



**Must be Postmarked  
No Later Than  
September 8, 2008**

**Biovail Corporation Securities Litigation  
c/o Complete Claim Solutions, LLC  
P.O. Box 24640  
West Palm Beach, FL 33416  
Tel.: 1-877-465-5582**

**OFFICIAL USE ONLY**

**PROOF OF CLAIM AND RELEASE**

**PART I: CLAIMANT IDENTIFICATION** – Complete either Section A or B

A. Complete this Section ONLY if the Beneficial Owner is an individual, joint, IRA account or other Retirement Plan.  
Proceed to Section C.

Last Name (Beneficial Owner)	First Name (Beneficial Owner)
<input type="text"/>	<input type="text"/>
Last Name (Joint Owner, if applicable)	First Name (Joint Owner, if applicable)
<input type="text"/>	<input type="text"/>
Name of IRA Custodian, if applicable	
<input type="text"/>	
If this account is an IRA, and if you would like any check that you MAY be eligible to receive made payable to the IRA account, please include "IRA" in the "Last Name" box above (e.g. Jones IRA) or the name of the Retirement Plan.	

B. Complete this Section ONLY if the Beneficial Owner is an Entity, such as a partnership, corporation, trust, estate, etc.  
Proceed to Section C.

Entity Name
<input type="text"/>
Name of Representative, if applicable (Executor, administrator, trustee, c/o, etc.)
<input type="text"/>

C. Mailing Information:

Number and Street or P.O. Box		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province and Postal Code	Foreign Country	
<input type="text"/>	<input type="text"/>	
Telephone Number (Day)	Telephone Number (Evening)	
<input type="text"/>	<input type="text"/>	
E-mail		
<input type="text"/>		



**PART II: GENERAL INSTRUCTIONS**

If you purchased Biovail Corporation ("Biovail") common stock on the New York Stock Exchange ("NYSE") or other U.S. stock exchanges or the Toronto Stock Exchange or other Canadian stock exchanges during the period from February 7, 2003, through and including March 2, 2004, then you may be entitled to a payment from a proposed class action settlement.

Excluded from the Class are Biovail, its subsidiaries, affiliates, predecessor and successor entities; Ernst & Young LLP [U.S. and Canada] and any of their affiliates, subsidiaries, and predecessor and successor entities; Ernst & Young LLP [U.S. and Canada] partners and partners of any of their affiliates, subsidiaries, and predecessor and successor entities; individual defendants Eugene N. Melnyk, Brian H. Crombie, John R. Miszuk, Kenneth Howling and Rolf Reininghaus; members of their immediate families; any entity in which any defendant has a controlling interest; any person who was an officer or director of Biovail during the Class Period; and the legal representatives, heirs, successors or assigns of any of the foregoing excluded persons or entities.

If you fall within the definition of the Class, but submit an acceptable request for exclusion pursuant to the Notice of Pendency of Class Action and Proposed Settlement, Motion for Attorneys' Fees and Settlement Fairness Hearing dated April 9, 2008 (the "Notice"), then you are no longer a Class Member.

IF YOU ARE NOT A CLASS MEMBER, DO NOT SUBMIT A PROOF OF CLAIM AND RELEASE.

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 **SEPTEMBER 8, 2008** TO THE FOLLOWING ADDRESS:

**Biovail Corporation Securities Litigation Settlement  
c/o Complete Claim Solutions, LLC  
Claims Administrator  
P.O. Box 24640  
West Palm Beach, FL 33416**

YOUR FAILURE TO SUBMIT YOUR CLAIM BY **SEPTEMBER 8, 2008** 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 COURTS 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.

Submission of this Proof of Claim and Release does not ensure that you will share in the proceeds of the Net Settlement Fund. Distributions from the Net Settlement Fund will be governed by the Plan of Allocation approved by the Court.

If you are a Class Member, you are bound by the terms of the Judgments that the Courts enter whether or not you submit a Proof of Claim and Release. The Judgments entered with respect to the defendants enjoins the filing or continued prosecution of all Settled Claims against any of the Released Parties. The Settled Claims and Released Parties are defined in response to question 12 of the Notice. Additional copies of the Notice can be downloaded from [www.BiovailSecuritiesLitigationSettlement.com](http://www.BiovailSecuritiesLitigationSettlement.com), [www.blbglaw.com](http://www.blbglaw.com), or [www.milberg.com](http://www.milberg.com).

**You are required to submit genuine and sufficient documentation for all your transactions in Biovail common stock on the NYSE or other U.S. exchanges or the Toronto or other Canadian exchanges during the Class Period, i.e., between February 7, 2003 through and including March 2, 2004. In addition, if you held Biovail common stock at**



the opening or the close of the Class Period, you are required to submit genuine and sufficient documentation to show your holdings in Biovail common stock as of the opening of the Class Period and as of the close of the Class Period. This documentation may be photocopies of stockbrokers' confirmation slips; stockbrokers' monthly statements (reflecting your opening and closing balances for the months specified on the claim form, and in which transactions during the Class Period occurred); or signed letters from brokers, on their letterheads, giving all the information that would be found on a confirmation slip.

**IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION COULD RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL STOCK CERTIFICATES. Please keep a copy of all documents that you send to the Claims Administrator.**

By submitting a signed Proof of Claim and Release, you will be affirming, under penalty of perjury, the truth of the statements contained therein and the genuineness of the documents attached thereto. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request to, 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 1-877-465-5582 or visit their website at [www.BiovailSecuritiesLitigationSettlement.com](http://www.BiovailSecuritiesLitigationSettlement.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.

