

In re Global Cash Access Holdings, Inc. Securities Litigation  
c/o Analytics, Inc., Claims Administrator  
P.O. Box 2004  
Chanhassen, MN 55317-2004  
[www.GCASecuritiesSettlement.com](http://www.GCASecuritiesSettlement.com)

THIS PROOF OF  
CLAIM MUST BE  
POSTMARKED NO  
LATER THAN  
JULY 24, 2010.

**PROOF OF CLAIM AND RELEASE**

**I. GENERAL INSTRUCTIONS**

- A. To recover as a Class member based on your claims in the action entitled *In re Global Cash Access Holdings, Inc. Securities Litigation*, 2:08-CV-01320-JCM-PAL, in the U.S. District Court for the District of Nevada (the “Action”), which is being settled as discussed in the Notice Of Pendency Of Class Action, Proposed Settlement, And Hearing On Proposed Settlement And Request For Attorneys’ Fees And Expenses (the “Notice”), please complete this Proof of Claim and Release form (“Claim Form”) according to the instructions below.
- B. It is important that you completely read and understand the Notice that accompanies this Claim Form and the Plan of Allocation included therein (the “Plan of Allocation”). The Notice and Plan of Allocation describe the proposed settlement (the “Settlement”), how Class members are affected by the Settlement, and the manner in which the Settlement proceeds will be distributed, if the Settlement and the 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 Proof of Claim and Release. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice.
- C. **The Class is defined as all persons or entities who purchased or otherwise acquired Global Cash Access Holdings, Inc. (“GCAH”) common stock from September 22, 2005 through November 14, 2007, inclusive (the “Class Period”). Excluded from the Class are (1) the Defendants (as defined in Section VI.B below); (2) members of the immediate family of each of the Defendants; (3) the subsidiaries and affiliates of GCAH; (4) any person or entity who is, or was during the Class Period, a partner, officer, executive, director, or employee of GCAH, or a partner, officer, executive, or director of any of the other Defendants; (5) any entity in which any such excluded person or entity has a majority interest; (6) the legal representatives, heirs, successors or assigns of any of the excluded persons or entities specified in this paragraph; and (7) the insurance carriers who provide directors’ and officers’ liability insurance to GCAH and/or any of the Defendants related to the claims in the Action.**
- D. **TO PARTICIPATE IN THE SETTLEMENT, YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTAGE PREPAID, POSTMARKED BY JULY 24, 2010, ADDRESSED AS FOLLOWS:**

Global Cash Access Holdings, Inc. Securities Litigation  
c/o Analytics Inc., Claims Administrator  
P.O. Box 2004  
Chanhassen, MN 55317-2004



- E. All Class members will be bound by the terms of the judgment entered in the Action **WHETHER OR NOT A CLAIM FORM IS SUBMITTED**, unless a valid exclusion request is submitted to the Claims Administrator by first-class mail postmarked no later than **June 4, 2010**. The judgment will release and enjoin the filing or continued prosecution of Released Claims against the Released Defendant Parties, as described in the Notice and in Section VI below. If you submit a valid exclusion by the deadline noted, you **MAY NOT** submit a Claim Form.
- F. You may only participate in the Settlement if you are a member of the Class and if you complete and return this form as specified below. If you fail to file a timely, properly addressed, and completed Claim Form, your claim may be rejected and you may be precluded from receiving any Settlement proceeds, but you will nevertheless be bound by the terms of the judgment.
- G. **Submission of this Claim Form does not guarantee that you will share in the Settlement proceeds.** Distributions of the Settlement proceeds, after payment of attorneys' fees, expenses and other costs, are governed by the Plan of Allocation approved by the Court. The proposed Plan of Allocation, which is subject to Court approval, is included in the Notice.

