CLAIM FORM

Becton Fair Fund
c/o JND Legal Administration
PO Box 91229
Seattle, WA 98111

Toll-Free Number: (866) 910-1105
Fair Fund Website: www.BectonFairFund.com
Email: info@BectonFairFund.com

To be considered for eligibility for a distribution from the Becton Fair Fund, established in connection with the Securities and Exchange Commission Administrative Proceeding *In the Matter of Becton, Dickinson and Company* (File No. 3-22361) (the "Becton Fair Fund"), you or your representative must fully complete and sign this Claim Form, include all necessary supporting documentation, and submit the package to JND Legal Administration (the "Fund Administrator"). Submissions may be sent **by First Class Mail postmarked by December 13, 2026; and if not by First Class mail, received by the Fund Administrator by December 13, 2026. December 13, 2026** is referenced herein as the "Claims Bar Date".

Failure to submit your Claim Form by the Claims Bar Date will subject your claim to rejection and may preclude you from being eligible to recover any money from the Becton Fair Fund. Your Claim Form must be submitted in compliance with the directions herein.

CONTENTS

02 GENERAL INSTRUCTIONS

05 Part I - CLAIMANT IDENTIFICATION

06 Part II - SCHEDULE OF TRANSACTIONS

08 Part III - CERTIFICATION

09 Part IV - REMINDER CHECKLIST

GENERAL INSTRUCTIONS

1. You must fill out and sign the Claim Form, including the required adequate supporting documentation. You must submit the completed package to JND Legal Administration (the "Fund Administrator"). Submissions may be sent by First Class Mail postmarked **by December 13, 2026; and if not by First Class mail, received by the Fund Administrator by December 13, 2026**.

2. You must include all your transactions requested in Part II, the Schedule of Transactions (page 6), and you and/or your representative must fully complete this Claim Form. The Claim Form must be signed by the beneficial owner of the Security (see paragraph 8 below) or by their representative, under the penalty of perjury. If you fail to complete and sign the Claim Form, including the required adequate supporting documentation, your claim may be rejected, and you may be precluded from any recovery from the Becton Fair Fund.

3. DO NOT use highlighter on the Claim Form or any supportive documents.

4. Submission of the Claim Form does not guarantee that you will be eligible for a Distribution Payment; eligibility will be determined in accordance with the criteria in the Commission-approved Plan of Distribution ("Plan"), available for review and download at www.BectonFairFund.com.

   Claim Form Submission:

   (a) **First Class Mail or other Delivery:** Submissions by **First Class Mail must be postmarked no later than December 13, 2026; submissions by other delivery service must be RECEIVED by the Fund Administrator no later than December 13, 2026.** Unless your Claim Form is submitted with a U.S. Mail postmark, it will be deemed to have been submitted when received by the Fund Administrator. You must send your completed and signed Claim Form, along with the required adequate supporting documentation, to the address below:

   Becton Fair Fund
   c/o JND Legal Administration
   P.O. Box 91229
   Seattle, WA 98111

   (b) It is your responsibility to timely submit your completed and signed Claim Form and the required adequate supporting documentation in accordance with the directions herein and you must be able to document timely, proper, and complete submission.

5. Use the Schedule of Transactions in Part II of this Claim Form, page 6, to supply all required details of your transaction(s) (including free transfers and deliveries) and holdings of the Security. On the Schedule of Transactions, please provide all the requested information with respect to your holdings, purchases, acquisitions, and sales of the Security, regardless of whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested Relevant Period may result in the rejection of your claim.

The Security and Relevant Period

Company Name	Trading Symbol	Relevant Period Start Date	Relevant Period End Date
Becton, Dickinson and Company	BDX	2/5/2019	2/5/2020

6. You must submit supporting documentation for the transactions reported on this Claim Form, such as broker confirmation slips, broker account statements, an authorized statement from your broker reporting information about your transactions, or other similar documents**. If such documents are not in your possession, please obtain copies or equivalent documents from your broker. Failure to supply this documentation may result in the rejection of your claim.** DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Fund Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.

7. Separate Claim Forms should be submitted for each separate legal entity (i.e., a separate Claim Form should be filed for an individual account, a joint account, an IRA account, an account held for minor, etc.). Conversely, a single Claim Form should be submitted on behalf of one legal entity that includes all transactions made by that entity, 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, as should an individual with multiple accounts maintained in his or her same name).

