

Must be  
Postmarked  
No Later Than  
August 23, 2016

Polycom, Inc. Settlement  
c/o Garden City Group, LLC  
PO Box 10281  
Dublin, OH 43017-5781  
1-855-907-3170



[www.gardencitygroup.com/cases-info/polycomsettlement](http://www.gardencitygroup.com/cases-info/polycomsettlement)



Claim Number:

Control Number:

## PROOF OF CLAIM AND RELEASE FORM

TO FILE A CLAIM AND RECOVER UNDER THE SETTLEMENT OF THIS ACTION, YOU MUST SUBMIT THIS PROOF OF CLAIM AND RELEASE FORM (THE "PROOF OF CLAIM"). HOWEVER, SUCH FILING IS NOT A GUARANTEE THAT YOU WILL SHARE IN THE PROCEEDS OF THE SETTLEMENT IN THE ACTION.

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**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 this information for all communications relevant to this Claim (including the check, if eligible for payment). 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):

Grid for Claimant Name(s)

**Street Address:**

Grid for Street Address

**City:** **Last 4 digits of Claimant SSN/TIN:\***

Grid for City and Last 4 digits of Claimant SSN/TIN

**Account Number:**

Grid for Account Number

**State:**      **Zip Code:**      **Country (if Other than U.S.):**

Grid for State, Zip Code, and Country

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

Grid for Name of the Person to contact

**Daytime Telephone Number:**

**Evening Telephone Number:**

Grid for Daytime and Evening Telephone Numbers

**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.)

Grid for Email Address

**NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request to, 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.gardencitygroup.com/cases-info/polycomsettlement](http://www.gardencitygroup.com/cases-info/polycomsettlement) or you may e-mail the Settlement Administrator's electronic filing department at [eClaim@gardencitygroup.com](mailto: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](mailto: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>

\*The 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. You are urged to read carefully the accompanying Notice of Proposed Class-Action Settlement (the "Notice"). All capitalized terms used herein shall have the same meaning as defined in the Notice.
2. To file a claim and recover under the Settlement of this Action, you must submit this Proof of Claim and Release Form (the "Proof of Claim"). However, such filing is not a guarantee that you will share in the proceeds of the Settlement in the Action.
3. **You must mail your completed and signed Proof Of Claim postmarked on or before August 23, 2016, addressed to the Settlement Administrator at:**

***Polycom, Inc. Settlement***  
c/o Garden City Group, LLC  
PO Box 10281  
Dublin, OH 43017-5781
4. If you are a member of the Settlement Class and you do not timely request exclusion, you will be bound by the terms of any judgment entered in the Action.
5. If you are **not** a member of the Settlement Class, **do not** submit a Proof of Claim.
6. **If you need assistance filling out this Proof of Claim, please contact the Settlement Administrator.**

### INSTRUCTIONS FOR FILLING OUT THE PROOF OF CLAIM FORM

**Important additional information regarding the Settlement and this Proof of Claim is contained in the accompanying Notice. Please refer to the Plan of Allocation set forth in the accompanying Notice for a detailed explanation of how a Claimant's Recognized Loss will be calculated.**

1. In order to be eligible to participate in the distribution of the Net Settlement Fund, a claimant ("Claimant") must have purchased or otherwise acquired Polycom securities on the U.S. exchanges or by other means involving transactions in the United States during the period between January 20, 2011 and July 23, 2013, both dates inclusive (the "Settlement Class Period").
2. The submission of a Proof of Claim does not ensure that your claim will be upheld or that you will share in any recovery. All claims are subject to verification and investigation. You may be requested to provide further information.
3. All claims must be made by persons or entities who were beneficial owners (as opposed to record holders or nominees) of Polycom securities purchased on the U.S. exchanges or by other means involving transactions in the United States. (Brokerage firms, banks and other nominees are requested to transmit copies of the Notice and Proof of Claim to their present or former customers who were such beneficial owners.) If Polycom securities were owned jointly, all joint owners must complete and sign the Proof of Claim.
4. Executors, administrators, guardians, conservators and trustees may complete and sign the Proof of Claim on behalf of persons or entities represented by them, but they must identify such persons or entities and provide proof of their authority (e.g., powers of attorney or currently effective letters testamentary or letters of administration) to do so.
5. You must file a separate Proof of Claim for each differently named account or ownership, such as an individual account, an IRA account, a joint account, or a custodial account, etc. Joint tenants, co-owners, or custodians UGMA should file a single claim. Claimants who file one or more claims (e.g., one in Claimant's name and one for an IRA or joint ownership) must identify the other claims filed.



