PROOF OF CLAIM

NALCO CHEMICAL COMPANY

LAST DAY TO FILE PROOF OF CLAIM WITH DISTRIBUTION AGENT:

APRIL 13, 2012

FOR: United States District Court, Southern District of New York, <u>SECURITIES AND EXCHANGE COMMISSION v. JOSE LUIS BALLESTEROS FRANCO, et al.</u>, Consolidated Civil Action No. 01 CV 3872 (JGK)

PLEASE COMPLETE, SIGN AND RETURN THIS PROOF OF CLAIM FORM IMMEDIATELY TO:

RICHARD WEISSMAN, ESQ. DISTRIBUTION AGENT 12121 Wilshire Blvd., Suite 600 Los Angeles, CA 90025 Tel: (888) 594-1294

The undersigned hereby submits the following claim against Jose Luis Ballesteros Franco, et al.("Franco"), relating to the insider trading of shares of Nalco Chemical Company ("Nalco") during *June 1999*, and certifies and represents as follows:

1. NAME(S) AND ADDRESS OF CLAIMANT(S):

Current Address:	
Address at time of Investment (if different from current address):	
THIS CLAIM IS BASED ON MY STATUS AS A NET SELLER OF STOCK IN NALCO	
THIS CLAIM IS BASED ON MY STATUS AS A NET SELLER OF STOCK IN NALCO on one of more of the Sale Dates of June 18, 21, 22, 23, 24 and 25 1989. AMOUNT OF NET CLAIM: \$	nt statements,
on one or more of the Sale Dates of June 18, 21, 22, 23, 24 and 25 1999. AMOUNT OF NET CLAIM: \$(Principal Only)	nt statements,
on one or more of the Sale Dates of June 18, 21, 22, 23, 24 and 25 1995. AMOUNT OF NET CLAIM: \$(Principal Only) (Provide copies of canceled checks, Wired funds receipts, bank statements, brokerage account)	nt statements,
AMOUNT OF NET CLAIM: \$(Principal Only) (Provide copies of canceled checks, Wired funds receipts, bank statements, brokerage account Complete this Section from your information stated in the Supplemental Claim Form	nt statements,
AMOUNT OF NET CLAIM: \$(Principal Only) (Provide copies of canceled checks, Wired funds receipts, bank statements, brokerage account Complete this Section from your information stated in the Supplemental Claim Form A. Number of Shares held as of June 17, 1999:	nt statements,
AMOUNT OF NET CLAIM: \$(Principal Only) (Provide copies of canceled checks, Wired funds receipts, bank statements, brokerage account Complete this Section from your information stated in the Supplemental Claim Form A. Number of Shares held as of June 17, 1999: B. Number of Shares Sold on Sale Dates:	nt statements,
AMOUNT OF NET CLAIM: \$(Principal Only) (Provide copies of canceled checks, Wired funds receipts, bank statements, brokerage account Complete this Section from your information stated in the Supplemental Claim Form A. Number of Shares held as of June 17, 1999: B. Number of Shares Sold on Sale Dates: C. Number of Shares Purchased on the Sale Dates:	nt statements,

address of your stated source:

6. I acknowledge, agree and remit to the jurisdiction of this Court, and agree that my claim shall be adjudicated, determined and paid as ordered by the United States District Court that is administering this action and distribution. I further consent to, and understand that the Court will determine (a) my right to any money from the above-named defendants, if any is available, (b) the priority of said claim(s), if any, (c) the scheduling and allocation of the assets to be distributed, and (d) that all objections and disputes to the allowance of my claim by the Distribution Agent shall be submitted to and the subject of review by the Court for a final ruling thereon, upon motion practice for hearing, without a jury.

