

**Must be Postmarked  
No Later Than  
March 16, 2012**

**Nortel SEC Fair Fund  
c/o The Garden City Group, Inc.  
Distribution Agent  
PO Box 9530  
Dublin, OH 43017-4830  
Toll-Free: 1 (888) 561-9182**



**Claim Number:**

**Control Number:**

YOUR CLAIM AND CONTROL NUMBERS ARE LISTED ON THE POSTCARD YOU RECEIVED FROM THE DISTRIBUTION AGENT. IF YOU DID NOT RECEIVE A POSTCARD IN THE MAIL YOU WILL BE ASSIGNED NUMBERS WHEN YOUR CLAIM IS RECEIVED.

## **PROOF OF CLAIM**

**YOU MUST COMPLETE AND MAIL THIS CLAIM FORM POSTMARKED BY MARCH 16, 2012 TO BE ELIGIBLE TO SHARE IN THE SEC SETTLEMENT WITH NORTEL NETWORKS ONLY IF YOU DID NOT FILE AN ELIGIBLE CLAIM IN EITHER OF THE NORTEL CLASS ACTIONS AS DISCUSSED IN THE NOTICE.**

<u>TABLE OF CONTENTS</u>	<u>PAGE #</u>
<b>SECTION A - CLAIMANT INFORMATION</b> .....	2
<b>SECTION B - NORTEL COMMON STOCK</b>	
1. OCTOBER 24, 2000 THROUGH FEBRUARY 15, 2001 .....	3
2. APRIL 24, 2003 THROUGH APRIL 27, 2004 .....	4
<b>SECTION C - CERTIFICATION AND SIGNATURE</b> .....	5

**If you wish to file your claim on the internet,  
please visit [www.nortelsecsettlement.com](http://www.nortelsecsettlement.com)**



## SECTION A - CLAIMANT INFORMATION

**Claimant Name(s)** (as you would like the name(s) to appear on the check, if eligible for payment):

**Account Number:** (not required)

**U.S. Social Security number or Tax ID number or Canadian Social Insurance or Business or Trust Number:**

**Name of the Person you would like the Distribution Agent to Contact Regarding This Claim** (if different from the Claimant Name(s) listed above):

**Claimant or Representative Contact Information:**

The Distribution Agent will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Distribution Agent in writing at the address above.

**Street Address:**



**City:**

**State:**

**Zip Code:**

**Country (Other than U.S.):**

**Foreign Province:**

**Foreign Zip Code:**

**Telephone Number (Office)**

 -  - 

**Telephone Number (Home)**

 -  - 

**Email Address:**

*(Email address is not required, but if you provide it you authorize the Distribution Agent to use it in providing you with information relevant to this claim.)*

**IF YOU FAIL TO SUBMIT A COMPLETE CLAIM POSTMARKED BY MARCH 16, 2012 YOUR CLAIM IS SUBJECT TO REJECTION OR YOUR PAYMENT MAY BE DELAYED.**







**SECTION C - CERTIFICATION AND SIGNATURE**

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am (we are) not:
  - (a) A past or present director or officer of Nortel Networks Corporation or Nortel Networks Limited ("Nortel") or any of its past or present affiliates (or any of his or her assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities) who served in such capacity on or after the commencement of the Recovery Period (i.e., the periods from October 24, 2000 through February 15, 2011 and/or April 24, 2003 through April 27, 2004).
  - (b) An employee of Nortel or of any of its past or present affiliates who has been terminated for cause in connection with the violations alleged in the Commission's Complaint in this action or any related Commission action, or who was otherwise terminated or has resigned in connection with the violations alleged in the Commission's Complaint in this action or any related Commission action (or any of such employee's assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities);
  - (c) A defendant in any action brought by the Commission or any class action lawsuit related to the conduct described in the Commission's Complaint in this action or any related Commission action (or any of such defendant's assigns, creditors, heirs, distributees, spouses, parents, children, or controlled entities), unless and until I am found not liable in all such civil suits prior to the Claims Bar Date March 16, 2012, and proof of the finding(s) is included in my timely filed Proof of Claim Form;
  - (d) A person who, as of the Claims Bar Date March 16, 2012, has been the subject of criminal charges related to the violations alleged in the Commission's Complaint in this action, or any related Commission action (or any of his or her affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities);
  - (e) A person who assigned their right to obtain a recovery in the Commission's action against Nortel;
  - (f) An assignee of another person's right to obtain a recovery in the Commission's action against Nortel, provided, however, this provision shall not be construed to exclude those persons who obtained such a right by inheritance or devise; and
  - (g) The Distribution Agent or its employees, or those persons assisting it in its role as Distribution Agent, including its employees, and any independent outside accounting firm retained by the Distribution Agent and its employees.
2. If signing this Proof of Claim form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Proof of Claim Form;
3. I agree to submit to the jurisdiction of the United States District Court for the Southern District of New York for all purposes relating to this claim;
4. I understand that the Distribution Agent may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Distribution Agent for those purposes. If necessary, I authorize the Distribution Agent to obtain and review any and all trading records relevant to my transactions in Nortel Common Stock from any brokerage firm or other entity that has possession of such records, and further consent to the release of such records by such brokerage firm or other entity to the Distribution Agent;
5. The numbers shown on page 2 of this form is the correct U.S. Social Security Number or Taxpayer Identification Number or Canadian Social Insurance or Business or Trust Number;
6. I agree that under no circumstances shall the Distribution Agent or its agents incur any liability to me or to any other person if it makes a distribution in accordance with the list of all Eligible Claimants and their Approved Claims as approved by the Court and that I am enjoined from taking any action in contravention of this provision;
7. I agree that upon receipt and acceptance by me of a distribution from the Fair Fund, I shall be deemed to have released all claims that I may have against the Distribution Agent and its agents and shall be deemed enjoined from prosecuting or asserting any such claims; and
8. If I am a custodian, trustee, or professional investing on behalf of and representing more than one potentially eligible claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim form by the undersigned is true and correct and that the documents submitted herewith are true and genuine.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Month/Year) (City) (State/Country)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Joint owner sign your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Joint owner type or print your name here)

\_\_\_\_\_  
(Capacity of persons signing, e.g., Beneficial Purchaser, Executor or Administrator)

**REMINDER CHECKLIST**

1. Please sign the Certification and Signature Section of the Claim Form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents. (Supporting documents include trade confirmations, official monthly, quarterly or annual brokerage statements).
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. If you aggregated accounts, be sure to include supporting documents for all accounts.
6. Keep a copy of your Claim Form and all documentation submitted for your records.
7. The Distribution Agent will acknowledge receipt of your Claim Form by regular or electronic mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgment postcard or e-mail. If you do not receive an acknowledgment postcard or e-mail within 60 days, please call the Distribution Agent toll free at **1 (888) 561-9182**.
8. If you move, you must send the Distribution Agent your new address. Otherwise, any funds allocated to your claim are subject to forfeiture.
9. **Do not use highlighter on the Claim Form or supporting documentation.**

THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN  
MARCH 16, 2012 AND MUST BE MAILED TO:

**Nortel SEC Fair Fund  
c/o The Garden City Group, Inc.  
Distribution Agent  
PO Box 9530  
Dublin OH 43017-4830**