

**Must Be
Received
No Later Than
September 11, 2017**

**Computer Sciences Fair Fund
c/o Garden City Group, LLC
Fund Administrator
P.O. Box 10191
Dublin, OH 43017-3191
1-877-302-1075
www.ComputerSciencesFairFund.com**

CUF



Claim Number:

Control Number:

In the Matter of

Computer Sciences Corporation, Michael Laphen, Michael Mancuso, Wayne Banks, Claus Zilmer, and Paul Wakefield

Respondents.

SECURITIES EXCHANGE ACT OF 1934
Release No. 78133 / June 22, 2016

ADMINISTRATIVE PROCEEDING File No. 3-16575
Computer Sciences Fair Fund established by the SEC

PROOF OF CLAIM

The Computer Sciences Fair Fund established by the SEC (the "Fair Fund") is related to the Securities Class Action entitled *In re Computer Sciences Corporation Securities Litigation*, Civil Action No. 1:11-cv-610-TSE-IDD, pending in the United States District Court for the Eastern District of Virginia (the "Class Action"). If you submitted a claim in connection with the Class Action and such claim was approved in that action, you are automatically deemed a **Class Action Authorized Claimant** with respect to those transactions that were approved. You do not need to submit another Proof of Claim to participate in the Fair Fund, unless you wish to amend your claim to include additional transactions.

If you submitted a claim in connection with the Class Action and such claim was determined to be deficient, in part or in whole, and you failed to cure such deficiencies, you are deemed a **Class Action Deficient Claimant** with respect to those transactions. In order to be eligible to receive a recovery for those deficient transactions, you must provide the required information and/or documentation to cure the deficiencies identified in connection with your Class Action claim. **Please do not re-submit the same Proof of Claim Form and supporting documentation that you previously submitted, as this has already been deemed insufficient.**

If you purchased or acquired Computer Sciences Corporation ("CSC") common stock between August 5, 2008 and December 27, 2011, you are a **Potentially Eligible Claimant** in connection with the Fair Fund.

TO BE ELIGIBLE TO SHARE IN THE PROCEEDS OF THE FAIR FUND, YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM TO THE FUND ADMINISTRATOR BY FIRST CLASS MAIL, TO THE ADDRESS SET FORTH AT THE TOP OF THIS PAGE, SO THAT IT IS **RECEIVED BY SEPTEMBER 11, 2017**.

IF YOU FAIL TO SUBMIT A TIMELY, PROPERLY ADDRESSED AND COMPLETED PROOF OF CLAIM FORM, YOUR CLAIM MAY BE REJECTED AND YOU MAY BE PRECLUDED FROM RECEIVING ANY PROCEEDS FROM THE FAIR FUND.

SUBMIT YOUR CLAIM ONLY TO THE FUND ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE.

TABLE OF CONTENTS

PAGE #

PART I - CLAIMANT IDENTIFICATION 2

PART II - SCHEDULE OF TRANSACTIONS IN CSC COMMON STOCK..... 3

PART III - CERTIFICATION & SIGNATURE.....4-5

REMINDER CHECKLIST..... 6

QUESTIONS? PLEASE CALL 1-877-302-1075 OR VISIT WWW.COMPUTERSCIENCESFAIRFUND.COM



PART II - SCHEDULE OF TRANSACTIONS IN CSC COMMON STOCK

1. BEGINNING HOLDINGS: State the total number of shares of CSC common stock owned at the open of trading on **August 5, 2008** (if none, enter "0"):

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Shares

2. PURCHASES: Separately list each and every purchase of CSC common stock during the period **August 5, 2008** through **December 27, 2011**, and provide the following information (*must be documented*):

Purchase Date (List Chronologically) Month/Day /Year	Number of Shares Purchased	Price Per Share	Total Purchase Price (excluding commissions, taxes and other fees)
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.

3. PURCHASES: Please list the number of shares of CSC common stock purchased between **December 28, 2011** and **March 23, 2012**.

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Shares

4. SALES: Separately list each and every sale of CSC common stock during the period **August 5, 2008**, through and including **March 23, 2012** and provide the following information (*must be documented*):

Sale Date (List Chronologically) Month/Day /Year	Number of Shares Sold	Price Per Share	Total Sale Price (excluding commissions, taxes and other fees)
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.

5. ENDING HOLDINGS: State the total number of shares of CSC common stock owned at the close of trading on **March 23, 2012**, (if none, enter "0"; if other than zero, must be documented):

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Shares

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED



PART III - CERTIFICATION AND SIGNATURE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am (we are) not:
 - a) A Respondent;
 - b) A member of the immediate family of any Respondent (spouse or children);
 - c) A director or officer of CSC during the Relevant Period;
 - d) A firm, trust, corporation, officer, or other entity in which any Respondent has or had a controlling interest; or
 - e) A CSC's directors' and officers' liability insurance carrier, or any affiliate or subsidiary thereof.
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 Securities and Exchange Commission for all purposes relating to this claim;
4. I understand that the Fund Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Fund Administrator for those purposes. If necessary, I authorize the Fund Administrator to obtain and review any and all trading records relevant to my transactions in CSC 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 Fund Administrator;
5. I agree that under no circumstances shall the Fund Administrator 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 Recognized Claims as approved by the SEC and that I am enjoined from taking any action in contravention of this provision;
6. 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 Fund Administrator and its agents and shall be deemed enjoined from prosecuting or asserting any such claims; and
7. 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.



PART III - CERTIFICATION AND SIGNATURE (CONTINUED)

Executed this ____ day of ____ in ____
(Month) (Year) (City, State, Country)

Signature of Claimant (if this claim is being made on behalf of Joint Claimants, then each must sign.)

Signature of Claimant

Date

Print your name here

Signature of Joint Claimant, if any

Date

Print your name here

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

Signature of person signing on behalf of Claimant

Date

Print your name here

Capacity of person signing on behalf of Claimant, if other than an individual, e.g., executor, president, custodian, etc.

**REMINDER CHECKLIST**

1. Please sign the Certification & Signature Section of the Proof of Claim form.
2. If this claim is being made on behalf of Joint Claimants, then both must sign.
3. Please remember to attach supporting documents. (Supporting documents include trade confirmations and official monthly, quarterly or annual brokerage statements.)
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Proof of Claim form and all documentation submitted for your records.
6. If you move, please send your new address to the Fund Administrator at the below address.
7. Do not use highlighter on the Proof of Claim form or supporting documentation.

**THIS PROOF OF CLAIM FORM MUST BE RECEIVED NO LATER
THAN SEPTEMBER 11, 2017, AND MUST BE MAILED TO:**

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Fund Administrator
P.O. Box 10191
Dublin, OH 43017-3191**