PART II - GENERAL INSTRUCTIONS (CONTINUED)

6. There will be no Recognized Loss attributed to any Polycom securities other than the securities purchased on the U.S. exchanges or in other transactions in the United States.
7. The date of purchase and/or sale of Polycom securities is the “trade” date and not the “settlement” date.
8. The first-in, first-out basis (“FIFO”) will be applied to both purchases and sales.
9. Exercise of option contracts will be considered to be purchases or sales of common stock. Option premiums will be incorporated into the purchase/sale price of the common stock accordingly.
10. The date of covering a “short sale” is deemed to be the date of purchase of Polycom securities; and the date of a “share sale” is deemed to be the date of sale of Polycom securities. Securities originally sold short will have a Recognized Loss of zero.
11. No cash payment will be made on a claim where the potential distribution is less than ten U.S. dollars (USD \$10.00).
12. You must attach to your claim form **copies** of brokerage confirmations, monthly statements or other documentation of your transactions in Polycom securities on the U.S. exchanges in order for your claim to be valid. Failure to provide this documentation could delay verification of your claim or could result in rejection of your claim.
13. If you have any questions or need additional Proofs of Claim, contact the Settlement Administrator by phone: 1-855-907-3170, or via the website: [www.gardencitygroup.com/cases-info/polycomsettlement](http://www.gardencitygroup.com/cases-info/polycomsettlement).



**PART III - SCHEDULE OF TRANSACTIONS IN POLYCOM COMMON STOCK**

**A. BEGINNING HOLDINGS:** State the total number of Polycom Common Stock that were purchased on the open market in the United States and were owned at the close of trading on **January 19, 2011**, long or short (*if none, enter "0"; if other than zero, must be documented*):

Shares									

**B. PURCHASES\ACQUISITIONS:** Separately list each and every **purchase** of Polycom Common Stock that were purchased on the open market in the United States during the period **January 20, 2011** through **July 23, 2013**, inclusive, and provide the following information (*must be documented*):

Purchase Date (list chronologically) Month/Day/Year	Number of Shares Purchased	Price Per Share (excluding commissions, taxes, and other fees)	Total Purchase Price (excluding commissions, taxes, and other fees)
/  /		.	
/  /		.	
/  /		.	
/  /		.	
/  /		.	

**C. PURCHASES\ACQUISITIONS:** Number of Polycom Common Stock purchased on the open market in the United States between **July 24, 2013** and **October 21, 2013**, inclusive. (*if none, enter "0"; if other than zero, must be documented*):

Shares									

**D. SALES:** Separately list each and every **sale** of Polycom Common Stock that were sold on the open market in the United States during the period **January 20, 2011** through **October 21, 2013**, inclusive, and provide the following information (*must be documented*):

Sale Date (list chronologically) Month/Day/Year	Number of Shares Sold	Price Per Share (excluding commissions, taxes, and other fees)	Total Sale Price (excluding commissions, taxes, and other fees)
/  /		.	
/  /		.	
/  /		.	
/  /		.	
/  /		.	

**E. ENDING HOLDINGS:** State the total number of shares of Polycom Common Stock purchased on the open market in the United States that were held at the close of trading on, **October 21, 2013**, long or short (*if none, enter "0"; if other than zero, must be documented*):

Shares									

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 - SCHEDULE OF TRANSACTIONS IN POLYCOM CALL OPTIONS



**A. BEGINNING HOLDINGS:** At the close of trading on **January 19, 2011**, I owned the following U.S. exchange traded call option contracts:

Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 05/07 \$40)	Purchase Price Per Contract	Amount Paid	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)

**B. PURCHASES/ACQUISITIONS:** I made the following purchases/acquisitions of U.S. exchange traded call option contracts between **January 20, 2011** and **July 23, 2013**, inclusive. (*Must be documented*):

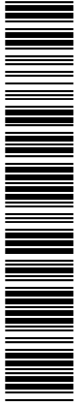
Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 05/07 \$40)	Purchase Price Per Contract	Amount Paid	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)

**C. SALES:** I made the following U.S. exchange traded sales, regardless of when they occurred, of the above call option contracts that were purchased or otherwise acquired between **January 20, 2011** and **July 23, 2013**, inclusive. (*Must be documented*):

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 05/07 \$40)	Sale Price Per Contract	Amount Received

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 V - SCHEDULE OF TRANSACTIONS IN POLYCOM PUT OPTIONS**



**A. BEGINNING HOLDINGS:** At the close of trading on **January 19, 2011**, I was obligated on the following U.S. exchange traded put option contracts:

Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 05/07 \$40)	Sale Price Per Contract	Amount Received	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)
	/				/
	/				/

**B. SALES (WRITING) OF PUT OPTIONS:** I wrote (sold) U.S. exchange traded put option contracts between **January 20, 2011** and **July 23, 2013**, inclusive, as follows. (Must be documented):

