

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

NEW JERSEY CARPENTERS PENSION FUND,)
Individually and on Behalf of All Others Similarly)
Situating,)

C.A. No. 5334-VCN

PLAINTIFF,)

v.)

INFOGROUP, INC., ROGER SIBONI, BILL L.)
FAIRFIELD, VINOD GUPTA, BERNARD W.)
REZNICEK, CLIFTON T. WEATHERFORD, GEORGE)
KRAUSS, GARY MORIN, THOMAS L. THOMAS,)
JOHN STAPLES III, AND LEE D. ROBERTS,)

DEFENDANTS.)

PROOF OF CLAIM

Please complete the Proof of Claim form below if you were a record holder or beneficial owner of *infoGROUP*, Inc. ("*infoGROUP*") common stock at any time from August 20, 2008 through and including July 1, 2010 (regardless of the date of purchase of *infoGROUP* common stock), or acted for or on behalf of, or claiming under, any of them, and each of them, except for those persons and entities excluded from this Settlement Class (the "Settlement Class").

Excluded persons and entities include Defendants Roger Siboni, Bill L. Fairfield, Bernard W. Reznicek, Clifton T. Weatherford, George Krauss, Gary Morin, Thomas L. Thomas, John Staples III, Lee D. Roberts, and Vinod K. Gupta, CCMP Capital Advisors L.P., and any of their associates, affiliates, legal representatives, heirs, successors in interest, transferees and assignees.

This Proof of Claim form must contain the name, address, and taxpayer identification number of the beneficial owner(s). 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; this information is required.

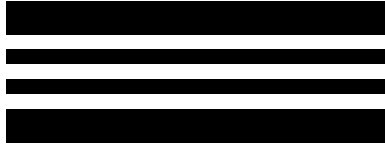
You must also provide the quantity of shares and the stock certificate numbers (if shares were held in certificate form; if shares were held through a brokerage account certificate, numbers would not be needed). You must sign the Proof of Claim form in the space provided in order to make a valid claim. Please also provide your brokerage statement for July 1, 2010 or a letter from your bank, broker, or other nominee indicating the quantity of shares held as of July 1, 2010, if you did not hold shares in certificate form. If you held shares in certificate form, please provide confirmation from the transfer agent of surrender.

Proof of Claim forms must be postmarked no later than June 6, 2014 and mailed to:

infoGROUP, inc. Shareholder Litigation
Claims Administrator
c/o Gilardi & Co. LLC
P.O. Box 8040
San Rafael CA 94912-8040



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Only



IN THE COURT OF CHANCERY OF
THE STATE OF DELAWARE
*NEW JERSEY CARPENTERS PENSION
FUND v. INFOGROUP, et al.,*

**Must Be Postmarked
No Later Than
June 6, 2014**

C.A. No. 5334-VCN
PROOF OF CLAIM AND RELEASE

INFOGRP

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



PART I: CLAIMANT IDENTIFICATION

Last Name

M.I.

First Name

Last Name (Co-Beneficial Owner)

M.I.

First Name (Co-Beneficial Owner)

- IRA
- Joint Tenancy
- Employee
- Individual
- Other _____ (specify)
- Corporation
- Estate
- Trust
- Partnership
- Private Pension Fund

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

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

Account#/Fund# (Not Necessary for Individual Filers)

Trust/Other Date (If Applicable)

Social Security Number

Taxpayer Identification Number

or

Telephone Number (Primary Daytime)

Telephone Number (Alternate)

Email Address [An email address is not required, but if you provide it, you authorize the Paying Agent to use it in providing you with information to this claim]

MAILING INFORMATION

Address

Address

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> ATP	<input type="radio"/> BE	<input type="radio"/> FL	<input type="radio"/> OP	MM / DD / YYYY	<input type="radio"/> KE	<input type="radio"/> DR	<input type="radio"/> ME	<input type="radio"/> RE	FOR CLAIMS PROCESSING ONLY
			<input type="radio"/> ICI	<input type="radio"/> EM	<input type="radio"/> ND	<input type="radio"/> SH						



PART II. SCHEDULE OF HOLDINGS IN /INFOGROUP COMMON STOCK

HELD ON JULY 1, 2010 BY BROKERAGE

A. State the number of shares of infoGROUP common stock surrendered pursuant to the Merger on July 1, 2010. Documentation includes brokerage statements from July 1, 2010 or proof of stock certificate surrender (see below for more details if your shares were held in certificate form).

Grid for number of shares and Proof Enclosed? Yes No

STOCK CERTIFICATE NUMBERS (IF APPLICABLE)

B. STOCK CERTIFICATE NUMBERS (If applicable)

List below the stock certificate numbers for all infoGROUP common stock surrendered pursuant to the Merger on July 1, 2010, for all shares NOT HELD IN A BROKERAGE ACCOUNT. Be sure to attach documentation of surrender such as a letter accompanying a payment for surrendered shares from the transfer agent or your broker.