## **II. CLAIMANT IDENTIFICATION INSTRUCTIONS**

- A. If you purchased or acquired GCAH common stock during the Class Period and held the shares in your name, you are the beneficial owner as well as the record owner. If, however, you purchased or acquired GCAH common stock during the Class Period and the shares were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these shares, but the third party is the record owner of these shares.
- B. 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). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity on one Claim Form, no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).
- C. Use Section IV of this form entitled "CLAIMANT IDENTIFICATION" to identify each owner of record ("nominee"), if different from the beneficial owner of GCAH common stock that forms the basis of this claim. **THE ACTUAL BENEFICIAL OWNER OR THE LEGAL REPRESENTATIVE OF SUCH OWNER OF THE GCAH COMMON STOCK UPON WHICH THIS CLAIM IS BASED MUST SUBMIT THIS CLAIM FORM.** Legal representatives **MUST** include proof of authority to sign on behalf of the beneficial owner in accordance with Section II, Paragraph C, below.
- D. All joint beneficial owners must sign this Claim Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this Claim Form on behalf of persons represented by them, and proof of their authority must accompany this Claim Form and their titles or capacities must be stated.
- E. 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.
- F. If you would like to use the correspondence address (noted in Section IV) for the distribution of check(s), please place a check mark next to "Check Here to Use Correspondence Address for Distribution of Checks;" you need not fill out the (Optional) Distribution Address portion of the form if you wish to use the correspondence address for all distributions. If you would like your distribution check sent to an address other than the correspondence address, please fill out the (Optional) Distribution Address portion of the form; you will still need to fill in the Correspondence Address section.

**FAILURE TO PROVIDE THE FOREGOING INFORMATION COULD DELAY VERIFICATION  
OF YOUR CLAIM OR RESULT IN REJECTION OF YOUR CLAIM.**



### III. TRANSACTION SCHEDULE INSTRUCTIONS

- A. Use Section V of this Claim Form entitled “SCHEDULE OF TRANSACTIONS IN GCAH COMMON STOCK” to supply all required details of your transaction(s) in GCAH common stock. If you need more space, attach separate, numbered sheets providing all of the required information in substantially the same format. Print or type the beneficial owner’s name at the top of each additional sheet.
- B. On the schedules, provide all of the requested information with respect to all acquisitions and purchases (including free receipts) of GCAH common stock from September 22, 2005 through November 14, 2007, as well as all sales (including free deliveries), of GCAH common stock from September 22, 2005 through the date you submit this Claim Form.
- C. Failure to report all transactions during the requested periods may result in the rejection of your claim.
- D. Shares of GCAH common stock acquired during the Class Period by means of a gift, inheritance, or operation of law do not qualify as the purchase of such shares on the date of such acquisition. If, however, such securities were purchased during the Class Period by the donor, decedent, or transferor, then as long as the original purchaser does not submit a Claim Form with respect to the shares, recipients will be allowed to participate in the Settlement and their claims will be computed by using the price of such stock on the original date of purchase.
- E. List each acquisition, purchase, and sale, including free receipts and free deliveries, separately and in chronological order, by trade date (as distinguished from the “settlement” date), beginning with the earliest. You must accurately provide the month, day, and year of each such transaction you list.
- F. The price per share, paid or received, shall be exclusive of all commissions, taxes, fees, and other charges.
- G. The date of covering a short sale is deemed to be the date of purchase. The date of a short sale is deemed to be the date of sale. Although there is no recognized loss for a short sale, all short sales must be reported to allow proper balancing of the transactions contained in your claim overall.
- H. Agents, executors, administrators, guardians, and trustees must complete and sign this 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, 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 GCAH common stock; and
  - (c) furnish herewith evidence of their authority to bind to the Proof of Claim and Release the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers only demonstrating that they have discretionary authority to trade stock in another’s accounts.)
- I. You must include with your Claim Form copies of brokerage confirmations, monthly statements, or other documentation of your transactions in GCAH common stock in order for your claim to be valid. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator.**
- J. 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 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 1-866-810-8520, or visit its website [www.GCASecuritiesSettlement.com](http://www.GCASecuritiesSettlement.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 paper acknowledgment of receipt and acceptance of electronically submitted data.



**PROOF OF CLAIM AND RELEASE**  
**IN RE GLOBAL CASH ACCESS HOLDINGS, INC. SECURITIES LITIGATION**

No. 08-cv-01320-JCM-PAL

PLEASE PRINT OR TYPE.

