

In re: INFOSONICS SECURITIES LITIGATION

Civil Action No. 06-CV-1231-JLS (WMC)

CLASS ACTION

This Document Relates To:

ALL ACTIONS.

JUDGE: Honorable Janis L. Sammartino
CTRM: 6

PROOF OF CLAIM AND RELEASE

IF YOU PURCHASED OR OTHERWISE ACQUIRED THE COMMON STOCK OF INFOSONICS CORPORATION (“INFOSONICS”) DURING THE PERIOD FEBRUARY 6, 2006, THROUGH AUGUST 9, 2006 (THE “CLASS PERIOD”), AND WERE DAMAGED THEREBY, AND YOU HAVE NOT REQUESTED EXCLUSION FROM THE CLASS, YOU ARE A “CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE PROCEEDS OF THE PROPOSED SETTLEMENT DESCRIBED IN THE ACCOMPANYING NOTICE OF PENDENCY AND PROPOSED SETTLEMENT OF CLASS ACTION, APPLICATION FOR ATTORNEYS’ FEES AND EXPENSES AND FAIRNESS HEARING (THE “NOTICE”).

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE, SIGN, AND SUBMIT THIS PROOF OF CLAIM AND RELEASE FORM (THE “CLAIM FORM”) IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS. IF SUBMITTED BY FIRST-CLASS MAIL, IT MUST BE POSTMARKED **NO LATER THAN JUNE 4, 2009**, TO THE CLAIMS ADMINISTRATOR AT THE FOLLOWING ADDRESS:

**IN RE INFOSONICS SECURITIES LITIGATION
CLAIMS ADMINISTRATOR
C/O A.B. DATA, LTD.
PO BOX 170500
MILWAUKEE, WI 53217-8042**

IF YOU CHOOSE TO RETURN THIS CLAIM FORM BY EXPRESS MAIL OR SOME OTHER MEANS, THEN IT MUST BE RECEIVED BY THE CLAIMS ADMINISTRATOR **NO LATER THAN JUNE 11, 2009**.

REQUIREMENTS FOR FILING A CLAIM FORM

Please refer to the accompanying Notice to find the definitions of words that are capitalized in the following directions and on the Claim Form, but are not defined in this document.

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all portions of the attached Claim Form.

The Claim Form contains purchase/acquisition and sale schedules. You must carefully complete each applicable section of the schedules. List each transaction during the period February 6, 2006, through August 9, 2006, separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list. Do not adjust transactions for stock splits.

Do not omit any requested information regarding your holdings, purchases, or sales (including any free receipts and/or free deliveries). This information is necessary to determine your share of any distribution. If you cannot list all transactions in the space provided in the Claim Form, or if you believe that you must, or should, supply additional information with respect to any transaction, attach additional sheets to the Claim Form supplying the required information. Your full name and taxpayer identification number (TIN) must be properly identified on each additional sheet of paper.

2. You must sign the Claim Form.

If the shares of InfoSonics common stock were, or are, owned jointly, all joint owners must sign the Claim Form. Executors, administrators, guardians, conservators, and trustees may complete and sign the Claim Form on behalf of persons or entities represented by them, but they must identify such persons or entities and provide proof of their authority (for example, currently effective letters testamentary, letters of administration, active financial power of attorney, or certification of trust) to complete and execute the Claim Form on their behalf and to bind them in accordance with the terms thereof. A Claim Form submitted by legal representatives of a claimant must be executed by all such representatives.

3. You must provide proof for each transaction listed on this Claim Form.

Attach to the Claim Form legible copies of broker confirmation slips, monthly brokerage statements, or other proof satisfactory to the Claims Administrator confirming the particulars of each purchase and sale you have made during the period February 6, 2006, through August 9, 2006. Please make sure that all supporting documentation states the beneficial owner’s account name. If you are filing on behalf of a deceased claimant, please provide a copy of the death certificate and a will or probate documents.

4. If you acquired InfoSonics common stock by means of a gift, inheritance, or operation of law during the Class Period, such acquisitions do not qualify as part of the proposed Settlement. If, however, such stock was 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, the recipient’s Recognized Losses will be computed by using the price of such stock on the original date of purchase.

