

# PROOF OF CLAIM AND RELEASE FORM

***Becton, Dickinson and Company Securities Litigation***  
c/o JND Legal Administration  
P.O. Box 91443  
Seattle, WA 98111

**Toll-Free Number: 1-888-995-0312**

**Email: [info@BectonSecuritiesSettlement.com](mailto:info@BectonSecuritiesSettlement.com)**

**Website: [www.BectonSecuritiesSettlement.com](http://www.BectonSecuritiesSettlement.com)**

To be eligible to receive a share of the Net Settlement Fund from the proposed Settlement of the action captioned *Industriens Pensionsforsikring A/S v. Becton, Dickinson and Company, et al.*, Case No. 2:20-cv-02155-SRC-CLW (D.N.J.) (“Action”), you must complete and sign this Proof of Claim and Release Form (“Claim Form”) and mail it by first-class mail to the above address, or submit it online at [www.BectonSecuritiesSettlement.com](http://www.BectonSecuritiesSettlement.com), **postmarked (or received) no later than June 14, 2024.**

**You will bear all risks of delay or non-delivery of your Claim Form.** Failure to submit your Claim Form by the date specified will subject your Claim to rejection and may preclude you from being eligible to recover any money in connection with the proposed Settlement.

**Do not mail or deliver your Claim Form to the Court, the Parties to the Action, or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above, or online at [www.BectonSecuritiesSettlement.com](http://www.BectonSecuritiesSettlement.com).**

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# PART I – GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Settlement Hearing; and (III) Motion for Attorneys’ Fees and Litigation Expenses (“Notice”), including the proposed Plan of Allocation set forth in the Notice (“Plan of Allocation”). The Notice describes the proposed Settlement, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the Releases described therein and provided for herein.

2. This Claim Form is directed to the Court-certified Class: **all persons and entities who, from November 5, 2019 to February 5, 2020, inclusive (“Class Period”), purchased or otherwise acquired Becton, Dickinson and Company (“BD”) common stock or call options, or sold BD put options, and were damaged thereby.** Certain persons and entities are excluded from the Class by definition as set forth in ¶ 25 of the Notice. If you are a member of the Class and you do not timely request exclusion from the Class in accordance with the instructions provided in the Notice, you will be bound by the terms of any order of dismissal or judgment entered in the Action, including the Releases provided for herein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM.**

3. By submitting this Claim Form, you are making a request to share in the proceeds of the Settlement described in the Notice. **IF YOU ARE NOT A CLASS MEMBER (see definition of “Class” contained in ¶ 25 of the Notice), OR IF YOU SUBMIT A REQUEST FOR EXCLUSION FROM THE CLASS, DO NOT SUBMIT A CLAIM FORM AS YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT.** **THUS, IF YOU ARE EXCLUDED FROM THE CLASS, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.**

4. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.**

5. Use the Schedules of Transactions in Parts III to V of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in and holding(s) of the eligible BD Securities. On these Schedules, please provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of BD common stock, call options, and put options, whether such transactions resulted in a profit or a loss. If you need more space or additional schedules, please attach separate sheets giving all of the required information in substantially the same form. Sign and print your name and Social Security or Taxpayer Identification number on each additional sheet. **Failure to report all transaction and holding information during the requested time periods may result in the rejection of your Claim.**

6. **Please Note:** Only BD common stock and BD call options purchased/acquired, and BD put options sold (written) during the Class Period (i.e., from November 5, 2019 to February 5, 2020, inclusive) are eligible under the Settlement. However, because the PSLRA provides for a “90-day Look Back Period” (described in the Plan of Allocation set forth in the Notice), you must provide documentation related to your purchases, acquisitions, and sales of BD common stock during the period from February 6, 2020 through May 5, 2020 (i.e., the 90-day Look Back Period) in order for the Claims Administrator to calculate your Recognized Loss Amount(s) under the Plan of Allocation and process your Claim. **Failure to report all transaction and holding information during the requested time periods may result in the rejection of your Claim.**

7. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of the eligible BD Securities set forth in the Schedules of Transactions in Parts III to V of this Claim Form. Documentation may consist of copies of brokerage confirmation slips or brokerage account statements, or an authorized statement from your broker containing the transactional and holding information found in a brokerage confirmation slip or account statement. The Parties and the Claims Administrator do not independently have information about your investments in BD common stock/options. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OF THE DOCUMENTS OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator. Also, do not highlight any portion of the Claim Form or any supporting documents.**

8. BD call options and BD put options are identified by strike price and expiration date.

9. **Please Note:** As a result of a spinoff event effective on April 1, 2022, Becton share prices were adjusted by a factor of 1025/1000. When completing the below Schedules of Transactions, please make sure your transactions reflect the pricing details when they occurred (i.e., on the trade date) and not the adjusted pricing as a result of the April 1, 2022 spinoff.