8. If you purchased or otherwise acquired the Security during the Relevant Period and held the stock in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to be considered for participation in the Becton Fair Fund. Joint beneficial owners must each sign this Claim Form and their names must appear in Part I of this Claim Form. If you purchased or otherwise acquired the Security during the Relevant Period for your own benefit, but the stock was registered in the name of a third party, such as a nominee or brokerage firm, you are still the beneficial owner of these shares, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be considered for eligibility for a distribution payment from the Becton Fair Fund.

9. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons and entities represented by them, and they must:

    (a) expressly state the capacity in which they are acting;

    (b) identify the name, account 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 Becton, Dickinson and Company common stock; and

    (c) furnish evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person/entity's accounts.)

10. By submitting this Claim Form, you will be making a request to share in the proceeds of the Fair Fund described in the Plan Notice. If you are NOT a potentially Eligible Claimant (as defined in the Plan), or are an Excluded Party, DO NOT submit a Claim Form. You may not, directly or indirectly, participate in the Fair Fund if you are not an Eligible Claimant. Thus, if you are an Excluded Party or did not purchase or otherwise acquire BDX common stock during the Relevant Period, any Claim Form that you submit, or that may be submitted on your behalf, will not be accepted.

11. **NOTICE REGARDING ELECTRONIC FILES**: To obtain the mandatory electronic filing requirements and file layout, you may visit the Fair Fund website at www.BectonFairFund.com or you may email the Fund Administrator's electronic filing department at BFFSecurities@JNDLA.com. Any file not in accordance with the required electronic filing format will be subject to rejection. Third Party Filers must submit such supporting documentary evidence of purchases, dispositions, and holdings of the Security. Proof of authority to submit a Claim Form on behalf of any managed accounts must be submitted with any Claim Forms for such accounts. No electronic files will be considered to have been properly submitted unless the Fund Administrator issues an email after processing your file with your claim number(s) and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should

contact the electronic filing department at BFFSecurities@JNDLA.com to inquire about your file and confirm it was received and acceptable.

PLEASE NOTE: As per Paragraph 79 of the Plan, Distribution Payments must be made payable to the Payee. A Third Party Filer shall not be the payee of any Distribution Payment check or electronic Distribution Payment. Compensation to a Third Party Filer for its services may not be paid or deducted from the Distribution Payment.

12. If you have questions concerning the Claim Form or need additional copies of the Claim Form or the Plan Notice, you may contact the Fund Administrator by writing to the above address, by calling the toll-free hotline at (866) 910-1105 or by sending an email to info@BectonFairFund.com, or you may download the documents from www.BectonFairFund.com.

PLEASE NOTE: YOUR CLAIM IS NOT DEEMED SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT EMAIL OR POSTCARD. THE FUND ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY EMAIL OR MAIL, WITHIN 60 DAYS OF THE POSTMARK DATE. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL OR POSTCARD WITHIN 60 DAYS OF SUBMITTING YOUR CLAIM, PLEASE CONTACT THE FUND ADMINISTRATOR.

PART I. CLAIMANT IDENTIFICATION

The Fund Administrator will use the information supplied below for all communications regarding this Claim Form. If this information changes, you MUST notify the Fund Administrator in writing at the address above.

Complete names of all persons and entities must be provided.

Beneficial Owner's First Name

Beneficial Owner's Last Name

Joint Beneficial Owner's First Name (if applicable)

Joint Beneficial Owner's Last Name (if applicable)

If this claim is submitted for an IRA, and if you would like any check that you MAY be eligible to receive made payable to the IRA, please include "IRA" in the "Last Name" box above (*e.g.*, Jones IRA).

Entity Name (if the Beneficial Owner is not an individual)

Name of Representative, if applicable (*e.g.*, executor, administrator, trustee, c/o, etc.), if different from Beneficial Owner

Street Address

Address 2

City

State/Province

Zip Code

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

Telephone Number (Day)

— —

Telephone Number (Evening)

— —

Email Address (email address is not required, but if you provide it you authorize the Fund Administrator to use it in providing you with information relevant to this claim)

Account Number (where security was traded)[1]

Claimant Account Type (check appropriate box):

☐ Individual (includes joint owner accounts) ☐ Pension Plan ☐ Trust ☐ Corporation

☐ Estate ☐ IRA/401K ☐ Other (please specify): _____

[1] If the account number is unknown, you may leave blank. If filing for more than one account for the same legal entity, you may write "multiple." Please see ¶7 of the General Instructions above for more information on when to file separate Claim Forms for multiple accounts.