5. Any person or entity that sold InfoSonics common stock “short” shall have no Recognized Loss with respect to any purchase during the Class Period to cover such short sale.
6. You must also provide supporting documentation showing your holdings as of the close of trading on August 9, 2006, if any.
7. Your failure to complete and mail the Claim Form postmarked by **June 4, 2009**, or submit it so that it is received, by **June 11, 2009**, may preclude you from receiving any share of the available proceeds of the proposed Settlement. So that you will have a record of the date of your mailing and its receipt by the Claims Administrator, you are advised to use Certified Mail, Return Receipt requested.
8. For individuals and entities with a United States TIN, which is the Social Security number (SSN) for individuals or the employer identification number (EIN) for entities, the TIN and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of your claim.
9. If you would like to use an alternate address for any distribution you might be eligible for, please place a check mark next to “Check here to use Alternate Address for Distribution” on Page 3 and fill out the Distribution Address portion of the Claim Form.

FAILURE TO REPORT ALL TRANSACTIONS DURING THE REQUESTED PERIOD MAY RESULT IN THE REJECTION OF YOUR CLAIM. ANY PERSON WHO KNOWINGLY SUBMITS A FALSE CLAIM FORM IS SUBJECT TO PENALTIES FOR PERJURY AND OTHER VIOLATIONS OF FEDERAL LAW.

Submission of a Claim Form, however, does not ensure that you will share in the distribution of the Net Settlement Fund.

If the proposed Settlement is approved by the Court, and if you have a Recognized Loss entitling you to a *pro rata* payment from the Net Settlement Fund as calculated in accordance with the Plan of Allocation described in the accompanying Notice, a check will be sent to you representing such *pro rata* payment as soon as practicable after all Claim Forms from all Class Members have been processed. Processing all of the Claim Forms will likely take a significant amount of time. Please be patient, and please advise the Claims Administrator of any changes in your name and/or address.

If you are a Class Member and you do not complete, sign, and return the Claim Form postmarked or received by the deadline, you will not receive any money from the Net Settlement Fund, but you will still be bound by all orders of the Court in this Action, including the release set forth in the Notice.

MUST BE POSTMARKED NO LATER THAN JUNE 4, 2009, IF MAILED BY FIRST-CLASS MAIL OR RECEIVED BY JUNE 11, 2009, IF RETURNED BY OTHER MEANS.

UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF CALIFORNIA

PROOF OF CLAIM AND RELEASE In re InfoSonics Securities Litigation Case No. 06-CV-1231-JLS (WMC)



PLEASE PRINT OR TYPE

LAST NAME (CLAIMANT)

FIRST NAME (CLAIMANT)

Last Name (Beneficial Owner if Different From Claimant)

First Name (Beneficial Owner)

Last Name (Co-Beneficial Owner)

First Name (Co-Beneficial Owner)

Company/Other Entity (If Claimant Is Not an Individual)

Trustee/Nominee/Other

Account Number (If Claimant Is Not an Individual)

Trust/Other Date (If Applicable)

Address Line 1

Address Line 2 (If Applicable)

City

State

Zip Code

Foreign Province

Foreign Zip Code

Foreign Country

Check here to use Alternate Address for Distribution

(Optional) Distribution Address:

Distribution Address Line 1

Distribution Address Line 2 (If Applicable)

City

State

Zip Code

Foreign Province

Foreign Zip Code

Foreign Country

Telephone Number (Day)

Telephone Number (Night)

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Beneficial Owner's Employer Identification Number or Social Security Number

Email Address

SALES:

List all sales you made of InfoSonics common stock during the period February 6, 2006, through August 9, 2006 (do not adjust for stock splits).

IF NONE, CHECK HERE

Date(s) of sales List chronologically			Number of shares sold	Sale price per share (excluding taxes, commissions, etc.)	Proof of sale enclosed
MM	DD	YYYY			
	/	/		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	/	/		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	/	/		\$	<input type="checkbox"/> Y <input type="checkbox"/> N
	/	/		\$	<input type="checkbox"/> Y <input type="checkbox"/> N

IF YOU REQUIRE ADDITIONAL SPACE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT AS ABOVE. PRINT THE FULL NAME AND TIN OF THE BENEFICIAL OWNER ON EACH ADDITIONAL PAGE.

UNSOLD HOLDINGS:

Please state the number of shares of InfoSonics common stock that you held as of the close of all trading on August 9, 2006.

