

**Must be Received  
No Later Than  
July 27, 2009**

**SEC/McAfee, Inc. (f/k/a Network Associates, Inc.) Fair Fund  
c/o Jeffrey Plotkin, Esq.  
Distribution Agent  
PO Box 9306  
Dublin, OH 43017-4206  
1-800-893-4359**

MFE



Claim Number:

Control Number:

## **PROOF OF CLAIM FORM**

**YOU MUST SUBMIT A COMPLETED PROOF OF CLAIM FORM (“CLAIM FORM”) TO THE ADDRESS ABOVE THAT IS RECEIVED BY JULY 27, 2009 (THE “CLAIMS BAR DATE”) TO BE POTENTIALLY ELIGIBLE TO SHARE IN THE \$50 MILLION SEC/MCAFEE, INC. FAIR FUND.**

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**SECTION A - CLAIMANT INFORMATION**

**Claimant Name(s)** (as you would like the name(s) to appear on the check, if eligible for payment; for joint claimants include both names):

**Claimant(s) Social Security Number/Taxpayer ID Number:**

**Name of the Agent or Representative you would like the Distribution Agent to Contact Regarding This Claim** (if different from the Claimant Name(s) listed above):

**Claimant or Representative Contact Information:**

The Distribution Agent will use this information for all communications relevant to this Claim (including where the check will be mailed, if eligible for payment). If this information changes, you **MUST** notify the Distribution Agent in writing at the address above.

**Street Address:**



**City:**

**State and Zip Code:**

**Country (Other than U.S.):**

**Daytime Telephone Number:** (     )     -    

**Evening Telephone Number:** (     )     -    

**Email Address:**

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

IF YOU FAIL TO SUBMIT A **COMPLETED** CLAIM FORM THAT IS RECEIVED BY THE DISTRIBUTION AGENT BY JULY 27, 2009, YOUR CLAIM MAY BE REJECTED OR YOUR PAYMENT MAY BE DELAYED.

**NOTE TO INSTITUTIONAL FILERS.** Claims with 100 or more transactions or on behalf of 20 or more different accounts must be submitted electronically and in the required format. To obtain the mandatory electronic filing requirements and file layout, you may visit the Fair Fund's website at [www.McAfeeSECsettlement.com](http://www.McAfeeSECsettlement.com) or you may e-mail the Claims Administrator at [eClaim@gardencitygroup.com](mailto:eClaim@gardencitygroup.com). Any submission not in accordance with the required electronic filing format may be rejected. Proof of authority to submit a Proof of Claim on behalf of any managed accounts must be submitted with any Proofs of Claim for such accounts.



**SECTION B - MCAFEE, INC. (F/K/A NETWORK ASSOCIATES, INC.)**

**COMMON STOCK TRANSACTIONS**

**YOU MUST SUBMIT DOCUMENTATION SUPPORTING THE INFORMATION BELOW**

1. **BEGINNING HOLDINGS:** State the number of shares of McAfee, Inc. (f/k/a Network Associates, Inc.) ("McAfee") Common Stock the Claimant owned at the close of trading on **August 14, 1998**.   
If none, write "zero" or "0." If other than zero, you must submit appropriate supporting documentation.
2. **PURCHASES:** List all purchases of McAfee Common Stock made during the period from trade date **August 17, 1998** through and including trade date **December 26, 2000**, inclusive. You must submit appropriate supporting documentation.

Trade Date(s) (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Check This Box if these Shares were obtained by a gift or a transfer
/ /		<input type="checkbox"/>
/ /		<input type="checkbox"/>
/ /		<input type="checkbox"/>
/ /		<input type="checkbox"/>

3. **SALES:** List all sales of McAfee Common Stock made during the period from trade date **August 17, 1998** through and including trade date **December 26, 2000**, inclusive. You must submit appropriate supporting documentation.

Trade Date(s) (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Check This Box if these Shares were obtained by a gift or a transfer
/ /		<input type="checkbox"/>
/ /		<input type="checkbox"/>
/ /		<input type="checkbox"/>
/ /		<input type="checkbox"/>

4. **UNSOLD HOLDINGS:** State the number of shares of McAfee Common Stock the Claimant owned at the close of trading on **December 26, 2000**. If none, write "zero" or "0." If other than zero, you must submit appropriate supporting documentation.
5. **AGGREGATED ACCOUNTS:** If you aggregated separate accounts, check here.

