

Must be Postmarked
No Later Than
July 15, 2005

Universal Access, Inc. Securities Litigation
c/o The Garden City Group, Inc.
Claims Administrator
P.O. Box 9000 #6289
Merrick, NY 11566-9000
1 (800) 253-5720



PROOF OF CLAIM AND RELEASE

Name of Claimant(s):

Claim Number:

Control Number:

WRITE ANY NAME AND ADDRESS CORRECTIONS
BELOW OR IF THERE IS NO PREPRINTED DATA TO
THE LEFT, YOU MUST PROVIDE YOUR FULL NAME
AND ADDRESS HERE:

Name:

Address:

City:

State/Country:

Zip Code:

**IF THE ABOVE AREA IS BLANK, YOU MUST ENTER
YOUR FULL NAME AND ADDRESS HERE** →

Please fill in Social Security Number or
Taxpayer ID Number if box is blank:

Daytime Telephone Number: () -

Evening Telephone Number: () -

Identity of Claimant: (Complete only the applicable portions)

- Individual
 Estate

- Corporation
 Other _____
(specify)

**IF YOU BOUGHT UNIVERSAL ACCESS, INC./UNIVERSAL ACCESS GLOBAL HOLDINGS, INC.
("UAXS" or "UNIVERSAL ACCESS") COMMON STOCK ON THE OPEN MARKET BETWEEN
MAY 10, 2001 AND MARCH 22, 2002 YOU COULD RECEIVE A PAYMENT FROM
A CLASS ACTION SETTLEMENT.**

**A FEDERAL COURT AUTHORIZED THIS NOTICE.
THIS IS NOT A SOLICITATION FROM A LAWYER.**

**IN ORDER TO RECEIVE ANY PAYMENTS TO WHICH YOU MAY BE ENTITLED AS A CLASS MEMBER, YOU MUST
COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE FORM AND MAIL IT PREPAID, FIRST- CLASS
MAIL, POSTMARKED NO LATER THAN JULY 15, 2005 TO THE FOLLOWING ADDRESS:**

UNIVERSAL ACCESS, INC. SECURITIES LITIGATION
c/o The Garden City Group, Inc.
Claims Administrator
PO Box 9000 #6289
Merrick, NY 11566-9000
Toll Free: 1-800-253-5720
Internet: www.gardencitygroup.com

**IF YOU FAIL TO SUBMIT YOUR PROOF OF CLAIM AND RELEASE FORM ON OR BEFORE JULY 15, 2005, YOUR
CLAIM MAY BE REJECTED AND YOU MAY NOT RECEIVE ANY MONEY FROM THE SETTLEMENT OF THIS
LITIGATION.**



I. PLEASE FILL IN YOUR NAME AND ADDRESS

Enter the name(s) of the beneficial purchaser(s) or acquirer(s) of Universal Access shares; if the securities were held jointly in two or more names, all names must be shown, and all joint owners must sign the Proof of Claim. If some securities were held in one name (e.g., John Smith) and some in joint names (e.g., John and Mary Smith, JT), you must file separate Proof of Claim forms, as all these represent different ownerships. A claimant whose securities were held in a custodial account under a Gift of Minors Act (“UGMA”) may file in his/her own name, if he/she is now of age. In this event, the former custodian does not have to sign the Proof of Claim. UGMA Custodians should identify themselves as follows: (e.g., John Smith, Custodian for Jack Smith UGMA). Corporate offices or partners filing for a claimant corporation or partnership should file in the name of such entity, and sign their names and titles on the signature page. Executors, Trustees, Administrators, and the like should file in the name of the beneficial owner/seller, and sign their names and titles on the signature page.

II. SUBSTITUTE FORM W-9 AND REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Enter your taxpayer identification number below. For most individuals, this is your social security number. The Internal Revenue Service requires your taxpayer identification number. Failure to furnish your correct taxpayer identification number may result in withholding of a portion of any distribution otherwise payable with respect to your claim. UGMA Custodians should use the minor’s social security number.

Social Security Number: _____ OR Employer Identification Number: _____
(for individuals) (for estates, trusts, corporations, etc.)

III. CERTIFICATION – PLEASE SIGN BELOW

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE. 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. If I am signing on behalf of someone else, I hereby certify and warrant that I am authorized to make this Proof of Claim and Release. I hereby certify and warrant that I have not previously sold, transferred, assigned, or granted any interest in any of the claims released hereby (as set forth at paragraph V below) to any other person or entity.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the word “NOT” in the Certification above.

_____/_____/_____
Date Signature of Claimant

_____/_____/_____
Date Signature of Joint-Owner Claimant (if any)

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

Print Name of Person Signing Capacity of Person Signing (Executor, President, etc.)