10. **One Claim Form should be submitted for each separate legal entity or separately managed account.** Separate Claim Forms should be submitted for each separate legal entity (e.g., a Claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Generally, a single Claim Form should be submitted on behalf of one legal entity including all holdings and transactions made by that entity on one Claim Form. However, if a single person or legal entity had multiple accounts that were separately managed, separate Claim Forms may be submitted for each such account. The Claims Administrator reserves the right to request information on all the holdings and transactions in BD common stock and call and put options on BD common stock made on behalf of a single beneficial owner.

11. All joint beneficial owners each must sign this Claim Form and their names must appear as "Claimants" in Part II of this Claim Form. The complete name(s) of the beneficial owner(s) must be entered. If you purchased or otherwise acquired BD common stock and/or call options on BD common stock, or sold put options on BD common stock, during the Class Period and held the shares/options in your name, you are the beneficial owner as well as the record owner. If you purchased or otherwise acquired BD common stock and/or call options on BD common stock, or sold put options on BD common stock, during the Class Period and the shares/options were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these shares/options, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form.

12. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form 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, last four digits of the Social Security Number (or Taxpayer Identification Number), address, and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the BD common stock/options; and
- (c) furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person's accounts.)

13. By submitting a signed Claim Form, 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.

14. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all claims processing. The claims process will take substantial time to complete fully and fairly. Please be patient.

15. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive their *pro rata* share of the Net Settlement Fund. If the prorated payment to any Authorized Claimant calculates to less than \$10.00, it will not be included in the calculation and no distribution will be made to that Authorized Claimant.

16. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or a copy of the Notice, you may contact the Claims Administrator, JND Legal Administration, at the above address, by email at [info@BectonSecuritiesSettlement.com](mailto:info@BectonSecuritiesSettlement.com), or by toll-free phone at 1-888-995-0312, or you can visit the website maintained by the Claims Administrator, [www.BectonSecuritiesSettlement.com](http://www.BectonSecuritiesSettlement.com), where copies of the Claim Form and Notice are available for downloading.

17. **NOTICE REGARDING ELECTRONIC FILES:** Certain Claimants with large numbers of transactions may request, 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 [www.BectonSecuritiesSettlement.com](http://www.BectonSecuritiesSettlement.com), or you may email the Claims Administrator's electronic filing department at [BECSecurities@JNDLA.com](mailto:BECSecurities@JNDLA.com). **Any file that is 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 to you to that effect. **Do not assume that your file has been received until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the Claims Administrator's electronic filing department at [BECSecurities@JNDLA.com](mailto:BECSecurities@JNDLA.com) to inquire about your file and confirm it was received.**

#### **IMPORTANT PLEASE NOTE**

**YOUR CLAIM IS NOT DEEMED SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM BY MAIL WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-888-995-0312.**

# PART II – CLAIMANT IDENTIFICATION

Please complete this PART II in its entirety. The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Beneficial Owner's First Name	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Beneficial Owner's First Name (if applicable)	MI	Co-Beneficial Owner's Last Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if Beneficial Owner is not an individual)

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

Address 1 (street name and number)

Address 2 (apartment, unit or box number)

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

Country

Last four digits of Social Security Number or Taxpayer Identification Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone Number (home)	Telephone Number (work)
<input type="text"/>	<input type="text"/>

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

Account Number (where securities were traded)<sup>1</sup>

Claimant Account Type (check appropriate box)

<input type="checkbox"/> Individual (includes joint owner accounts)	<input type="checkbox"/> Pension Plan	<input type="checkbox"/> Trust	<input type="checkbox"/> Corporation
<input type="checkbox"/> Estate	<input type="checkbox"/> IRA/401K	<input type="checkbox"/> Other (please specify): _____	

<sup>1</sup> If the account number is unknown, you may leave blank. If filing for more than one account for the same legal entity, you may write "multiple." Please see ¶ 10 of the General Instructions above for more information on when to file separate Claim Forms for multiple accounts.

