



* Dividend Shares are to be excluded (those received in or around July-August 2008 as a result of the Merger).

Transfers between funds or entities controlled by the same person or entity shall not be considered purchases or sales.

& In matching shares sold after the Merger Date to shares purchased, the "Last In/First Out" method shall be used. Shares sold after the Merger Date shall be deemed first to be shares that were purchased after the Merger Date.

^ The "gross price" is the price without reduction for commissions or other transactions costs or fees.

ATTACH DOCUMENTATION IN THE FORM OF BROKERAGE STATEMENTS OR THE EQUIVALENT CONFIRMING THE FOREGOING INFORMATION. If you are not certain of the date(s) of any purchase or sale of SCI stock, or of the gross per share price at which you sold your SCI/NITG stock after October 20, 2006, or if you do not have confirming documentation, you should contact your stock broker to obtain that information and documentation. The Claims Administrator may contact you if your documentation does not support your Proof of Claim.

The Claims Administrator will determine whether you are entitled to a share of the Class Action Settlement Fund and, if so, what amount, based on the information submitted by you and other Class Members and on the Plan of Class Action Settlement Fund Distribution.

If your claim is rejected in whole or in part by the Claims Administrator, you can contest that decision. See Section V.B of the Notice of Class Action Settlement.

DECLARATION OF CLAIMANT:

I owned shares of SCI stock as of October 20, 2006, and have purchased and sold NITG shares since then, all as indicated above. After review of the Notice of Class Action Settlement in *In re International Textile Group, Inc. Merger Litigation*, C.A. No. 2009-CP-23-3346, in the Greenville County Court of Common Pleas, Greenville, South Carolina, I hereby submit this Proof of Claim. I understand that payments from the Class Action Settlement Fund will only be made if the Settlement has been approved by the Court (both the Class Action Settlement and the Derivative Action Settlement components). I also understand and accept that I am bound by the proposed judgment and release described in Section VI of the Notice of Class Action Settlement. I understand that, by signing below, I am submitting to the jurisdiction of the Greenville County, South Carolina, Court of Common Pleas with respect to the claim I am making as a Class Member.

I further understand that, at its discretion, the Claims Administrator may take appropriate action to verify or request additional information in regard to this Proof of Claim, the information I provide herein or herewith, and any documentation or paper(s) submitted in support of this Proof of Claim.

I declare under penalty of perjury under the laws of the United States that the information provided in this Proof of Claim is true and correct and that the attached documentation is authentic.

Signature: _____ Date: ____ / ____ / ____

Please print the information below.

Name of Person(s) or Entity Submitting Claim: _____

Address: _____

City: _____ State: ____ Zip Code: ____

Telephone Number: (____) ____ - ____

Name and Title of Person signing for an Entity: _____



SUBSTITUTE FORM W-9

(REQUEST FOR TAXPAYER IDENTIFICATION NUMBER)

(CLAIMANTS: the information requested below is for tax purposes. If this information is not submitted with your Proof of Claim, it will not invalidate the Proof of Claim. However, the Claims Administrator will require the information for purposes of issuing cash payments from the proposed Settlement Fund. If you have any questions or concerns pertaining to the information requested herein, please contact the Claims Administrator at International Textile Group, Inc., Merger Litigation, c/o Rust Consulting, Inc., P.O. Box 3065, Faribault, MN 55021-2665. (The telephone number and website are 1 (866) 403-5449 and www.ITGMergerLitigation.com.)

Name: _____

A sole proprietor must write his/her individual name, but can also write his/her business or "doing business as" name.

Check appropriate box: [] Individual/Sole Proprietor [] Partnership [] Corporation [] Other - Specify: _____

Social Security Number ("SSN"): _____ or

Employer Identification Number ("EIN"): _____ or

Taxpayer Identification Number ("TIN"): If you are exempt from backup withholding, enter your correct TIN above and write "exempt" on the following line: _____

CERTIFICATION

UNDER THE PENALTY OF PERJURY, I (WE) CERTIFY THAT:

- (1) The number shown on this form is my correct SSN or EIN; and
(2) I certify that I am NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding; and
(3) I am a U.S. citizen.

Signature: _____ Dated: ____ / ____ / ____

If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you must cross out item 2 above. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.