

Must be Postmarked  
No Later Than  
January 31, 2005

Bristol-Myers Squibb Securities Litigation  
c/o The Garden City Group, Inc.  
Claims Administrator  
P.O. Box 9000 #6252  
Merrick, NY 11566-9000  
Toll free: (800) 326-4150

BMS  
**\* P-BMS\$F-POC/1\***

**PROOF OF CLAIM AND RELEASE**

**IDENTITY OF CLAIMANT:**

Claim Number:

Control Number:

WRITE ANY NAME AND ADDRESS CORRECTIONS  
BELOW OR IF THERE IS NO PREPRINTED DATA TO  
THE LEFT, YOU MUST PROVIDE YOUR FULL NAME  
AND ADDRESS HERE:

Name:

Address:

City:

State/Country:

Zip Code:

IF THE ABOVE AREA IS BLANK, YOU MUST ENTER  
YOUR FULL NAME AND ADDRESS HERE



Please fill in Social Security Number/  
Taxpayer ID Number if box is blank:

[Empty box for Social Security Number/Taxpayer ID Number]

Daytime Telephone Number: ( ) -

Evening Telephone Number: ( ) -

Claimant is: (Complete only the applicable portions)

- Individual
- Estate
- Trust
- Other \_\_\_\_\_ (specify)
- Joint Owners
- Corporation
- Partnership
- IRA, Keogh, or Retirement Plan

\_\_\_\_\_  
(type of Plan)

Name of Beneficial Owner, if different than Claimant:  
(PLEASE TYPE OR PRINT)

\_\_\_\_\_

Check here if Claimant was an officer, director or employee of Bristol-Myers Squibb at any time between **October 19, 1999** through and including **March 10, 2003**.  If so, attach on a separate piece of paper position(s) held, and dates of employment or affiliation.

**GENERAL INSTRUCTIONS**

1. It is important that you completely read and understand the Notice of Pendency and Proposed Settlement of Class Action (the "Notice") that accompanies this Proof of Claim and Release. By signing and submitting the Proof of Claim and Release, you will be certifying that you have read and understood the Notice.

2. IN ORDER TO PARTICIPATE IN THE PROCEEDS FROM THE SETTLEMENT, YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE, BY FIRST CLASS MAIL, POSTAGE PREPAID, POSTMARKED ON OR BEFORE JANUARY 31, 2005, ADDRESSED TO:

Bristol-Myers Squibb Securities Litigation  
c/o The Garden City Group, Inc.  
Claims Administrator  
P.O. Box 9000 #6252  
Merrick, NY 11566-9000

This Proof of Claim and Release is directed to all persons and entities who purchased the common stock of Bristol-Myers Squibb Company ("BMS," "Bristol-Myers Squibb" or the "Company") during the period October 19, 1999 through and including March 10, 2003 (the "Class Period"). The above described securities are referred to herein as the "Subject Securities". Excluded from the Class are: (i) the Defendants; (ii) members of the immediate family of each of the Individual Defendants; (iii) any entity in which any Individual Defendant has a controlling interest; (iv) any parent or subsidiary of BMS; (v) any person who was an officer or director of BMS or any of its subsidiaries during the Class Period; and (vi) the legal representatives, heirs, predecessors, successors or assigns of any of the persons or entities specified in this paragraph. Also excluded from the Class are any putative Class Members who exclude themselves by filing a request for exclusion in accordance with the requirements set forth in the Notice.

3. "Class Member" means any person who is included in the definition of the Class, who did not timely submit a proper request for exclusion in accordance with the requirements set forth in the Notice.

4. "Authorized Claimant" means a Class Member who timely submits to the Claims Administrator a valid Proof of Claim and Release that has been allowed pursuant to the terms of the Stipulation.