# PART III – SCHEDULE OF TRANSACTIONS IN BD COMMON STOCK

Complete this Part III if and only if you purchased or otherwise acquired BD common stock during the period from November 5, 2019 to February 5, 2020, inclusive. Please be sure to include proper documentation with your Claim Form as described in detail in Part I – General Instructions, ¶ 7, above. Do not include information in this section regarding securities other than BD common stock (NYSE ticker symbol: BDX / CUSIP: 075887109).

<b>1. HOLDINGS AS OF NOVEMBER 5, 2019</b> – State the total number of shares of BD common stock held as of the opening of trading on November 5, 2019. (Must be documented.) If none, write “zero” or “0.” <div style="text-align: center; border: 1px solid black; width: 150px; height: 20px; margin: 10px auto;"></div>	<b>Confirm Proof of Holding Position Enclosed</b> <input type="checkbox"/>			
<b>2. PURCHASES/ACQUISITIONS FROM NOVEMBER 5, 2019 TO FEBRUARY 5, 2020, INCLUSIVE</b> – Separately list each and every purchase/acquisition (including free receipts) of BD common stock from after the opening of trading on November 5, 2019 through and including the close of trading on February 5, 2020. (Must be documented.)				
<b>Date of Purchase/ Acquisition</b> (List Chronologically) (Month/Day/Year)	<b>Number of Shares Purchased/Acquired</b>	<b>Purchase/ Acquisition Price Per Share<sup>2</sup></b>	<b>Total Purchase/ Acquisition Price</b> (excluding taxes, commissions, and fees)	<b>Confirm Proof of Purchases/ Acquisitions Enclosed</b>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
<b>3. PURCHASES/ACQUISITIONS FROM FEBRUARY 6, 2020 TO MAY 5, 2020, INCLUSIVE</b> – State the total number of shares of BD common stock purchased/acquired (including free receipts) from February 6, 2020 through and including the close of trading on May 5, 2020. (Must be documented.) If none, write “zero” or “0.” <sup>3</sup> <div style="text-align: right; border: 1px solid black; width: 150px; height: 20px; margin: 10px auto;"></div>				

<sup>2</sup> **Please Note:** As a result of a spinoff event effective on April 1, 2022, Becton share prices were adjusted by a factor of 1025/1000. When completing this Schedule, please make sure your transactions reflect the pricing details when they occurred (i.e., on the trade date) and not the adjusted pricing as a result of the April 1, 2022 spinoff.

<sup>3</sup> **Please Note:** Information requested with respect to your purchases/acquisitions of BD common stock from February 6, 2020 through and including the close of trading on May 5, 2020 is needed in order to perform the necessary calculations for your Claim; purchases/acquisitions during this period, however, are not eligible transactions and will not be used for purposes of calculating Recognized Loss Amounts pursuant to the Plan of Allocation.

<b>4. SALES FROM NOVEMBER 5, 2019 TO MAY 5, 2020, INCLUSIVE</b> – Separately list each and every sale/disposition (including free deliveries) of BD common stock from after the opening of trading on November 5, 2019 through and including the close of trading on May 5, 2020. (Must be documented.)				<b>IF NONE, CHECK HERE</b> <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting taxes, commissions, and fees)	Confirm Proof of Sales Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
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/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
<b>5. HOLDINGS AS OF MAY 5, 2020</b> – State the total number of shares of BD common stock held as of the close of trading on May 5, 2020. (Must be documented.) If none, write “zero” or “0.”				<b>Confirm Proof of Position Enclosed</b> <input type="checkbox"/>

<input type="checkbox"/>	<b>IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX.</b>
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# PART IV – SCHEDULE OF TRANSACTIONS IN BD CALL OPTIONS

Complete this Part IV if and only if you purchased or otherwise acquired BD call options during the period from November 5, 2019 through February 5, 2020, inclusive. Please be sure to include proper documentation with your Claim Form as described in detail in Part I – General Instructions, ¶ 7, above. Do not include information in this section regarding securities other than BD call options.

<b>1. HOLDINGS AS OF NOVEMBER 5, 2019</b> – Separately list all positions in BD call option contracts in which you had an open interest as of the opening of trading on November 5, 2019. (Must be documented.) If none, write “zero” or “0.”	Confirm Proof of Holding Position Enclosed <input type="checkbox"/>
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Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts in Which You Had an Open Interest (including any short holdings)
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	

**2. PURCHASES/ACQUISITIONS FROM NOVEMBER 5, 2019 TO FEBRUARY 5, 2020, INCLUSIVE** – Separately list each and every purchase/acquisition (including free receipts) of BD call option contracts from after the opening of trading on November 5, 2019 through and including the close of trading on February 5, 2020. (Must be documented.)