CERTIFICATE 1:

Grid for Certificate 1 number

Proof of Surrender Enclosed

Yes No

CERTIFICATE 2:

Grid for Certificate 2 number

Yes No

CERTIFICATE 3:

Grid for Certificate 3 number

Yes No

CERTIFICATE 4:

Grid for Certificate 4 number

Yes No

CERTIFICATE 5:

Grid for Certificate 5 number

Yes No

CERTIFICATE 6:

Grid for Certificate 6 number

Yes No

IF YOU REQUIRE ADDITIONAL SPACE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT AS ABOVE. PRINT THE BENEFICIAL OWNER'S FULL NAME AND TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE.

YOU MUST SIGN THE PROOF OF CLAIM ON PAGE 4.

PART III: RELEASE AND CERTIFICATION

On behalf of myself (ourselves) or the beneficial owner, I (we) am (are) authorized to file this Proof of Claim, and on behalf of each of my (our, his, her, its) heirs, agents, executors, trustees, administrators, predecessors, successors, and assigns, I (we, he, she, it) hereby acknowledge that as of the Effective Date (as defined in the Stipulation), I (we, he, she, it) shall (i) be deemed to have fully, finally, and forever waived, released, discharged, and dismissed each and every one of the Released Plaintiffs' Claims (as defined in the Notice), as against each and every one of the Released Defendant Parties; (ii) forever be barred and enjoined from commencing, instituting, prosecuting, or maintaining any of the Released Plaintiffs' Claims against any of the Released Defendant Parties; and (iii) be deemed to have covenanted not to sue any Released Defendant Party on the basis of any Released Plaintiffs' Claim.

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

- 1. that the claimant(s) is (are) a Settlement Class Member(s), as defined in the Notice, and is (are) not excluded from the Settlement Class;
2. that the claimant(s) owns(ed) the infoGROUP common stock identified in the Proof of Claim and has (have) not assigned the claim against the Released Defendant Parties to another, or that, in signing and submitting this Proof of Claim, the claimant(s) has (have) the authority to act on behalf of the owner(s) thereof;
3. that the claimant(s) has (have) not submitted any other claim covering the same purchases, acquisitions, sales, or holdings of infoGROUP common stock and knows (know) of no other person having done so on his/her/its/their behalf;
4. that the claimant(s) submits (submit) to the jurisdiction of the Court with respect to his/her/its/their claim and for purposes of enforcing the releases set forth herein;
5. that I (we) agree to furnish such additional information with respect to this Proof of Claim as the Claims Administrator or the Court may require;

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

YOU MUST READ AND SIGN THE RELEASE ON PAGE 4. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.



6. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of the Stipulation and Agreement of Compromise and Settlement and any judgment that may be entered in the litigation, including the releases and covenants set forth herein; and

7. that I (we) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(c) of the Internal Revenue Code.

I (WE) CERTIFY THAT I AM (WE ARE) NOT SUBJECT TO BACKUP WITHHOLDING UNDER THE PROVISIONS OF SECTION 3406(a)(1)(c) OF THE INTERNAL REVENUE CODE.

NOTE: IF YOU HAVE BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE THAT YOU ARE SUBJECT TO BACKUP WITHHOLDING, PLEASE STRIKE OUT THE LANGUAGE THAT YOU ARE NOT SUBJECT TO BACKUP WITHHOLDING IN THE CERTIFICATION ABOVE AND FILL THE CIRCLE.

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

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)

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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 release and certification. If this Proof of Claim form is being submitted on behalf of joint claimants, then both must sign.
2. Remember to attach only copies of acceptable supporting documentation.
3. Please do not highlight any portion of the Proof of Claim form or any supporting documents.
4. Do not send original stock certificates or documentation. These items cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Proof of Claim form and documentation for your own records.
6. You will not receive confirmation of receipt of your Proof of Claim; if confirmation is desired, please send your Proof of Claim Certified Mail, Return Receipt requested.
7. If your address changes in the future, or if this Proof of Claim was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
8. If you have any questions or concerns regarding your Proof of Claim form, please contact the Claims Administrator at the above address or call 1-877-290-6227 or visit www.infogroupsecuritiessettlement.com.

**THIS PROOF OF CLAIM AND RELEASE MUST BE POSTMARKED NO LATER THAN JUNE 6, 2014
AND MUST BE MAILED TO:**

*info*GROUP, inc. Shareholder Litigation
Claims Administrator
c/o Gilardi & Co. LLC
P.O. Box 8040
San Rafael CA 94912-8040