Proof enclosed?

Y N

IF NONE, CHECK HERE

YOU MUST PROVIDE SUPPORTING DOCUMENTATION OF ALL HOLDINGS AND TRANSACTIONS IN INFOSONICS COMMON STOCK INDICATED ABOVE.

CERTIFICATION AND SUBSTITUTE FORM W-9

- I (We) purchased publicly traded common stock of InfoSonics during the period February 6, 2006, through August 9, 2006. Do not submit this Claim Form if you did not purchase InfoSonics common stock during this period.
- By submitting this Claim Form, I (we) state that I (we) believe in good faith that I am (we are) a Class Member(s) as defined above and in the Notice or am (are) legally authorized to act for such person; that I am (we are) not a Defendant(s) in the Action or anyone excluded from the Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not previously submitted 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.
- I (We) have set forth where requested above all relevant information with respect to my (our) ownership of InfoSonics common stock at the commencement of the Class Period and all purchases and sales of InfoSonics common stock during the Class Period. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.
- I (We) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, relevant portions of my (our) tax returns, or other documents evidencing each purchase, sale, or retention of InfoSonics common stock listed above in support of my (our) claim. **If any such documents are not in your possession, please obtain a copy or equivalent documents from your broker or tax advisor because these documents are necessary to prove and process your claim.**
- I (We) understand that the information contained in this Claim Form is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) agree to cooperate in any such verification.
- Upon the occurrence of the Effective Date (the date on which the proposed Settlement is approved by the Court and that approval becomes Final), my (our) signature(s) hereto will constitute a full and complete release, remise, and discharge by me (us) and my (our) heirs, executors, administrators, successors, and assigns (or, if I am (we are) submitting this Claim Form 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, successors, and assigns) of all Settled Plaintiffs' Claims against each and all of the Released Defendant Parties, as each term is defined in the Notice.
- NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may make a request to the Claims Administrator to accept, or may be requested by the Claims Administrator to submit, information regarding their transactions in InfoSonics common stock 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 Form electronically, you must contact the Claims Administrator at 800-949-0194 or visit their website at abdataclassaction.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.

SUBSTITUTE FORM W-9

ALL CLAIMANTS MUST COMPLETE THE SUBSTITUTE FORM W-9 AND SIGN THE CERTIFICATION BELOW.

Instructions for Substitute Form W-9:

1. If your account is held jointly, BOTH parties must sign this form.
2. If you have a joint account, only the Social Security number associated with that account is required to be provided.
3. You may contact the In re InfoSonics Securities Litigation Helpline at 800-983-6533 with any questions you may have or if you need additional assistance filling out this form.

NOTE: 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 below.

Enter the TIN below for the beneficial owner(s). The Internal Revenue Service (IRS) requires such TIN. If you fail to provide this information, your claim may be rejected.

EIN: - OR SSN: - -

CERTIFICATION

UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I (WE) CERTIFY THAT I AM (WE ARE) THE BENEFICIAL OWNER(S) (OR AM (ARE) AUTHORIZED TO SIGN FOR THE BENEFICIAL OWNER[S]) OF ALL THE INCOME TO WHICH THIS FORM RELATES.

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 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.

Furthermore, I (we) authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am (we are) the beneficial owner(s) or any withholding agent that can disburse or make payments of the income of which I am (we are) the beneficial owner(s).

UNDER THE PENALTIES OF PERJURY PURSUANT TO 28 U.S.C. § 1746, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.

Signature of claimant

Print your name here

Signature of joint claimant, if any

Print your name here

Date

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

REMINDER CHECKLIST

1. Please sign the Certification section above. If this claim is being made on behalf of joint claimants, both must sign.
2. Please remember to attach supporting documents. Do NOT send any stock certificates or original documentation. Please send only copies.
3. Do NOT use highlighter on the Claim Form or any supporting documents.
4. If you move or change your name after submitting this Claim Form, please notify the Claims Administrator of the change in your name and/or address.
5. Keep a copy of your Claim Form and all documentation submitted for your records; originals cannot be returned to you once the documents are submitted.
6. You will **not** receive confirmation that your Claim Form has been received **unless** you send it via Certified Mail, Return Receipt requested or by some other means that provides you with proof of receipt.