

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT IN AND FOR DUVAL COUNTY, FLORIDA
CIVIL DIVISION

IN RE WINN-DIXIE STORES, INC.
SHAREHOLDER LITIGATION

Division CV-G
Case No. 16-2011-CA-010616

PROOF OF CLAIM AND RELEASE

FOR THE COMMON FUND OPTION IN THE SETTLEMENT¹

To recover under the Common Fund² as a member of the Class based on your claims in the action entitled *In re Winn-Dixie Stores, Inc. Shareholder Litigation* (the "Action"), you must complete and sign this Proof of Claim and Release form ("Proof of Claim"). If you fail to file a properly addressed Proof of Claim, your claim may be rejected and you may be precluded from any recovery from the Common Fund Settlement Amount created in connection with the Settlement of the Action. Submitting a Proof of Claim does not, however, assure that you will share in the proceeds of the Settlement.

The Proof of Claim must contain the name, address, telephone number, and taxpayer identification number of the beneficial owner(s). For individuals, the taxpayer identification number (TIN) is a valid Social Security number (SSN), and for business entities, trusts, and estates, it is a valid employer identification number (EIN). The Proof of Claim also must identify the quantity of Winn-Dixie Shares owned as of March 9, 2012, and the stock certificate numbers if the Shares were held in certificate form. If the Shares were held in certificate form, the confirmation from the transfer agent of surrender also is required. For Shares that were held through a brokerage account, certificate numbers are not required, but either the brokerage statement for March 9, 2012 or a letter from the bank, broker, or other nominee which states the quantity of Shares held as of March 9, 2012 must be provided.

In order to make a valid claim, the Proof of Claim must be signed in the space provided below. The Proof of Claim must be postmarked no later than 30 days after the Effective Date and mailed to:

In re Winn-Dixie Stores, Inc. Shareholder Litigation
Claims Administrator
c/o Gilardi & Co. LLC
P.O. Box 8040
San Rafael, CA 94912-8040

¹ All capitalized terms used but not defined herein shall have the same meanings set forth in the Stipulation and Agreement of Compromise and Settlement dated August 5, 2014 (the "Stipulation").

² PLEASE NOTE: This Proof of Claim and Release form is for participation in the Common Fund option in the Settlement. It is not for participation in the alternate, opt-in Appraisal Proceeding. Please consult the Stipulation or Preliminary Approval Order and Notice for the difference between participation in the Common Fund portion of the Settlement and participation in the opt-in Appraisal Proceeding.



Must Be Postmarked
No Later Than
30 Days After The
Effective Date

IN THE CIRCUIT COURT OF THE FOURTH
JUDICIAL CIRCUIT IN AND FOR DUVAL
COUNTY, FLORIDA CIVIL DIVISION

*In re Winn-Dixie Stores, Inc.
Shareholder Litigation*

Case No. 16-2011-CA-010616

PROOF OF CLAIM

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

Official
Office
Use
Only

WINNDXE



PART I: CLAIMANT IDENTIFICATION

Last Name	M.I.	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name (Co-Beneficial Owner)	M.I.	First Name (Co-Beneficial Owner)
<input type="text"/>	<input type="text"/>	<input type="text"/>

IRA
 Joint Tenancy
 Employee
 Individual
 Other _____ (specify)

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)

Social Security Number	or	Taxpayer Identification Number
<input type="text"/>		<input type="text"/>

Telephone Number (Primary Daytime)	Telephone Number (Alternate)
<input type="text"/>	<input type="text"/>

Email Address

MAILING INFORMATION

Address

Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> ATP <input type="radio"/> KE <input type="radio"/> ICI	<input type="radio"/> BE <input type="radio"/> DR <input type="radio"/> EM	<input type="radio"/> FL <input type="radio"/> ME <input type="radio"/> ND	<input type="radio"/> OP <input type="radio"/> RE <input type="radio"/> SH	MM / DD / YYYY	FOR CLAIMS PROCESSING ONLY
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7. I (we) certify that I (we) am (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 certification (7) above and fill in the circle. 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)

(Capacity of person(s) signing, e.g.,
Beneficial Purchaser, Executor or Administrator)

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

Reminder Checklist:

1. Sign the release and certification below. If the Proof of Claim is being submitted on behalf of joint claimants, both claimants must sign it.
2. Do not highlight any portion of the Proof of Claim or supporting documents.
3. Attach copies of acceptable supporting documents. Do not send original documents, including, but not limited to, original stock certificates, because the Claims Administrator cannot return these items to you.
4. Keep copies of the Proof of Claim and supporting documents that you submit for your records.
5. You will not automatically receive a confirmation that the Claims Administrator received your Proof of Claim. If you would like a confirmation, please send your Proof of Claim via U.S. certified mail, return receipt requested.
6. If your address changes between the time of filing your Proof of Claim and completion of the Settlement, or if the notice you received about the Settlement 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.
7. If you move, please send your new address to:
In re Winn-Dixie Stores, Inc. Shareholder Litigation
Claims Administrator
c/o Gilardi & Co. LLC
P.O. Box 8040
San Rafael, CA 94912-8040
8. If you have any questions or concerns regarding the Proof of Claim, please contact the Claims Administrator at the above address, call 1-877-430-6524, or visit www.winndixieshareholdersettlement.com.

**THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN 30 DAYS AFTER THE EFFECTIVE DATE
AND MUST BE MAILED TO:**

In re Winn-Dixie Stores, Inc. Shareholder Litigation
Claims Administrator
c/o Gilardi & Co. LLC
P.O. Box 8040
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