

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN RE DEL MONTE FOODS COMPANY SHAREHOLDER LITIGATION

Consolidated C.A. No. 6027-VCL

For Official Use Only



PROOF OF CLAIM

Please complete the Proof of Claim form below if you were a record holder or beneficial owner of Del Monte Foods Company (“Del Monte”) common stock at any time between and including November 25, 2010 and March 8, 2011 (regardless of the date of purchase of Del Monte common stock), or acted for or on behalf of, or claiming under, any of them, and each of them, **except** for those persons and entities excluded from the Settlement Class.

Excluded persons and entities include Del Monte and its successor Del Monte Corporation, Richard G. Wolford (“Wolford”), Victor L. Lund (“Lund”), Joe L. Morgan (“Morgan”), David R. Williams (“Williams”), Timothy G. Bruer (“Bruer”), Mary R. Henderson (“Henderson”), Sharon L. McCollam (“McCollam”), Samuel H. Armacost (“Armacost”), Terence D. Martin (“Martin”); Barclays Capital Inc. (“Barclays”); Blue Acquisition Group, Inc., Kohlberg Kravis Roberts & Co. L.P. (“KKR”), Vestar Capital Partners (“Vestar”), Centerview Capital, L.P. (named in the above-captioned action as Centerview Partners (“Centerview”) (collectively the “Sponsors”), and Blue Merger Sub Inc.; the Immediate Family members of the Defendants Wolford, Lund, Morgan, Williams, Bruer, Henderson, McCollam, Armacost, or Martin; the parents, subsidiaries and affiliates of the Sponsors, Barclays, and Del Monte, and each of their current or former directors, executive officers, partners and members; any person, firm, trust, corporation or other entity in which any Defendant has, or had during the Settlement Class Period, a controlling interest; and the legal representatives, heirs, executors, administrators, predecessors, successors, predecessors-in-interest, successors-in-interest and assigns of any such excluded party.

This Proof of Claim form must contain the name, address, and taxpayer identification number of the beneficial owner(s). 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; this information is required.

You must also provide the quantity of shares and the stock certificate numbers (if shares were held in certificate form; if shares were held through a brokerage account certificate, numbers would not be needed). You must sign the Proof of Claim form in the space provided in order to make a valid claim. Please also provide your brokerage statement for March 2011 or a letter from your bank, broker, or other nominee indicating the quantity of shares held as of March 8, 2011, if you did not hold shares in certificate form. If you held shares in certificate form, please provide confirmation from the transfer agent of surrender.

Proof of Claim forms **must be postmarked no later than February 1, 2012**, and mailed to:

DEL MONTE FOODS COMPANY SHAREHOLDER LITIGATION
PAYING AGENT
c/o A.B. DATA, LTD.
PO BOX 170500
MILWAUKEE, WI 53217-8091

REMINDER CHECKLIST

1. Please sign the release and certification below. If this Proof of Claim form is being submitted on behalf of joint claimants, then both must sign.
2. Remember to attach only copies of acceptable supporting documentation.
3. Please do not highlight any portion of the Proof of Claim form or any supporting documents.
4. Do not send original stock certificates or documentation. These items cannot be returned to you by the Paying Agent.
5. Keep copies of the completed Proof of Claim form and documentation for your own records.
6. You will not receive confirmation of receipt of your Proof of Claim; if confirmation is desired, please send your Proof of Claim Certified Mail, Return Receipt requested.
7. If your address changes in the future, or if this Proof of Claim was sent to an old or incorrect address, please send the Paying Agent written notification of your new address. If you change your name, please inform the Paying Agent.
8. If you have any questions or concerns regarding your Proof of Claim form, please contact the Paying Agent at the above address or call 800-332-7417 or visit abdataclassaction.com/cases.aspx.

