

Must be Postmarked  
No Later Than  
August 31, 2005

Fifth Third Bancorp Securities Litigation  
c/o The Garden City Group, Inc.  
Claims Administrator  
P.O. Box 9000 #6307  
Merrick, NY 11566-9000  
1 (800) 406-6205



**PROOF OF CLAIM**

**CLAIMANT IDENTIFICATION:**

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 or  
Taxpayer ID Number if box is blank:

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Daytime Telephone Number:	(    )    -
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Evening Telephone Number:	(    )    -
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Check one:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Corporation              |
| <input type="checkbox"/> Joint Owners | <input type="checkbox"/> IRA                      |
| <input type="checkbox"/> Estate       | <input type="checkbox"/> Other _____<br>(specify) |

IF YOU PURCHASED THE COMMON STOCK OF FIFTH THIRD BANCORP ("FIFTH THIRD") DURING THE PERIOD FROM SEPTEMBER 24, 2001 THROUGH AND INCLUDING JANUARY 31, 2003 ("CLASS PERIOD"), YOU ARE A "CLASS MEMBER" AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS. (EXCLUDED FROM THE CLASS ARE THE DEFENDANTS, FIFTH THIRD'S PREDECESSORS, SUCCESSORS, PARENTS, AND SUBSIDIARIES, THE OFFICERS AND DIRECTORS OF FIFTH THIRD, THE PARTNERS OF DELOITTE & TOUCHE LLP, AND MEMBERS OF EACH OF THEIR IMMEDIATE FAMILIES AND THEIR LEGAL REPRESENTATIVES, HEIRS OR ASSIGNS AND ANY ENTITY IN WHICH ANY DEFENDANT HAS HAVE OR HAD A CONTROLLING INTEREST DURING THE CLASS PERIOD).

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN AUGUST 31, 2005 TO THE FOLLOWING ADDRESS:

Fifth Third Bancorp Securities Litigation  
c/o The Garden City Group, Inc.  
Claims Administrator  
P.O. Box 9000 #6307  
Merrick, NY 11566-9000

YOUR FAILURE TO SUBMIT YOUR CLAIM BY AUGUST 31, 2005 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.



1. I purchased the common stock of Fifth Third Bancorp ("Fifth Third") from September 24, 2001 through and including January 31, 2003. (Do not submit this Proof of Claim if you did not purchase Fifth Third common stock during this period.)

2. By submitting this Proof of Claim, I state that I believe in good faith that I am a Class Member as defined above and in the Notice of Pendency of Class Action and Proposed Settlement, Motion for Attorneys' Fees and Settlement Fairness Hearing (the "Notice"), or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Class; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member (e.g., as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

3. I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proofs of Claim.

4. I have set forth where requested below all relevant information with respect to each purchase of Fifth Third common stock during the Class Period, and each sale, if any, of such securities. I agree to furnish additional information (including transactions in other Fifth Third securities) to the Claims Administrator to support this claim if requested to do so.

5. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements or other documents evidencing each purchase, sale or retention of Fifth Third common stock listed below in support of my claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)

6. I understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Claim. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities such as options.)

7. Upon the occurrence of the Effective Date my signature hereto will constitute a full and complete release, remise and discharge by me and my heirs, executors, administrators, predecessors, successors, and assigns (or, if I am submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Parties" of all "Settled Claims," as defined in the Notice.

8. 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. All Claimants MUST submit a manually signed paper Proof of Claim form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1 (800) 406-6205 or visit their website at [www.gardencitygroup.com](http://www.gardencitygroup.com) to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.



**PART II: SCHEDULE OF TRANSACTIONS FIFTH THIRD COMMON STOCK**

Separately list each of your purchases or sales of Fifth Third common stock below. Photocopy this page 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 "contract" or "trade" date, and not the "settlement" or "payment" date.

9. **BEGINNING HOLDINGS:** Number of shares of Fifth Third common stock owned at the open of business on **September 24, 2001** (If none, write 0), (Must be documented):

10. **PURCHASES:** I made the following purchases of Fifth Third common stock during the period **September 24, 2001** through and including **January 31, 2003**. (Persons who received Fifth Third common stock during the Class Period other than by purchase are not eligible to submit claims for those transactions.) (Must be documented):

Date(s) of Purchase (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Purchased	Purchase Price Per Share of Common Stock	Aggregate Cost (including commissions, taxes, and fees)
<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"/>

11. **PURCHASES:** I made the following purchases of Fifth Third common stock during the period **February 1, 2003** through and including **April 2, 2003**:

12. **SALES:** I made the following sales of Fifth Third common stock during the period **September 24, 2001** through and including **April 2, 2003** (Must be documented):

Date(s) of Sale (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Sold	Sale Price Per Share of Common Stock	Amount Received (net of commissions, taxes, and fees)
<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"/>

13. **UNSOLD HOLDINGS:** Number of shares of Fifth Third common stock owned at the close of business on **April 2, 2003** (If none, write 0), (Must be documented):

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS PHOTOCOPY THIS PAGE



14. Substitute Form W-9

Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

\_\_\_\_\_  
Social Security Number (for individuals)

or

\_\_\_\_\_  
Taxpayer Identification Number  
(for estates, trusts, corporations, etc.)

15. Certification

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 because: (a) I am (We are) exempt from backup withholding, or (b) I (We) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)

Date: \_\_\_\_\_

**ACCURATE CLAIM PROCESSING TAKES TIME.  
THANK YOU FOR YOUR PATIENCE.**

**REMINDER CHECKLIST**

1. Please sign the Certification Section of the Proof of Claim form.
2. If this claim is made on behalf of joint claimants, then both 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 form and all documentation submitted for your records.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail, within 30 days. Your claim is not deemed fully filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement within 30 days, please call the Claims Administrator toll-free at 1(800) 406-6205.
7. If you move, please send us your new address.
8. **Do not use highlighter on the Proof of Claim form or supporting documentation.**

**THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN  
AUGUST 31, 2005 AND MUST BE MAILED TO:**

Fifth Third Bancorp Securities Litigation  
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Claims Administrator  
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Merrick, NY 11566-9000