

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN RE GARDNER DENVER, INC.
SHAREHOLDER LITIGATION

CONSOLIDATED
C.A. No. 8505-VCN

PROOF OF CLAIM

This Proof of Claim form incorporates by reference the definitions in the Notice of Class-Action Settlement on Behalf of Gardner Denver, Inc. Shareholders From July 13, 2012 through July 30, 2013 (the "Notice") and, unless defined herein, capitalized words and terms shall have the same meanings as they have in the Notice. If you were a record holder or beneficial owner of Gardner Denver, Inc. ("GDI") common stock at any time between and including July 13, 2012 and July 30, 2013 (the "Closing") (regardless of the date of purchase of GDI 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 below, you are a member of the class certified for settlement purposes in the above-referenced action (the "Settlement Class"). Please complete the Proof of Claim form below if you are a member of the Settlement Class and you were a GDI stockholder of record at the Closing and you received consideration in the Merger upon exchange of GDI common stock.

Persons and entities excluded from the Settlement Class include Defendants Michael C. Arnold, Donald G. Barger, Jr., John D. Craig, Raymond R. Hipp, David D. Petratis, Diane K. Schumacher, Charles L. Szews, Richard L. Thompson, Michael M. Larsen, Kohlberg Kravis Roberts & Co. L.P., Renaissance Parent Corp., and Renaissance Acquisition Corp. (collectively, "Defendants") and any of their immediate family members, any entity controlled by any of the Defendants, and any successors-in-interest thereto.

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 30, 2013, or a letter from your bank, broker, or other nominee indicating the quantity of shares held as of July 30, 2013, 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.

If you are a member of the Settlement Class, you are bound by the terms of any Order and Final Judgment entered in the Consolidated Action, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM FORM AND WHETHER OR NOT YOUR CLAIM IS APPROVED.

Proof of Claim forms must be postmarked no later than October 16, 2014 and mailed to:

Gardner Denver, Inc. Shareholder Litigation
Claims Administrator
c/o Gilardi & Co. LLC
P.O. Box 5100
Larkspur, CA 94977-5100



Must Be Postmarked
No Later Than
October 16, 2014

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THE STATE OF DELAWARE

*In re Gardner Denver, Inc.
Shareholder Litigation*

C.A. No. 8505-VCN

PROOF OF CLAIM

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

Official
Office
Use
Only

GRDDVR



PART I: CLAIMANT IDENTIFICATION

Last Name

[Grid for Last Name]

M.I.

[Grid for M.I.]

First Name

[Grid for First Name]

Last Name (Co-Beneficial Owner)

[Grid for Last Name (Co-Beneficial Owner)]

M.I.

[Grid for M.I.]

First Name (Co-Beneficial Owner)

[Grid for First Name (Co-Beneficial Owner)]

IRA Joint Tenancy Employee Individual Other _____ (specify)

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

[Grid for Company Name]

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

[Grid for Trustee/Asset Manager/Nominee/Record Owner's Name]

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

[Grid for Account#/Fund#]

Social Security Number

[Grid for Social Security Number]

Taxpayer Identification Number

[Grid for Taxpayer Identification Number]

or

Telephone Number (Primary Daytime)

[Grid for Telephone Number (Primary Daytime)]

Telephone Number (Alternate)

[Grid for Telephone Number (Alternate)]

Email Address

[Grid for Email Address]

MAILING INFORMATION

Address

[Grid for Address]

Address

[Grid for Address]

City

[Grid for City]

State

[Grid for State]

Zip Code

[Grid for Zip Code]

Foreign Province

[Grid for Foreign Province]

Foreign Postal Code

[Grid for Foreign Postal Code]

Foreign Country Name/Abbreviation

[Grid for Foreign Country Name/Abbreviation]

FOR CLAIMS
PROCESSING
ONLY

OB

[Grid for OB]

CB

[Grid for CB]

ATP
 KE
 ICI

BE
 DR
 EM

FL
 ME
 ND

OP
 RE
 SH

MM / DD / YYYY

FOR CLAIMS
PROCESSING
ONLY



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, Settlement and Release 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.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike the language that you are not subject to backup withholding in the certification above. The Internal Revenue Service does not require your consent to any provision other than the certification required to avoid backup withholding.

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:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Please sign the above release and declaration. 2. If this Claim is being made on behalf of Joint Claimants, then both must sign. 3. Remember to attach copies of supporting documentation, if available. 4. Do not send originals of certificates. 5. Keep a copy of your claim form and all supporting documentation for your records. | <ol style="list-style-type: none"> 6. If you desire an acknowledgment of receipt of your claim form please send it Certified Mail, Return Receipt Requested. 7. If you move, please send your new address to:
 <div style="text-align: center;"> <p><i>Gardner Denver, Inc. Shareholder Litigation</i>
 Claims Administrator
 c/o Gilardi & Co. LLC
 P.O. Box 5100
 Larkspur, CA 94977-5100</p> </div> 8. Do not use red pen or highlighter on the Proof of Claim or supporting documentation. |
|---|---|

**THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN OCTOBER 16, 2014
 AND MUST BE MAILED TO:**

Gardner Denver, Inc. Shareholder Litigation
 Claims Administrator
 c/o Gilardi & Co. LLC
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 Larkspur, CA 94977-5100