5. IF YOU ARE NOT A CLASS MEMBER, OR IF YOU, OR SOME ONE ACTING ON YOUR BEHALF, FILES A REQUEST FOR EXCLUSION FROM THE CLASS, DO NOT SUBMIT A PROOF OF CLAIM AND RELEASE. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN DISTRIBUTIONS FROM THE SETTLEMENT FUND IF YOU ARE NOT A CLASS MEMBER. THUS, IF YOU FILE A REQUEST FOR EXCLUSION IN A TIMELY MANNER, ANY PROOF OF CLAIM AND RELEASE THAT YOU SUBMIT, OR WHICH MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.

6. To recover as a Class Member, you must complete and sign this Proof of Claim and Release and mail it to the Claims Administrator on or before January 31, 2005. If you fail to submit a timely, properly addressed, and completed Proof of Claim and Release, your claim may be rejected and you may be precluded from receiving any distribution from the Settlement Fund.

7. Submission of this Proof of Claim and Release does not ensure that you will share in the proceeds of the Net Settlement Fund. Distributions from the Net Settlement Fund are governed by the Plan of Allocation approved by the Court. The proposed Plan of Allocation, which is subject to the Court's approval, is included in the Notice.

8. If you have questions concerning the Proof of Claim and Release, or need additional copies of the Proof of Claim and Release or Notice, you may contact the Claims Administrator, The Garden City Group, Inc. at the above address or by toll-free phone at 1 (800) 326-4150 or you can e-mail your inquiries through or download the documents from the Claims Administrator's Internet website, [www.gardencitygroup.com](http://www.gardencitygroup.com).

9. If you are a Class Member and you, or someone acting on your behalf, does not submit a timely request for exclusion, and if the Court approves the Settlement, you will be bound by the terms of any judgment that the Court enters. You will be bound by the judgment whether or not you submit a Proof of Claim and Release. The judgment enjoins the filing or continued prosecution of Released Plaintiffs' Claims. It also releases the Released Plaintiffs' Claims against the Released Defendant Parties, including those that are subject to pending lawsuits or arbitrations.

10. You are required to submit genuine and sufficient documentation for all your transactions in the Subject Securities during the Class Period from October 19, 1999 through and including March 10, 2003. Documentation may be photocopies of stockbrokers' confirmation slips; stockbrokers' monthly statements (reflecting your opening and closing balances for the months specified on the actual claim form and which transactions occurred during the Class Period); and schedules attached to tax filings. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL STOCK CERTIFICATES.

11. If you purchased BMS shares jointly with another person(s), each joint purchaser must sign this Proof of Claim and Release.

12. Agents, executors, administrators, guardians, and trustees must complete and sign the Proof of Claim and Release on behalf of persons represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, Social Security Number (or Taxpayer Identification Number), address and telephone number of the beneficial owner (or other person or entity on whose behalf they are acting with respect to) of the Subject Securities; and
- (c) furnish herewith evidence of their authority to bind the person or entity on whose behalf they are acting to the Proof of Claim and Release. (Authority to complete and sign a Proof of Claim and Release cannot be established by stockbrokers only demonstrating that they have discretionary authority to trade stock in another's accounts.)

13. By submitting a signed Proof of Claim and Release, you will be swearing that you:

- (a) own(ed) the Subject Securities you have listed in the Proof of Claim and Release; or
- (b) are expressly authorized to act on behalf of the owner thereof.

14. By submitting a signed Proof of Claim and Release, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

**SCHEDULE OF TRANSACTIONS IN BRISTOL-MYERS SQUIBB COMMON STOCK**

Separately list each of your purchases and sales of Bristol-Myers Squibb common stock below. Attach a separate schedule if more space is needed. **Be sure to include your name and Social Security number or Tax ID number on any additional sheets.** The date of purchase or sale is the "trade" or "contract" date, and not the "settlement" or "payment" date. Check here if additional transactions are included on separate schedules:

**SECTION I: BEGINNING HOLDINGS:** Please state the number of shares of Bristol-Myers Squibb common stock that you owned as of the opening of trading on **October 19, 1999**.