7. I have not sold, assigned, transferred, hypothecated or in any way conveyed my interest in or my claim against Franco or any portion thereof. I further agree not to sell, convey, assign, transfer or hypothecate hereafter, prior to the date(s) of distribution, my interest in the Franco claim, in any manner. In the event my interest is transferred hereafter prior to the date(s) of distribution, except by operation of law, I agree that any such assignment or transfer shall be deemed null and void and unenforceable by any successor third party as between the undersigned, on the one hand, and Franco, the Agent and the Court, on the other hand. I further represent that I, individually, or as an officer, director, partner, or member of any corporation, partnership or limited liability company, or other entity, possess all of the requisite power and authority to execute this form and to grant a full and irrevocable Release of all claims to the assets to be distributed by the Court, and to do all other things necessary and appropriate in connection with the submission of this Proof of Claim form and its attachments.

8. I further understand and agree that: (a) a disbursement check will be made payable jointly to me and to each of my coclaimants named herein below; (b) it will be our individual and collective responsibility for said check's timely deposit and collection en gross and later division between us, if any; (c) that the Agent will not prorate the amount due me or to us under separate checks; and (d) my correct Social Security Number (SSN), Federal Employer Identification Number (FEIN) or Tax Identification Number (TIN) is set forth adjacent to my signature below.

9. I represent that I am not and have never been affiliated with NALCO Chemical Company, Jose Louis Ballesteros Franco, Jorge Eduardo Ballesteros Franco, Pablo Escandon Cusi, Hugo Salvador Villa Manzo, or any of the other persons named in any of the U.S. District Court cases, nos. 01 CV 03872(JGK), 02 CV 0971 (JGK) and/or 02 CV 01766 (JGK) as a principal, employee, sales agent, independent contractor, relative or in any other manner.

10. I represent that I have not received from or on behalf of NALCO, Franco, or any of the above-named persons against whom this claim is filed, any distribution of money except as set forth in Section 3, above. (Sales of Nalco shares on and after June 28, 1999, are excluded from Section 3 above, and from this Claim.

11. I further consent to the Distribution Agent's and his employees' and agents' use of any of the information provided herein including but limited to confidential Social Security (or taxpayer identification) numbers, addresses, telephone numbers, brokerage account(s) and trading information, in any way deemed appropriate by the Court or Distribution Agent for verification of the claim.

12. Upon receipt and acceptance of a distribution from the Fair Fund, I fully and finally and forever waive, release and relinquish any and all claims of any kind, nature or description whatsoever that the undersigned may now, or at any time in the future, may have against the Distribution Agent and his respective employees, agents, representatives and affiliates, whether known or unknown, that arise out of or relate in any manner to the performance by such "persons" of their respective duties and responsibilities under the Distribution Plan, including without limitation the administration of the Fair Fund. The foregoing Release and Waiver does not include or extend to any individual claims I/we may have directly against any of the named Defendants outside of the subject consolidated actions.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on : _____, 2012, at ____

(City or Town)

(State, Zip Code)

NO PROOF OF CLAIM SHOULD BE FILED WITH THE COURT.

Delivery of an originally executed and fully completed Proof of Claim to Richard Weissman, Distribution Agent of NALCO, et al., *postmarked on or before* APRIL 13, 2012, shall constitute Claimant's "filing" of the Proof of Claim.

PRINT (FULL NAME)	CLAIMANT SIGNATURE	SSN / FEIN
PRINT (FULL NAME)	CLAIMANT SIGNATURE	SSN / FEIN
PRINT (FULL NAME)	CLAIMANT SIGNATURE	SSN / FEIN
PRINT (FULL NAME)	CLAIMANT SIGNATURE	SSN / FEIN

NAME, ADDRESS AND ACCOUNT NUMBER FOR CURRENT IRA/PENSION ACCOUNT(S)

** To receive an acknowledgment from the Distribution Agent of his receipt of your Proof of Claim, you must provide him with a duplicate of the original Proof of Claim and a self-addressed, postage prepaid envelope. The Distribution Agent will mark the duplicate Proof of Claim "Received" with a date stamp and return it to you for your records. It is recommended that you send your Proof of Claim and supporting documents by certified mail, return receipt requested, to confirm the actual receipt of the POC by the Distribution Agent.