PART II. SCHEDULE OF TRANSACTIONS IN BECTON, DICKINSON AND COMPANY COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in detail in the General Instructions above. Do not include information regarding securities other than Becton, Dickinson and Company common stock (trading under the symbol BDX).

1. BEGINNING HOLDINGS OF BDX COMMON STOCK – State the total number of shares held as of the opening of trading on **FEBRUARY 5, 2019**. (Must be documented.) If none, write "zero" or "0."	**Proof of Position Enclosed** ☐ **Y** ☐ **N**
2. PURCHASES/ACQUISITIONS OF BDX COMMON STOCK DURING THE PERIOD FROM FEBRUARY 5, 2019, THROUGH AND INCLUDING MAY 5, 2020 – Separately list each and every purchase/acquisition (including free receipts) during this period.	**IF NONE, CHECK HERE** ☐

Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding all fees, taxes, and commissions)	Proof of Purchase/ Acquisition Enclosed
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**

PART II. SCHEDULE OF TRANSACTIONS IN BECTON, DICKINSON AND COMPANY COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in detail in the General Instructions above. Do not include information regarding securities other than BDX common stock.

3. SALES OF BDX COMMON STOCK DURING THE PERIOD FROM FEBRUARY 5, 2019, THROUGH AND INCLUDING MAY 5, 2020 – Separately list each and every sale/disposition (including free deliveries) during this period. (Must be documented.)				**IF NONE, CHECK HERE** ☐
Date of Sale (List Chronologically) (Month/Day/Year)	**Number of Shares Sold**	**Sale Price Per Share**	**Total Sale Price (excluding all fees, taxes, and commissions)**	**Proof of Sale Enclosed**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**
/ /		$	$	☐ **Y** ☐ **N**

4. ENDING HOLDINGS OF BDX COMMON STOCK – State the total number of shares held as of the close of trading on **MAY 5, 2020**. (Must be documented.) If none, write "zero" or "0."	**Proof of Position Enclosed** ☐ **Y** ☐ **N**

☐ **IF YOU REQUIRE ADDITIONAL SPACE FOR YOUR TRANSACTIONS, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER'S FULL NAME ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX.**

PART III. CERTIFICATION

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, IF ANY, SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Country)

_____	_____
(Sign your name here)	(Sign your name here)
_____	_____
(Type or print your name here)	(Type or Print your name here)
_____	_____
Capacity of person signing, if other than an individual, *e.g.*, executor, president, trustee, custodian, etc.	Capacity of person signing, if other than an individual, *e.g.*, executor, president, trustee, custodian, etc.

PART IV. REMINDER CHECKLIST

1. **Please sign the above certification.** If this Claim Form is being made on behalf of joint claimants, then both must sign.

2. Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.

3. Please do not highlight any portion of the Claim Form or any supporting documents.

4. Keep copies of the completed Claim Form and documentation for your own records.

5. The Fund Administrator will acknowledge receipt of your Claim Form within 60 days. Your claim is not deemed submitted until you receive an acknowledgement postcard. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE FUND ADMINISTRATOR TOLL-FREE AT (866) 910-1105.**

6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Fund Administrator written notification of your new address. If you change your name, please inform the Fund Administrator.

7. If you have any questions or concerns regarding your claim, please contact the Fund Administrator in writing at the below address, toll-free at (866) 910-1105, by email at info@BectonFairFund.com, or visit www.BectonFairFund.com.

Please DO NOT call the Commission, the Respondent, any other related party or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE SUBMITTED TO THE FUND ADMINISTRATOR SO THAT IT IS **POSTMARKED NO LATER THAN DECEMBER 13, 2026**, ADDRESSED AS FOLLOWS:

Becton Fair Fund
c/o JND Legal Administration
PO Box 91229
Seattle, WA 98111

You should be aware that it will take a significant amount of time to fully process all the submitted Claim Forms. This work will be completed as promptly as time permits. Please be patient and notify the Fund Administrator of any change of address.