Date of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts Purchased/Acquired	Purchase/Acquisition Price Per Call Option Contract	Total Purchase/Acquisition Price (excluding taxes, commissions, and fees)	Insert an “E” if Exercised/ Insert an “A” if Assigned/ Insert an “X” if Expired	Exercise Date (Month/Day/Year)
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /



**3. SALES FROM NOVEMBER 5, 2019 TO FEBRUARY 5, 2020, INCLUSIVE –** Separately list each and every sale/disposition (including free deliveries) of BD call options from after the opening of trading on November 5, 2019 through and including the close of trading on February 5, 2020. (Must be documented.)

**IF NONE,  
CHECK HERE**

Date of Sale (List Chronologically) (Month/Day/Year)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Total Sale Price (not deducting taxes, commissions, and fees)	Insert an "E" if Exercised/ Insert an "A" if Assigned/ Insert an "X" if Expired	Assignment Date (Month/Day/Year)
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /

**4. HOLDINGS AS OF FEBRUARY 5, 2020 –** Separately list all positions in BD call options in which you had an open interest as of the close of trading on February 5, 2020. (Must be documented.) If none, write "zero" or "0."

**Confirm Proof of Holding Position Enclosed**

Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts in Which You Had an Open Interest
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	

**IF YOU REQUIRE 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 V – SCHEDULE OF TRANSACTIONS IN BD PUT OPTIONS

Complete this Part V if and only if you sold (wrote) BD put options during the period from November 5, 2019 to February 5, 2020, inclusive. Please be sure to include proper documentation with your Claim Form as described in detail in Part I – General Instructions, ¶ 7, above. Do not include information in this section regarding securities other than BD put options.

<b>1. HOLDINGS AS OF NOVEMBER 5, 2019</b> – Separately list all positions in BD put option contracts in which you had an open interest as of the opening of trading on November 5, 2019. (Must be documented.) If none, write “zero” or “0.”	Confirm Proof of Holding Position Enclosed <input type="checkbox"/>
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Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Number of Put Option Contracts in Which You Had an Open Interest (including any short holdings)
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	

**3. SALES (WRITING) FROM NOVEMBER 5, 2019 TO FEBRUARY 5, 2020, INCLUSIVE** – Separately list each and every sale (writing) (including free deliveries) of BD put options from after the opening of trading on November 5, 2019 through and including the close of trading on February 5, 2020. (Must be documented.)

Date of Sale (Writing) (List Chronologically) (Month/Day/Year)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Number of Put Option Contracts Sold (Written)	Sale Price Per Put Option Contract	Total Sale Price (not deducting taxes, commissions, and fees)	Insert an “A” if Assigned/ Insert an “E” if Exercised/ Insert an “X” if Expired	Assignment Date (Month/Day/Year)
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /

**3. PURCHASES/ACQUISITIONS FROM NOVEMBER 5, 2019 TO FEBRUARY 5, 2020, INCLUSIVE** – Separately list each and every purchase/acquisition (including free receipts) of BD put option contracts from after the opening of trading on November 5, 2019 through and including the close of trading on February 5, 2020. (Must be documented.)

**IF NONE, CHECK HERE**

Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Number of Put Option Contracts Purchased/ Acquired	Purchase/ Acquisition Price Per Put Option Contract	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)	Insert an "A" if Assigned/ Insert an "E" if Exercised/ Insert an "X" if Expired	Exercise Date (Month/Day/Year)
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /

**4. HOLDINGS AS OF FEBRUARY 5, 2020** – Separately list all positions in BD put option contracts in which you had an open interest as of the close of trading on February 5, 2020. (Must be documented.) If none, write "zero" or "0."

**Confirm Proof of Holding Position Enclosed**

Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Number of Put Option Contracts in Which You Had an Open Interest
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	

**IF YOU REQUIRE 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 VI – RELEASE OF CLAIMS AND SIGNATURE

**YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW  
AND SIGN ON PAGE 13 OF THIS CLAIM FORM.**

I (we) hereby acknowledge that, pursuant to the terms set forth in the Stipulation and Agreement of Settlement dated as of December 19, 2023, without further action by anyone, upon the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, assigns, representatives, attorneys, agents, and anyone claiming through or on behalf of me (us), in their capacities as such, shall be deemed to have, and by operation of law and of the Judgment shall have, fully, finally, and forever compromised, settled, released, resolved, relinquished, waived, and discharged each and every Released Plaintiff's Claim against Defendants and the other Defendants' Releasees, and shall forever be barred and enjoined from prosecuting, commencing, or instituting any or all of the Released Plaintiff's Claims directly or indirectly against any of the Defendants' Releasees.

