Textron/Harman Fair Fund c/o Analytics Consulting LLC P.O. Box 2011 Chanhassen, MN 55317-2011

PROOF OF CLAIM FORM

Must be postmarked no later than June 30, 2014.

To speed processing, please fill out the form in blue or black ink, using block letters, with one letter in each square, as shown:

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II. GENERAL INSTRUCTIONS

A. To be eligible to receive a Distribution Payment from the Net Available Fund, you must complete this Proof of Claim Form and sign it on page 6. If you fail to file a properly addressed Proof of Claim form (as set forth below in paragraph B), your claim may be rejected and you may be precluded from any recovery from the Net Available Fund. Capitalized terms are defined in the Distribution Plan.

Potentially Eligible Claimants who do not file acceptable Proofs of Claim form will not share in the Net Available Fund.

B. YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM MUST BE POSTMARKED ON OR BEFORE JUNE 30, 2014, and MUST BE MAILED TO:

Textron/Harman Fair Fund c/o Analytics Consulting LLC P.O. Box 2011 Chanhassen, MN 55317-2011

YOU BEAR ALL RISKS OF DELAY OR NON-DELIVERY OF YOUR CLAIM.

C. If you are NOT a Potentially Eligible Claimant, as defined in the Distribution Plan, DO NOT submit a Proof of Claim Form.

III. CLAIMANT IDENTIFICATION INSTRUCTIONS

- A. If you purchased Textron or Harman common stock and held the certificate(s) in your name, you are the beneficial owner as well as the record owner. If, however, you purchased Textron or Harman Stock and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner and the third party is the record owner.
- B. Use Section I of this form entitled "Claimant Identification" to identify each owner of record ("nominee"), if different from the beneficial owner of Textron or Harman common stock which forms the basis of this claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S), OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S), OF THE TEXTRON OR HARMAN COMMON STOCK UPON WHICH THIS CLAIM IS BASED.
- C. All joint owners must sign this Proof of Claim Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this Proof of Claim Form on behalf of persons represented by them; proof of their authority must accompany this claim form, and their titles or capacities must be stated.
- D. The Social Security or Taxpayer Identification Number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim and/or result in claim rejection.

IV. TRANSACTION SCHEDULE INSTRUCTIONS

- A. Use Section V of this form entitled "Schedule of Transactions in Textron Common Stock" and/or Section VI of this form entitled "Schedule of Transactions in Harman Common Stock" to supply all required details of your transaction(s) in Textron and/or Harman common stock. If you need more space, attach separate, numbered sheets giving all of the required information in substantially the same format. Print in black ink or type your name and Social Security or Tax Identification Number at the top of each page.
- B. On the schedules, provide all requested information with respect to all of your shares of Textron and/or Harman common stock held at the close of trading on the weekday prior to the respective Recovery Period, all of your purchases and/ or sales of Textron and/or Harman common stock during the respective Recovery Period as well as the amount of Textron and/or Harman common stock held at the close of trading of the respective Recovery Period, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in rejection of your claim.
- C. In processing claims, the first-in, first-out ("FIFO") basis will be applied to both purchases and sales. List each transaction in the Recovery Period separately and in chronological order, beginning with the earliest. The date of purchase or sale of Textron or Harman common stock is the "contract" or "trade" date, as distinguished from the "settlement" date. You must accurately confirm the month, day and year of each transaction you list.

- D. The price per share, paid or received, shall be exclusive of all commissions, taxes, fees and other charges.
- E. Option contracts will not be valued.
- F. All gains will be subtracted from all losses to determine the Eligible Loss Amount of each Claimant.
- G. The date of covering a "short sale" is deemed to be the purchase date of Textron or Harman common stock. The date of a "short sale" is deemed to be the sale date of Textron or Harman common stock. Shares originally sold short prior to the Recovery Period will result in a zero Recognized Loss.
- H. No Eligible Claimant shall receive a payment unless the pro-rata share of their Eligible Loss Amount results in a Distribution Payment of at least \$10.
- You must attach to your claim form copies of brokerage confirmations or monthly statements supporting your trading activity in Textron and/or Harman common stock in order for your claim to be valid. Failure to provide this documentation could delay verification of your claim and/or result in claim rejection.
- J. If your trading activity during the Recovery Period exceeds 50 transactions, you must provide, in an electronic file, all purchases and sales information required in the Schedule of Transactions. For a copy of instructions and parameters concerning such a submission, contact Analytics Consulting LLC by phone, toll free at: 855-763-9451.