Date of Writing (Sale) (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 05/07 \$40)	Sale Price Per Contract	Amount Received	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)
/		/				/
/		/				/

**C. COVERING TRANSACTIONS (REPURCHASES):** I made the following U.S. exchange traded repurchases, regardless of when they occurred, of the above put option contracts that I wrote (sold) on or before **July 23, 2013**, inclusive. (Must be documented):

Date of Repurchase (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 05/07 \$40)	Price Paid Per Contract	Aggregate Cost
/		/		
/		/		

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 VI - SUBMISSION TO JURISDICTION OF THE COURT

By submitting this Proof of Claim and Release Form, I/we, and every Class member I/we represent, submit to the jurisdiction of the United States District Court for the Northern District of California for purposes of this Action and the Settlement of the Action, as reflected in the Stipulation of Settlement (the "Stipulation"). I/We further agree to be bound by the orders of the Court, agree that this Proof of Claim Form, my/our status or the status of the Class member I/we represent as a Claimant, and the allowable amount of this claim will be subject to review and further inquiry, and that I/we will furnish such additional documentation with respect to this Proof of Claim as may be required.

## PART VII - RELEASE

By signing this Proof of Claim and Release Form, and in consideration of the establishment of the Settlement Consideration, as of the effective date thereof, the undersigned claimant ("Claimant"), on behalf of Claimant and Claimant's predecessors, successors, parents, subsidiaries, affiliates, custodians, agents, assigns, representatives, heirs, executors, trustees, and administrators, hereby releases and forever discharges Polycom, Miller, Kourey and Brown; all entities currently or formerly owned, affiliated with or controlled by Polycom during the Settlement Class Period; its parents, subsidiaries, divisions, and joint ventures during the Settlement Class Period; all current or former Polycom directors, officers and employees during the Settlement Class Period; and Defendants' current or former agents, consultants, insurers, reinsurers, attorneys, consultants, accountants, auditors, successors, heirs, assigns, executors, personal representatives, and immediate families, or any trust of which Miller, Kourey, or Brown is or was the settler or which is or was for their benefit or the benefit of their family member(s) (the "Released Parties"), from any and all claims, both known and Unknown Claims, demands, actions or causes of action, rights, liabilities, damages, losses, obligations, judgments, debts, suits, matters, and issues of any kind or nature whatsoever, contingent or absolute, suspected or unsuspected, disclosed or undisclosed, matured or unmatured, discoverable or undiscoverable, liquidated or unliquidated, accrued or unaccrued, including those that are concealed or hidden, regardless of legal or equitable theory (including, without limitation, claims for negligence, gross negligence, recklessness, deliberate recklessness, intentional wrongdoing, fraud, breach of fiduciary duty, breach of the duty of care and/or loyalty, violation of any federal or state statute, rule or regulation, violation of the common law, violation of administrative rule or regulation, tort, breach of contract, violation of international law or violation of the law of any foreign jurisdiction) alleged or which could have been alleged, by Lead Plaintiff or members of the Settlement Class in the Action and/or in any other litigation, action, or forum against the Defendants, or against any Defendant previously named in the Action, or against any other of the Released Parties, arising from, or are based upon or are related in any way, directly or indirectly, in whole or in part, to (1) both: (i) the allegations, transactions, facts, events, acts, occurrences, statements, representations, misrepresentations, omissions, or any other matter, thing, or cause whatsoever, or any series thereof, embraced, involved, set forth in, referred to in, or otherwise related, directly or indirectly, to the Action, and (ii) any purchase, sale or acquisition of, or decision to hold Polycom securities on the U.S. exchanges during the Settlement Class Period; and/or (2) Defendants' defense or settlement of the Action and/or Defendants' defense or settlement of the released claims (except for claims to enforce the Settlement ("Released Claims")). Released Claims do not include claims asserted by Polycom shareholders in derivative cases on behalf of Polycom.

It is understood that the Released Claims include (i) any and all Settlement Class Claims (as defined in the Stipulation) that Lead Plaintiff or any member of the Settlement Class does not know or suspect to exist in his, her, or its favor at the time of the release of the Released Parties, which if known by him, her, or it might have affected his, her, or its decision(s) with respect to the Settlement with and release of the Released Parties, or might have affected his or her or its decision not to object to this Settlement or not exclude himself, herself or itself from the Settlement Class; and (ii) and any and all Defendant Claims that any Defendant does not know or suspect to exist in his, her, or its favor, which if known by him, her, or it might have affected his, her, or its decision(s) with respect to the Settlement ("Unknown Claims"). Unknown Claims include, without limitation, the Settlement Class Claims in which some or all of the facts composing the claim may be unsuspected, undisclosed, concealed, or hidden. With respect to any and all Released Claims, the Settling Parties stipulate and agree that, upon the Effective Date, Lead Plaintiff shall expressly and each of the Settlement Class Members shall be deemed to have, and by operation of the Judgment shall have, expressly waived and relinquished to the fullest extent permitted by law the provisions, rights, and benefits of California Civil Code §1542 or of any similar, comparable or equivalent law of any state or territory of the U.S. or principle of common law or foreign law. California Civil Code §1542 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.**