**IV. CLAIMANT IDENTIFICATION**

First Name (CLAIMANT)

Last Name (CLAIMANT)

First Name (Beneficial Owner if Different from Claimant)

Last Name (Beneficial Owner)

First Name (Co-Beneficial Owner)

Last Name (Co-Beneficial Owner)

Company/Other Entity/Trustee/Nominee/Other (If Claimant is Not an Individual)

Account Number (If Claimant is Not an Individual)

Trust/Other Date (If Applicable)

M M / D D / Y Y Y Y

Check Here to Use Correspondence Address for Distribution of Checks

Correspondence Address

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

**(Optional) Distribution Address:**

Distribution Address

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

Telephone Number (Day)

Telephone Number (Evening)

Beneficial Owner's Social Security Number

or

Employer Identification Number

Email Address

- Individual     Estate     Trust     Private Pension Fund     Joint Owners  
 Corporation     Partnership     Legal Representative     Other \_\_\_\_\_  
 IRA, Keogh, or other type of individual retirement plan (indicate type of plan, mailing address, and name of current custodian)

EXCLUSIONS FROM CLASS DEFINITION: Individuals or entities excluded from participating in the Settlement include: the (1) the Defendants (as defined below in Section VI.B); (2) members of the immediate family of each of the Defendants; (3) the subsidiaries and affiliates of GCAH; (4) any person or entity who is, or was during the Class Period, a partner, officer, executive, director, or employee of GCAH, or a partner, officer, executive, or director of any of the other Defendants; (5) any entity in which any such excluded person or entity has a majority interest; (6) the legal representatives, heirs, successors or assigns of any of the excluded persons or entities specified in this paragraph; and (7) the insurance carriers who provide directors' and officers' liability insurance to GCAH and/or any of the Defendants related to the claims in the Action.

Check here if the claimant or beneficial owner is excluded from the Class.







By signing and submitting this Claim Form, the claimant(s) or the person(s) who represents the claimant(s) certifies, as follows:

1. that the claimant(s) is a (are) Class member(s), as defined in the Notice;
2. that I (we) have read and understand the contents of the Notice and the Claim Form;
3. that I am (we are) not acting for any of the Defendants, nor am I (are we) such a Defendant or otherwise excluded from the Class;
4. that I (we) have not filed a request for exclusion from the Class and that I (we) do not know of any request for exclusion from the Class filed on my (our) behalf;
5. that I (we) own(ed) the GCAH common stock identified in the Claim Form, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
6. that I (we) have not submitted any other claim covering the same purchases, sales, or holdings of GCAH common stock and know of no other person having done so on my (our) behalf;
7. that the claimant(s) desires (desire) to participate in the Settlement described in the Notice and agrees (agree) to the terms and conditions thereof;
8. that I (we) submit to the jurisdiction of the United States District Court for the District of Nevada with respect to my (our) claim and for purposes of enforcing the release set forth herein;
9. that I (we) agree to furnish such additional information with respect to this Claim Form as the parties, the Claims Administrator or the Court may require;
10. that I (we) waive trial by jury, to the extent it exists, and agree to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;
11. that I (we) acknowledge that I (we) will be bound by and subject to the terms of any judgment that may be entered in the Action; and
12. 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 IRS that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me (us) that I am (we are) no longer subject to backup withholding.

**If the IRS has notified you 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 BY ME (US) ON THIS 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 <input type="text"/>	First Name <input type="text"/>
	Last Name <input type="text"/>

Signature of Joint Claimant, if any <input type="text"/>	First Name <input type="text"/>
	Last Name <input type="text"/>

**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 <input type="text"/>	First Name <input type="text"/>
	Last Name <input type="text"/>

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, custodian, etc.



**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.  
THANK YOU FOR YOUR PATIENCE.**

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN JULY 24, 2010, AND MUST BE MAILED TO:

Global Cash Access Holdings, Inc. Securities Litigation  
c/o Analytics Inc., Claims Administrator  
P.O. Box 2004  
Chanhassen, MN 55317-2004

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by July 24, 2010 and if a postmark 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 process fully all of the Claim Forms and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Claim Form. Please notify the Claims Administrator of any change of address.

**REMINDER CHECKLIST**

1. Please sign the above release and certification and Substitute Form W-9.
2. Remember to attach only **copies** of acceptable supporting documentation.
3. Please do not highlight any portion of the Claim Form or any supporting documents.
4. Do not send original stock certificates or documentation. These items cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Claim Form and documentation for your own records.
6. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt requested, or its equivalent. **You will bear all risks of delay or non-delivery of your claim.**
7. If your address changes in the future, or if these documents were sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
8. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the above address or at 1-866-810-8520, or visit its website [www.GCASecuritiesSettlement.com](http://www.GCASecuritiesSettlement.com).

