

Must be  
Postmarked or Received  
No Later Than  
September 17, 2015

In re Celestica Inc. Securities Litigation  
c/o GCG  
PO Box 10180  
Dublin, OH 43017-3180  
(888) 345-0866  
www.celesticasecuritieslitigation.com



Claim Number:

Control Number:

**PROOF OF CLAIM AND RELEASE FORM**

YOU MUST COMPLETE THIS CLAIM FORM AND IT MUST BE POSTMARKED OR RECEIVED  
NO LATER THAN SEPTEMBER 17, 2015 TO BE ELIGIBLE TO SHARE IN THE SETTLEMENT.

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**Important** - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0



PART I - CLAIMANT IDENTIFICATION

Claimant or Representative Contact Information

The Claims Administrator 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 Claims Administrator in writing at the address above.

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

Grid for Claimant Name(s)

Street Address:

Grid for Street Address

City: Last 4 digits of Claimant SSN/TIN:1

Grid for City and SSN/TIN

Account Number:

Grid for Account Number

State: Zip Code: Country (if Other than U.S.):

Grid for State, Zip Code, and Country

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

Grid for Name of Contact Person

Daytime Telephone Number: Evening Telephone Number:

Grid for Daytime and Evening Telephone Numbers

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

Grid for Email Address

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the website at www.celesticasecuritieslitigation.com or you may email the Claims Administrator at eClaim@gardencitygroup.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at eClaim@gardencitygroup.com to inquire about your file and confirm it was received and acceptable.

To view Garden City Group, LLC's Privacy Notice, please visit http://www.gardencitygroup.com/privacy

1The last four digits of 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.



**PART II - SCHEDULE OF TRANSACTIONS IN CELESTICA COMMON STOCK ON A UNITED STATES STOCK EXCHANGE**

**1. BEGINNING HOLDINGS:** State the total number of shares of Celestica common stock held at the beginning of trading on **January 27, 2005** and that were purchased on a United States stock exchange (if none, enter "0"):

Shares					

**2. PURCHASES:** List all purchases or other acquisitions, including by way of exchange, conversion or otherwise (on or after **January 27, 2005** through and including **April 30, 2007**) of Celestica common stock on a United States stock exchange and provide the following information (must be documented):

Trade Date(s) List Chronologically (Month/Day/Year)	Number of Shares Purchased or Acquired	Price Per Share	Total Purchase Price (Excluding commissions, taxes, and other fees)
/  /			
/  /			
/  /			
/  /			

**3. SALES:** List all sales or other deliveries, including by way of exchange or otherwise (on or after **January 27, 2005**, through and including **April 30, 2007**) of Celestica common stock on a United States stock exchange and provide the following information (must be documented):

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

**4. ENDING HOLDINGS:** State the total number of shares of Celestica common stock on a United States stock exchange held at the close of trading on **April 30, 2007** (if none, enter "0"; if other than zero, must be documented):

Shares					

**Please note:** Information requested with respect to your purchases/acquisitions of Celestica common stock from January 31, 2007 through and including April 30, 2007 is needed in order to balance your claim; purchases/acquisitions during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Loss pursuant to the Plan of Allocation for the Settlement.

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 - SUBMISSION TO THE JURISDICTION OF THE COURT AND ACKNOWLEDGMENTS**

I (We) submit this Proof of Claim under the terms of the Stipulation and Agreement of Settlement ("Stipulation") described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Southern District of New York with respect to my (our) claim as a Class Member and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I (we) will be bound by and subject to the terms of any Final Order and Judgment that may be entered in the Action. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so. I (We) have not submitted any other claim covering the same purchases, acquisitions or sales or holdings of Celestica common stock during the Class Period and know of no other Person having done so on my (our) behalf.

**PART IV - RELEASE**

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever settle, release and discharge from the Released Claims each and all of the Released Defendant Parties as those terms and terms related thereto are defined in the accompanying Notice.

2. This release shall be of no force or effect unless and until the Court approves the Stipulation and the Effective Date (as defined in the Stipulation) has occurred.

3. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

4. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions, and sales and other transactions in Celestica common stock which occurred on a United States stock exchange during the Class Period and the number of shares held by me (us) at the beginning of trading on January 27, 2005, and at the close of trading on April 30, 2007.

5. I (We) hereby warrant and represent that I am (we are) not excluded from the Class as defined herein and in the Notice.

**PART V - CERTIFICATION**

UNDER THE PENALTY OF PERJURY, I (WE) CERTIFY THAT:

I am/we are not subject to backup tax withholding. (If you have been notified by the IRS that you are subject to backup tax withholding, strike out the previous sentence.)

The foregoing information supplied by the undersigned is true and correct.

executed this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Month) (Year) (City, State, Country)

\_\_\_\_\_  
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 Section of the Proof of Claim form.
2. If this claim is being made on behalf of Joint Claimants, then both must sign.
3. For an overview of what constitutes adequate supporting documentation, please visit [www.gardencitygroup.com](http://www.gardencitygroup.com)
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. The Claims Administrator will acknowledge receipt of your Proof of Claim form by mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at (888) 345-0866.
7. If you move, please send your new address to:

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**Dublin, OH 43017-3180**

8. Do not use highlighter on the Proof of Claim form or supporting documentation.

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NO LATER THAN SEPTEMBER 17, 2015, AND MUST BE MAILED TO:**

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