**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**



**SECTION C - CERTIFICATION AND SIGNATURE**

The undersigned represents and certifies UNDER PENALTY OF PERJURY that :

1. I (We) am not:

(a) A past or present director or officer of McAfee (f/k/a Network Associates, Inc.) or any of its past or present Affiliates (or any of his or her Affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities) who served in such capacity on or after the commencement of the Recovery Period (August 17, 1998);

(b) An employee of McAfee (f/k/a Network Associates, Inc.) or of any of its past or present Affiliates who has been terminated for cause in connection with the violations alleged in the Commission's Complaint in this action or any related Commission action, or who was otherwise terminated or has resigned in connection with the violations alleged in the Commission's Complaint in this action or any related Commission action (or any of such employee's Affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities);

(c) A defendant in any class action lawsuit related to the violations alleged in the Commission's Complaint in this action or any related Commission action (or any of such defendant's Affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities), unless and until I am found not liable in all such civil suits prior to the Claims Bar Date (July 27, 2009), and proof of the finding(s) is included in my timely filed Proof of Claim Form;

(d) A Person who, as of the Claims Bar Date (July 27, 2009), has been the subject of criminal charges related to the violations alleged in the Commission's Complaint in this action, or any related Commission action (or any of his or her Affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities);

(e) A Person who assigned that Person's right to obtain a recovery in the Commission's lawsuit against McAfee;

(f) An assignee of another Person's right to obtain a recovery in the Commission's lawsuit against McAfee, provided, however, this provision shall not be construed to exclude those Persons who obtained such a right by inheritance or devise.

(g) The Distribution Agent, his immediate family members, and those persons assisting him in his role as Distribution Agent, including the Claims Administrator and its employees, and the Independent Outside Accounting Firm and its employees.

2. If signing this Proof of Claim Form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Proof of Claim Form;

3. I agree to submit to the jurisdiction of the United States District Court for the Northern District of California for all purposes relating to this claim;

4. I understand that the Distribution Agent may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Distribution Agent for those purposes. If necessary, I authorize the Distribution Agent to obtain and review any and all trading records relevant to my transactions in McAfee Common Stock from any brokerage firm or other entity that has possession of such records, and further consent to the release of such records by such brokerage firm or other entity to the Distribution Agent;

5. The number shown on this form is my correct Social Security Number or Taxpayer Identification Number;

6. I agree that under no circumstances shall the Distribution Agent or his agents incur any liability to me or to any other person if he makes a distribution in accordance with the list of all Eligible Claimants and their Approved Claims as approved by the Court and that I am enjoined from taking any action in contravention of this provision; and

7. I agree that upon receipt and acceptance by me of a distribution from the Fair Fund, I shall be deemed to have released all claims that I may have against the Distribution Agent and his agents and shall be deemed enjoined from prosecuting or asserting any such claims.

8. If I am a custodian, trustee, or professional investing on behalf of and representing more than one potentially eligible claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management.

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 Proof of Claim Form by the undersigned is true and correct and that the documents submitted herewith are true and genuine.

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

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Joint owner sign your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Joint owner type or print your name here)

\_\_\_\_\_  
(Capacity of persons signing, e.g., Beneficial Purchaser, Executor or Administrator)

**ACCURATE CLAIM PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.  
THANK YOU FOR YOUR PATIENCE.**

**REMINDER CHECKLIST**

1. Please sign the Certification and Signature Section of the Claim Form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents. (Supporting documents include trade confirmations, official monthly, quarterly or annual brokerage statements or stock certificates).
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. If you aggregated accounts, be sure to include supporting documents for all accounts.
6. Keep a copy of your Claim Form and all documentation submitted for your records.
7. The Distribution Agent will acknowledge receipt of your Claim Form by regular or electronic mail, within 45 days. Your claim is not deemed filed until you receive an acknowledgment postcard or e-mail. If you do not receive an acknowledgment postcard or e-mail within 45 days, please call the Distribution Agent toll free at 1-800-893-4359.
8. If you move, please send us your new address.
9. **Do not use highlighter on the Claim Form or supporting documentation.**

**THIS CLAIM FORM MUST BE RECEIVED BY THE DISTRIBUTION AGENT NO LATER THAN  
JULY 27, 2009 AND MUST BE MAILED TO:**

SEC/McAfee, Inc. (f/k/a Network Associates, Inc.) Fair Fund  
c/o Jeffrey Plotkin, Esq.  
Distribution Agent  
PO Box 9306  
Dublin, OH 43017-4206