If you did not own any shares of Bristol-Myers Squibb common stock as of the opening of trading on **October 19, 1999**, please check here:

**SECTION II: PURCHASES:** List all purchases of Bristol-Myers Squibb common stock between **October 19, 1999** and **March 10, 2003**, inclusive:

Date(s) of Purchase (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Purchase Price Per Share	Total Purchase Price (excluding taxes, commissions, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION III: PURCHASES:** State the number of shares of Bristol-Myers Squibb common stock purchased between **March 11, 2003** and **June 6, 2003**, inclusive:

**SECTION IV: SALES:** List all sales you made of Bristol-Myers Squibb common stock between **October 19, 1999** and **June 6, 2003**, inclusive:

If you did not sell any shares during this time period, check here:

Date(s) of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION V: UNSOLD HOLDINGS:** Please state the number of shares of Bristol-Myers Squibb common stock that you held as of the close of trading on **June 6, 2003**.

If you did not own any shares of Bristol-Myers Squibb common stock as of the close of trading on **June 6, 2003**, please check here:

**VERIFICATION AND ACKNOWLEDGEMENT**

I (We), and the person I (we) represent(s), if any, submit to the jurisdiction of the United States District Court for the Southern District of New York, for purposes of further inquiry with respect to this Proof of Claim under the Federal Rules of Civil Procedure, and agree to be bound by and subject to the terms of the judgments and order of that Court in connection with the settlement in the action styled In re Bristol-Myers Squibb Securities Litigation, Master File No. 02-CV-2251(LAP), and to furnish such additional proof or information with respect to this Proof of Claim as the Court shall require.

I (We) have read and am (are) familiar with the contents of the Instructions accompanying this Proof of Claim and I (we) verify that the information I (we) have set forth in the foregoing Proof of Claim and in documents attached hereto is true and correct and complete to the best of my (our) knowledge. I (We) am (are) not either a Defendant(s) or related to a Defendant(s). I (We) have attached hereto legible copies of broker confirmation slips or statements or, if not available, other proof of the dates and amounts of my (our) purchases and sales of Bristol-Myers Squibb common stock. I (We) further certify that I (we) have read and am (are) familiar with the Notice of Pendency and "Proposed Settlement" of Class Action (the "Notice") to which this Proof of Claim relates. I (We) understand and agree that this Proof of Claim will be processed and will be allowed, if at all, in accordance with the procedures set forth in the Notice.

I (We) further agree and understand that if the proposed Settlement is approved by the Court and becomes effective, all Settled Plaintiffs' Claims as defined in the Notice will be released, discharged and extinguished forever as against all Released Defendant Parties.

I (We) declare under penalty of perjury under the laws of the United States of America that the statements made and the answers given in this Proof of Claim and Release are true and correct and that the documents submitted herewith are true and genuine.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
(Type or Print Name)

If Claimant is other than an individual, or if Claimant is not the person completing this form, the following also must be provided:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Capacity of person signing (Executor, President, Trustee, etc.)

\_\_\_\_\_  
(Type or Print Name)

If communications regarding this claim is to be with a person other than Claimant, please **TYPE or PRINT** name, address and telephone number for that individual:

Name: \_\_\_\_\_

Relationship to Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Substitute Form W-9**

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 certifications required to avoid backup withholding.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner (if any)

If the Claimant is other than an individual, or if the Claimant is not the person completing this form, the following must also be provided:

Name of Person Signing \_\_\_\_\_ Capacity of Person Signing \_\_\_\_\_  
(Executor, President, Trustee, Joint Owner, etc.)

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

**REMINDER CHECKLIST**

1. If you wish to take part in this Class Action Settlement, please sign the Verification and Acknowledgment of the Proof of Claim and Release on page 4 and the Substitute Form W-9 on page 5 of the Proof of Claim and Release.
2. If this claim is made on behalf of joint claimants, then both claimants must sign.
3. Please, remember to attach supporting documents.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Proof of Claim and Release and all documentation submitted for your records.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim and Release by mail, within 30 days. Your claim is not deemed filed until you receive an acknowledgement postcard.
7. If you move, please send the Claims Administrator your new address.
8. **Do not use highlighter on the Proof of Claim and Release form or supporting documentation.**

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN  
JANUARY 31, 2005, AND MUST BE MAILED TO:

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