## CERTIFICATION

By signing and submitting this Claim Form, the Claimant(s) or the person(s) who represent(s) the Claimant(s) agree(s) to the release above and certifies (certify) as follows:

1. that I (we) have read and understand the contents of the Notice and this Claim Form, including the Releases provided for in the Settlement and the terms of the Plan of Allocation;
2. that the Claimant(s) is a (are) member(s) of the Class, as defined in the Notice, and is (are) not excluded by definition from the Class as set forth in the Notice;
3. that the Claimant(s) did **not** submit a request for exclusion from the Class;
4. that I (we) own(ed) the BD common stock/options identified in the Claim Form and have not assigned the claim against Defendants or any of the other Defendants' Releasees to another, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
5. that the Claimant(s) has (have) not submitted any other Claim covering the same purchases/acquisitions/sales of BD common stock/options and knows (know) of no other person having done so on the Claimant's (Claimants') behalf;
6. that the Claimant(s) submit(s) to the jurisdiction of the Court with respect to Claimant's (Claimants') Claim and for purposes of enforcing the Releases set forth herein;
7. that I (we) have included information about all my (our) transactions in BD common stock/options during the Class Period;
8. that I (we) agree to furnish such additional information with respect to this Claim Form as Class Counsel, the Claims Administrator, or the Court may require;
9. that the Claimant(s) waive(s) the right to trial by jury, to the extent it exists, agree(s) to the determination by the Court of the validity or amount of this Claim, and waives any right of appeal or review with respect to such determination;

10. that I (we) acknowledge that the Claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and

11. that the Claimant(s) is (are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the Claimant(s) is (are) exempt from backup withholding or (b) the Claimant(s) has (have) not been notified by the IRS that they are subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the Claimant(s) that they are no longer subject to backup withholding. **If the IRS has notified the Claimant(s) that they are subject to backup withholding, please strike out the language in the preceding sentence indicating that the Claim is not subject to backup withholding in the certification above.**

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Claimant name here

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print joint Claimant 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 name of person signing on behalf of Claimant here

\_\_\_\_\_  
Capacity of person signing on behalf of Claimant, if other than an individual, e.g., executor, president, trustee, custodian, etc. (Must provide evidence of authority to act on behalf of Claimant – see ¶ 12 on page 3 of this Claim Form.)

# REMINDER CHECKLIST



1. Sign the above release and certification. If this Claim Form is being made on behalf of joint Claimants, then both must sign.



2. Attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.



3. Do not highlight any portion of the Claim Form or any supporting documents.

4. Keep copies of the completed Claim Form and any supporting documentation for your own records.



5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your Claim is not deemed submitted until you receive an acknowledgement postcard. **If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator toll free at 1-888-995-0312.**

6. If your address changes in the future, you must send the Claims Administrator written notification of your new address. If you change your name, inform the Claims Administrator.



7. If you have any questions or concerns regarding your Claim, please contact the Claims Administrator at the address below, by email at [info@BectonSecuritiesSettlement.com](mailto:info@BectonSecuritiesSettlement.com), or by toll-free phone at 1-888-995-0312, or you may visit the website for the Settlement at [www.BectonSecuritiesSettlement.com](http://www.BectonSecuritiesSettlement.com). DO NOT call the Court, Defendants, or Defendants' Counsel with questions regarding your Claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, OR SUBMITTED ONLINE AT [WWW.BECTONSECURIETIESSETTLEMENT.COM](http://WWW.BECTONSECURIETIESSETTLEMENT.COM), **POSTMARKED (OR RECEIVED) NO LATER THAN JUNE 14, 2024**. IF MAILED, THE CLAIM FORM SHOULD BE ADDRESSED AS FOLLOWS:

***Becton, Dickinson and Company Securities Litigation***  
**c/o JND Legal Administration**  
**P.O. Box 91443**  
**Seattle, WA 98111**

If mailed, a Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before June 14, 2024 is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms received. Please be patient and notify the Claims Administrator of any change of address.