

**Must be Postmarked  
No Later Than  
August 16, 2010**

**In re PE Corporation Securities Litigation  
c/o The Garden City Group, Inc.  
Claims Administrator  
P.O. Box 9390  
Dublin, OH 43017-4290  
1-888-264-1311**



Claim Number:

Control Number:

## **PROOF OF CLAIM AND RELEASE**

IF YOU PURCHASED THE COMMON STOCK OF PE CORPORATION CELERA GENOMICS GROUP ("CELERA") IN OR TRACEABLE TO A SECONDARY PUBLIC OFFERING OF CELERA COMMON STOCK CONDUCTED BY PE CORPORATION (NOW KNOWN AS LIFE TECHNOLOGIES CORPORATION) ON OR ABOUT FEBRUARY 29, 2000, AND WERE DAMAGED THEREBY, YOU ARE A "CLASS MEMBER" AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS. (EXCLUDED FROM THE CLASS ARE DAVID BERLIN, THE DEFENDANTS, MEMBERS OF THE IMMEDIATE FAMILY OF EACH OF THE DEFENDANTS, ANY PERSON, FIRM, TRUST, CORPORATION, OFFICER, DIRECTOR OR OTHER INDIVIDUAL OR ENTITY IN WHICH ANY DEFENDANT HAS A CONTROLLING INTEREST OR WHICH IS RELATED TO OR AFFILIATED WITH ANY OF THE DEFENDANTS, AND THE LEGAL REPRESENTATIVES, AGENTS, AFFILIATES, HEIRS, SUCCESSORS-IN-INTEREST OR ASSIGNS OF ANY SUCH EXCLUDED PARTY.)

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN **AUGUST 16, 2010** TO THE FOLLOWING ADDRESS:

**In re PE Corporation Securities Litigation  
c/o The Garden City Group, Inc.  
Claims Administrator  
P.O. Box 9390  
Dublin, OH 43017-4290**

YOUR FAILURE TO SUBMIT YOUR CLAIM BY **AUGUST 16, 2010** WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.



### CLAIMANT'S STATEMENT

1. I purchased shares of PE Corporation Celera Genomics Group common stock in or traceable to a Secondary Public Offering conducted by PE Corporation (now known as Life Technologies Corporation) on or about February 29, 2000. (Do not submit this Proof of Claim if you did not purchase Celera common stock in or traceable to the Secondary Public Offering).

2. By submitting this Proof of Claim, I state that I believe in good faith that I am a Class Member as defined above and in the Notice of Pendency of Class Action and Proposed Settlement, Motion for Attorneys' Fees and Settlement Fairness Hearing (the "Notice"), or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Class; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member (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. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

3. I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proofs of Claim.

4. I have set forth where requested below all relevant information with respect to each purchase of Celera common stock during the Class Period, and each sale, if any, of such securities. I agree to furnish additional information (including transactions in other Celera securities) to the Claims Administrator to support this claim if requested to do so.

5. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of Celera common stock listed below in support of my claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)

6. I understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Claim. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities such as options.)

7. Upon the occurrence of the Effective Date my signature hereto will constitute a full and complete release, remise and discharge by me and my heirs, executors, administrators, predecessors, successors, and assigns (or, if I am submitting this Proof of Claim 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, predecessors, successors, and assigns) of each of the "Released Parties" of all "Settled Claims," as defined in the Notice.



**SECTION A - CLAIMANT INFORMATION**

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

**Last 4 digits of Claimant Social Security Number/Taxpayer ID Number:**

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

**Claimant or Representative Contact Information:**

The Claims 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 Claims Administrator in writing at the address above.

**Street Address:**

**City:**

**Account Number:** (not required)

**State and Zip Code:**

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

**Daytime Telephone Number:** (    )    -   

**Evening Telephone Number:** (    )    -   

**E-mail Address:**

*(E-mail address is not required, but if you provide it you authorize the Claims 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 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 website at [www.gardencitygroup.com](http://www.gardencitygroup.com) or you may e-mail the Claims Administrator 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 Claims Administrator issues an e-mail 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 e-mail. If you do not receive such an e-mail 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.



**SECTION B - SCHEDULE OF TRANSACTIONS IN CELERA COMMON STOCK**

1. **BEGINNING HOLDINGS:** Number of shares of Celera common stock held at the close of business on **February 28, 2000** (If none, write 0) (If other than zero, must be documented):

2. **PURCHASES:** Please list all purchases of Celera common stock during the period of **February 29, 2000** to **April 18, 2000**, inclusive (Persons who received Celera common stock during the Class Period other than by purchase are not eligible to submit claims for those transactions) (must be documented) (You must attach documentation showing how shares can be traced to the **February 29, 2000** secondary offering of Celera common stock):

Date(s) of Purchase (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Purchased	Purchase Price Per Share	Aggregate Cost (including commissions, taxes, or other fees)	Check this box if Shares were purchased pursuant to, or traceable to, the February 29, 2000 Secondary Offering.
/ /		\$ .	\$ .	<input type="checkbox"/>
/ /		\$ .	\$ .	<input type="checkbox"/>
/ /		\$ .	\$ .	<input type="checkbox"/>
/ /		\$ .	\$ .	<input type="checkbox"/>

3. **PURCHASES:** Please list the number of shares of Celera common stock purchased during the period **April 19, 2000** to **the date this form is completed**, inclusive. (NOTE: These purchases, which are not included in the calculation of Recognized Claims, are needed by the Claims Administrator for the overall evaluation of the claim.)

4. **SALES:** Please list all sales of Celera common stock during the period **February 29, 2000** to **the date this form is completed**, inclusive (must be documented):

Sale Date(s) (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Sold	Sale Price Per Share	Amount Received (net of commissions, transfer taxes, or other fees)
/ /		\$ .	\$ .
/ /		\$ .	\$ .
/ /		\$ .	\$ .
/ /		\$ .	\$ .

5. **UNSOLD HOLDINGS:** Number of shares of Celera common stock held at the close of trading on **the date this form is completed** (If none, write 0) (If other than zero, must be documented):

**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**



UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM FORM IS TRUE, CORRECT AND COMPLETE.

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

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

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

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

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

Date: \_\_\_\_\_



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

**REMINDER CHECKLIST**

1. Please sign the Certification Section of the Proof of Claim and Release form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Proof of Claim and Release form and all documentation submitted for your records.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim and Release by mail, within 30 days. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 30 days, please call the Claims Administrator toll free at 1-888-264-1311.
7. If you move, please send us your new address.
8. **Do not use highlighter on the Proof of Claim and Release form or supporting documentation.**

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**AUGUST 16, 2010** AND MUST BE MAILED TO:

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