Lead Plaintiff and Settlement Class Members, or any of them, may hereafter discover facts in addition to or different from those that he, or she or it now knows or believes to be true with respect to the subject matter of the Settled Claims (including Unknown





PART VII - RELEASE (CONTINUED)

Claims), but the Lead Plaintiff shall expressly fully, finally and forever discharge, settle and release, and each Settlement Class Member, upon the Effective Date, shall be deemed to have, and by operation of law and of the Judgment shall have, expressly fully, finally, and forever discharged, settled and released any and all Settlement Class Claims against the Released Parties, known or unknown, suspected or unsuspected, contingent or non-contingent, whether or not concealed or hidden that now exist, or heretofore have existed, upon any theory of law or equity now existing or coming into existence in the future, including, but not limited to, conduct that is negligent, grossly negligent, reckless, deliberately reckless or intentional, with or without malice, or a breach of any duty, law, or rule, without regard to the subsequent discovery or existence of such different or additional facts. Lead Plaintiff acknowledges, and the Settlement Class Members shall be deemed by operation of the Judgment to have acknowledged, that the foregoing waiver was separately bargained for and a key element of the Settlement of which this release is a part.

The releases set forth in the Stipulation and Settlement Agreement shall cover all claims both known and unknown, in the form mutually agreed upon by all Parties to the Stipulation and Settlement Agreement.

PART VIII - REPRESENTATIONS

I/We acknowledge that I/we have read the Notice of Proposed Class-Action Settlement, and that pursuant thereto I/we file this claim to participate in the Settlement.

I/We hereby warrant and represent that neither I/we, nor any person I/we represent, is a Defendant (as defined in the Notice) with respect to any of the claims asserted in the Litigation, a member of the immediate family of any of the Individual Defendants, anyone excluded from the Settlement Class as it is defined in the Stipulation, or a person or entity who has requested exclusion from the Class.

I/We hereby warrant and represent that I am/we are authorized to execute and deliver this Proof of Claim and Release Form.

PART IX - CERTIFICATION

I/We certify that I am/we are not subject to backup withholding. (If you have been notified by the IRS that you are subject to backup withholding, strike out the previous sentence).

I/We certify that I/we purchased or otherwise acquired the Polycom securities listed in the above Schedules on the U.S. exchanges during the period between January 20, 2011 and October 21, 2013, inclusive.

I/We declare and affirm under penalties of perjury that the foregoing information and the documents attached hereto, including the last 4 digits of the Social Security or Taxpayer Identification Number shown on this Proof of Claim, are true, correct and complete to the best of my/our knowledge, information and belief, and that this Proof of Claim was

Executed this \_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Month) (Year) (City, State, Country)

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Claimant

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Joint Claimant, if any

\_\_\_\_\_  
Signature of Person signing on behalf of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Capacity of person signing on behalf of Claimant, if other than an individual, (Executor, President, Custodian, etc.)

\_\_\_\_\_  
Print Name of Person signing on behalf of Claimant

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

1. Please sign the Proof of Claim and Release.
2. Remember to attach supporting documentation (supporting documents include trade confirmation, official monthly, quarterly or annual brokerage statements).
3. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
4. Keep a copy of your completed Proof of Claim and all documentation submitted for your records.
5. The Settlement Administrator will acknowledge receipt of your Proof of Claim by mail within 60 days. **Your claim is not deemed filed until you receive an acknowledgment postcard.** If you do not receive an acknowledgment postcard within 60 days, please call the Settlement Administrator toll free at **1-855-907-3170**.
6. If you move, you must send the Settlement Administrator your new address. If these documents were sent to an old or incorrect address, you must notify the Settlement Administrator. Otherwise, any funds allocated to your claim are subject to forfeiture.
7. **Do not use highlighter on the Proof of Claim or supporting documentation.**
8. If you have any questions or concerns regarding your Proof of Claim, please contact the Settlement Administrator at the address listed below or at **1-855-907-3170**, or visit **[www.gardencitygroup.com/cases-info/polycomsettlement](http://www.gardencitygroup.com/cases-info/polycomsettlement)**.

THIS PROOF OF CLAIM MUST BE POSTMARKED ON OR BEFORE  
**AUGUST 23, 2016** AND MUST BE MAILED TO:

**Polycom, Inc. Settlement  
c/o Garden City Group, LLC  
PO Box 10281  
Dublin, OH 43017-5781**