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

REMINDER CHECKLIST

- 1. Please sign the claim form certification on page 6.
- 2. Remember to attach only **copies** of acceptable supporting documentation, a complete list of which can be found at the website below.
- 3. Do not send original or copies of stock certificates.
- 4. Keep a copy of the completed claim form and documentation for your records.
- 5. If you desire an acknowledgment of receipt of your claim form, please send it via Certified Mail, Return Receipt Requested, or the equivalent. You bear all risks of delay or non-delivery of your claim.
- 6. If your address changes in the future, or if these documents were sent to an old or incorrect address, please send us **written** notification of your new address.
- 7. If you have any questions or concerns regarding your claim, please contact Analytics Consulting LLC at:

Textron/Harman Fair Fund c/o Analytics Consulting LLC P.O. Box 2011 Chanhassen, MN 55317-2011

www.textronharmandistribution.com

Toll Free: 855-763-9451

info@textronharmandistribution.com

PART V: SCHEDULE OF TRANSACTIONS IN TEXTRON COMMON STOCK

Check Here

- A. State the total number of shares of Textron common stock owned at the close of trading on is Enclosed April 8, 2009, long or short (*must be documented*):
- B. Separately list each and every **purchase** of shares of Textron common stock on April 9, 2009, and provide the following information (*must be documented*):

Trade Date (<i>List Chronologically</i>) M M D D Y Y	Number of Shares Purchased	Purchase Price Per Share	Total Cost (excluding commissions, taxes and fees)	Check Here if Documentation is Enclosed
		\$		
		\$		
		\$		
		\$		
		\$		

C. Separately list each and every **sale** of shares of Textron common stock on April 9, 2009, and provide the following information (*must be documented*):

(<i>Lis</i> M N	Trade Date st Chronologically) / D D Y Y	Number of Shares Sold	Sale Price Per Share	Net Proceeds (excluding commissions, taxes and fees)	Check Here if Documentation is Enclosed
			\$		
			\$		
			\$		
			\$		
			\$		
D.	State the total num	ber of shares of Tex	tron common stock owned at the	close of trading on	Check Here if Documentation is Enclosed
	April 9, 2009, long o	or short (<i>must be doc</i>	cumented):		

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification Number at the top of each sheet.

YOU MUST ALSO READ AND SIGN THE CERTIFICATION ON PAGE 6

PART VI: SCHEDULE OF TRANSACTIONS IN HARMAN COMMON STOCK

Check Here

is Enclosed

- if Documentation A. State the total number of shares of Harman common stock owned at the close of trading on July 17, 2009, long or short (*must be documented*):
- Separately list each and every purchase of shares of Harman common stock on July 20, 2009, and provide the Β. following information (must be documented):

Trade Date (<i>List Chronologically</i>) M M D D Y Y	Number of Shares Purchased	Purchase Price Per Share	Total Cost (excluding commissions, taxes and fees)	Check Here if Documentation is Enclosed
		\$		
		\$		
		\$		
		\$		
		\$		

C. Separately list each and every sale of shares of Harman common stock on July 20, 2009, and provide the following information (*must be documented*):

(<i>Lis</i> M N	Trade Date st Chronologically) 1 D D Y Y	Number of Shares Sold	Sale Price Per Share	Net Proceeds (excluding commissions, taxes and fees)	Check Here if Documentation is Enclosed
			\$		
			\$		
			\$		
			\$		
			\$		
D.	State the total num	ber of shares of Har	man common stock owned at the	close of trading on	Check Here if Documentation is Enclosed
	July 20, 2009, long	or short (must be do	cumented):		

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification Number at the top of each sheet.

YOU MUST ALSO READ AND SIGN THE CERTIFICATION ON PAGE 6

VI. CERTIFICATION

I/We hereby warrant and represent that I/we have included information about the amount of Textron and/or Harman common stock held by me/us at the close of trading on the weekday prior to the respective Recovery Period, all of my/our purchases and/or sales of Textron and/or Harman common stock during the respective Recovery Period, as well as the amount of Textron and/or Harman common stock held by me/us at the close of trading of the respective Recovery Period.

Substitute W-9: Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. FATCA code(s) (if applicable):

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I/We declare under penalty of perjury under the laws of the United States of America, that the foregoing information supplied by the undersigned and the supporting documents attached hereto, and the acknowledgments, representations and warranties made herein are true, correct and complete to the best of my/our knowledge, information and belief, and that this Proof of Claim Form was executed this ______ day of ______, in _____, (City)

(State/Country)	(Month/Year)	(City)
Signature of Claimant		Date Signed M M D D Y Y Y Y
Print Name of Claimant First Name	Last Name	
Signature of Joint Claimant, if any		Date Signed M M D D Y Y Y
Print Name of Joint Claimant, if any First Name	Last Name	

If Claimant is other than an individual, or is not the	he person completing this form, the following also must be provided:
Signature of person signing on behalf of Claimant	Date Signed
Print Name of person signing on behalf of Claimant First Name	Last Name
Capacity of person signing on behalf of Claimant, if othe	r than an individual (e.g., Executor, President, Custodian, etc.)