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by **September 8, 2008**, 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 Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

**NOTE: Receipt Acknowledgement Needed**

The Claims Administrator will send a written confirmation of its receipt of your Proof of Claim. Do not assume your claim is submitted until you receive written confirmation of its receipt. Your claim is not deemed fully filed until the Claims Administrator sends you written confirmation of its receipt of your Proof of Claim. If you do not receive an acknowledgement postcard within thirty (30) days of your mailing the Proof of Claim, then please call the Claims Administrator toll free at 1 877-465-5582.



### PART III: CLAIMANT'S STATEMENT

1. I (We) affirm that I (we) purchased the common stock of Biovail on the New York Stock Exchange or other U.S. stock exchanges or the Toronto Stock Exchange or other Canadian stock exchanges during the period from February 7, 2003, through and including March 2, 2004. (Do not submit this Proof of Claim if you did not purchase Biovail common stock on one or more of such exchanges during this period.)

2. By submitting this Proof of Claim, I (we) state that I (we) believe in good faith that I am a (we are) Class Member(s) as defined above and in the Notice, or am (are) acting 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 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 (We) consent to the jurisdiction of the United States District Court for the Southern District of New York (the "Court") with respect to all questions concerning the validity of this Proof of Claim. I (We) understand and agree that my (our) 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 (our) status as a Class Member(s) and the validity and amount of my (our) 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 (We) have set forth where requested below all relevant information with respect to each purchase of Biovail common stock during the Class Period, and each sale, if any, of such security. I (We) agree to furnish additional information (including transactions in other Biovail securities) to the Claims Administrator to support this claim if requested to do so.

5. I (We) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of Biovail common stock listed below in support of my (our) claim.

6. I (We) 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 (we) 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 (our) signature(s) hereto will constitute a full and complete release, remise and discharge by me (us) and my (our) heirs, executors, administrators, predecessors, successors, and assigns (or, if I am (we are) 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.



**PART IV: SCHEDULE OF TRANSACTIONS IN BIOVAIL COMMON STOCK**

Separately list each of your purchases and sales on the NYSE or other U.S. exchanges or the Toronto or other Canadian exchanges of Biovail common stock below. Photocopy this page if more space is needed. **Be sure to include your name and the last four digits of your Social Security number or Tax ID number on any additional sheets.** Check here if additional transactions are included on additional schedules.

The date of purchase or sale is the "trade" or "contract" date, and not the "settlement" or "payment" date.

**SECTION B: BEGINNING HOLDINGS:** At the close of business on **February 6, 2003**, I owned the following number of shares of Biovail common stock. (If none, write "0" or "Zero.") (Must be documented if other than zero.)

**SECTION P: PURCHASES:** I made the following purchases of Biovail common stock on a United States or Canadian stock exchange during the period **February 7, 2003 through March 2, 2004, inclusive.** (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	Total Purchase Price (excluding taxes, commissions, etc.)	Please Check One	
				Prices stated in U.S. Dollars	Prices stated in Canadian Dollars
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION S: SALES:** I made the following sales of Biovail common stock during the period **February 7, 2003 through March 2, 2004, inclusive.** (If none, check here  , otherwise 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	Total Sale Price (excluding taxes, commissions, etc.)	Please Check One	
				Prices stated in U.S. Dollars	Prices stated in Canadian Dollars
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION U: END HOLDINGS.** At the close of trading on March 2, 2004, I owned the following number of shares of Biovail common stock. (If none, write "0" or "Zero.") (Must be documented if other than zero.)



**PART V: CERTIFICATION AND REQUEST FOR TAXPAYER IDENTIFICATION NUMBER**

U.S. Persons and Entities:  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 Internal Revenue Service that you are subject to backup withholding, please strike the language that you are not subject to backup withholding in the certification above.

Canadian or Other Non-U.S. Persons and Entities:  The beneficial owner is not a U.S. person and the income to which this form relates, if any, is not effectively connected with the conduct of a trade or business in the United States.

For tax purposes, if you are subject to backup withholding, enter the appropriate Tax Identification Number below for the Beneficial Owner(s). For most United States individuals, this is your Social Security Number. For most United States entities, this is your Taxpayer Identification Number. For most Canadian individuals, this is your Social Insurance Number. For most Canadian entities, this is your Business Number.

Individuals: \_\_\_\_\_  
Social Security Number OR Social Insurance Number

Estates. Trusts. Corporations. etc.: \_\_\_\_\_  
Taxpayer Identification Number OR Business Number/Trust Number

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

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

\_\_\_\_\_  
Date Signature of Owner (Type or Print Name)

\_\_\_\_\_  
Date Signature of Joint Owner (if any) (Type or Print Name)

If the Claimant is other than an individual, or if the Claimant is not the person completing this form, the following must also be provided:

\_\_\_\_\_  
Date Name of Person Signing (Title/Capacity of person(s) signing, e.g., beneficial purchaser(s), president, executor, administrator, trustee, etc.)

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

**REMINDER CHECKLIST:**

1. Please sign the Proof of Claim and Release above. If this claim is made on behalf of joint claimants, then both must sign.
2. Please check the appropriate section in Part V above and fill in your Taxpayer Identification Number.
3. Please remember to attach supporting documents. Do NOT send any stock certificates.
4. DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.
5. Keep a copy of your Proof of Claim and Release and all documentation submitted for your records.
6. Do NOT use highlighter on the Proof of Claim and Release form or supporting documentation.
7. If you do not receive an acknowledgement postcard of receipt of your claim form within thirty (30) days of your mailing the Proof of Claim, then please call the Claims Administrator toll free at 1-877-465-5582.
8. If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.

**THIS FORM AND YOUR SUPPORTING DOCUMENTATION MUST BE MAILED AND POSTMARKED BY SEPTEMBER 8, 2008.**

