
- "Releasee" means each and every one of, and "Releasees" means all of, Pfizer and the Individual Defendants, any of the Individual Defendants' immediate family members, any of Defendants' parent entities, business units, business divisions, associates, affiliates or subsidiaries and each and all of their past, present, or future officers, directors, stockholders, employees, attorneys, financial or investment advisors, consultants, accountants, investment bankers, commercial bankers, insurers, engineers, other professionals, advisors or agents, heirs, executors, trustees, general or limited partners or partnerships, personal representatives, estates, administrators, and each of their respective predecessors, successors, and assigns.
- "Unknown Claims" means any and all (i) Released Plaintiffs' Claims that any Releasor does not know or suspect exists with respect to one or more Releasees at the time of the release of the Releasees or (ii) Released Defendants' Claims that any Releasee does not know or suspect exists with respect to one or more Releasors at the time of the release of the Releasors, which, if known by such Releasee or Releasor (as the case may be) might have affected his, her or its decision(s) concerning the Settlement. As to all Claims released by the Settlement Agreement, the Parties stipulate and agree that, upon the Effective Date of the Settlement, each of the Parties expressly waives, and each Class Member shall be deemed to have waived, and by operation of the Order Approving Settlement and Final Judgment shall have expressly waived, any and all provisions, rights and benefits conferred by any law of any state or territory of the United States or of any other country, or any principle of federal or common law, that is similar, comparable or equivalent to California Civil Code Section 1542, which provides:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

The Parties acknowledge, and all other Class Members by operation of law shall be deemed to have acknowledged, that the inclusion of Unknown Claims in the Claims released pursuant to the Settlement Agreement was separately bargained for and is a key element of the Settlement Agreement.

CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) certifies (certify), as follows:

1. that I (we) have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;
2. that the claimant(s) is a (are) Class Member(s), as defined in the Notice, and is (are) not excluded by definition from the Class as set forth in the Notice;



PART IV - RELEASE OF CLAIMS AND SIGNATURE (CONTINUED)

3. that the claimant has not previously submitted a valid request for exclusion from the Class in connection with the Class Notice as listed on Exhibit C to the Settlement Agreement;

4. that I (we) own(ed) the Pfizer common stock identified in the Claim Form and have not assigned the claim against any of the Defendants or any of the other Releasees to another, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;

5. that the claimant(s) has (have) not submitted any other claim covering the same purchases/acquisitions of Pfizer common stock and knows (know) of no other person having done so on the claimant's (claimants') behalf;

6. that the claimant(s) submit(s) to the jurisdiction of the Court with respect to claimant's (claimants') claim and for purposes of enforcing the releases set forth herein;

7. that I (we) agree to furnish such additional information with respect to this Claim Form as Lead Counsel, the Settlement Administrator or the Court may require;

8. that the claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;

9. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and

10. that the claimant(s) is (are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the claimant(s) is (are) exempt from backup withholding or (b) the claimant(s) has (have) not been notified by the IRS that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the claimant(s) that he/she/it is no longer subject to backup withholding. If the IRS has notified the claimant(s) that he/she/it is subject to backup withholding, please strike out the language in the preceding sentence indicating that the claim is not subject to backup withholding.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Claimant

Print Name of Claimant

Date

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

Date

If Claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of Person Completing Form

Print Name of Person Completing Form

Date

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, trustee, custodian, etc. (Must provide evidence of authority to act on behalf of claimant – see paragraph 9 on page 4 of this Claim Form)



REMINDER CHECKLIST

1. Please sign the above release and certification. If this Claim Form is being made on behalf of joint claimants, then both must sign.
2. Remember to attach only copies of acceptable supporting documentation as these documents will not be returned to you.
3. Please do not highlight any portion of the Claim Form or any supporting documents.
4. Keep copies of the completed Claim Form and documentation for your own records.
5. The Settlement Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed submitted until you receive an acknowledgement postcard. **If you do not receive an acknowledgment postcard within 60 days, please contact the Settlement Administrator toll free at (888) 236-0464, or by email at info@pfizersecuritieslitigationsettlement.com**
6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Settlement Administrator written notification of your new address. If you change your name, please inform the Settlement Administrator.
7. If you have any questions or concerns regarding your claim, please contact the Settlement Administrator at the above address, by phone toll-free at 1-888-236-0464, by email at info@pfizersecuritieslitigationsettlement.com, or visit the website for the Settlement www.pfizersecuritieslitigationsettlement.com. Please DO NOT call Pfizer, any other Defendants or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE SETTLEMENT ADMINISTRATOR BY PREPAID, FIRSTCLASS MAIL, **POSTMARKED NO LATER THAN JANUARY 28, 2017**, ADDRESSED AS FOLLOWS:

Pfizer Securities Litigation Settlement
c/o Garden City Group, LLC
P.O. Box 10305
Dublin, OH 43017-5905

A Claim Form received by the Settlement Administrator shall be deemed to have been submitted when posted, if a postmark date on or before January 28, 2017 is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Settlement Administrator.

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Settlement Administrator of any change of address.