Address of Person Signing:
Street: _____
Street: _____
City: _____ State: _____ Zip Code: _____ - _____



IV. PROOF OF CLAIM

By submitting this Proof of Claim, I state that I believe in good faith that: (a) I am a member of the Class as defined in the Notice, or am acting for such person; (b) I have read and understood the contents of the Notice; (c) I am not, and am not acting for Universal Access, any defendant, any entity in which any defendant has a controlling interest, or the legal representative, heir, successor or assign of Universal Access or any other individual defendant; (d) Neither I, nor any joint owners of the securities at issue, have filed an effective Request for Exclusion (as defined in the Notice) seeking to be excluded from the Class; (e) I am entitled to receive a share of the Settlement Fund; and (f) I desire to participate in the proposed Settlement described in the Notice. I have enclosed supporting documentation as defined in section VI below. I understand that the information contained in this Proof of Claim is subject to such verification as the Court may direct and I agree to cooperate in any such verification. I further agree and understand that if the proposed Settlement is approved by the Court and becomes effective, all claims or matters against Universal Access or certain other persons described in the Notice, which have been or could have been asserted relating in any way to the subject matter of the litigation will be released and discharged forever.

V. TERMS OF THE SETTLEMENT

If the Court approves the Settlement, Defendants' Insurers will pay \$11,000,000 (the "Settlement Amount") into an interest-bearing account (the "Settlement Fund") in return for a complete release of the "Settled Claims" and any "Unknown Claims" by Class Representatives and all Class Members against the "Released Parties", as those terms are defined below. This Fund will be distributed among the Class Members and Class Counsel pursuant to the Order and Final Judgment entered by the Court and the terms of the parties' Stipulation.

"Settled Claims" means any and all claims, rights, demands, causes of action, suits, including Unknown Claims (as defined below), against the Released Parties by any member of the Class, including the named Plaintiffs, and such member's present or past heirs, executors, estates, administrators, predecessors, successors, assigns, parents, subsidiaries, affiliates, employers, employees, agents, insurers, directors, managing directors, officers, partners, principals, members, attorneys, financial and other advisors, investment bankers, underwriters and lenders, including, without limitation, any claims, whether direct, derivative, representative or in any other capacity, arising under federal, state, or common law or any other law, rule or regulation, which have arisen from, or are based upon, the subject matter of the Action.

"Unknown Claims" means: (i) any and all Settled Claims that any Plaintiff or Class Member does not know or suspect to exist in his, her or its favor at the time of the release of the Released Parties including, without limitation, claims that if known by him, her or it might have affected his, her or its decision(s) to settle with and release the Released Parties or not to object to the Settlement; and (ii) any and all Settled Defendants' Claims which any Defendant does not know or suspect to exist in his, her or its favor, including, without limitation, claims that if known by him, her or it might have affected his, her or its decision(s) with respect to the Settlement.

"Released Parties" means Universal Access, Inc. and Universal Access Global Holdings, Inc. ("Universal Access"), any current or former director or officer of Universal Access, the Individual Defendants, and all of their respective present or past heirs, executors, estates, administrators, predecessors, successors, assigns, parents, subsidiaries, affiliates, divisions, employers, employees, agents, insurers, directors, officers, attorneys, counsel in this Action, financial advisors, investment bankers, underwriters and lenders.

"Insurers" means Lloyd's of London, (including all groups or syndicates providing insurance), National Union Fire Insurance Company of Pittsburgh, PA, Twin City Fire Insurance Co., Old Republic Insurance Company, and all of their parents, subsidiaries and affiliates.

VI. SUPPORTING DOCUMENTS

Claimants must enclose copies of confirmation slips, monthly statements and/or other documents (such as tax return schedules) evidencing each purchase, acquisition, sale or holdings reported on this Proof of Claim form. IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES FROM YOUR BROKER. THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM. FAILURE TO SUBMIT SUCH DOCUMENTS MAY RESULT IN DISALLOWANCE OF YOUR CLAIM.



VII. STATEMENT OF CLAIM

INSTRUCTIONS

1. If you require additional space, attach extra schedules in the same format as below (you may copy the page). Sign and print your name and your Social Security or Employer Identification Number on each additional page.
2. **YOU MUST ATTACH DOCUMENTARY PROOF OF EACH PURCHASE AND SALE, AND HOLDINGS, AS DESCRIBED IN SECTION VI ABOVE.**
3. All references to purchase and sale dates relate to trade dates, not settlement dates.
4. The amount of the settlement proceeds to which you are entitled, if any, will be calculated pursuant to the proposed Plan of Allocation set forth in the Notice, or such other plan as may be approved by the Court.
5. If you have acquired any Universal Access shares by gift, inheritance, or operation of law, you are to report this transaction as if you acquired the security on the same date as the person or entity who initially purchased the security.
6. A Proof of Claim and Release form will be deemed submitted when postmarked or, if sent other than by first-class mail, on the date actually received by the Claims Administrator.

IF YOU NEED MORE ROOM, USE COPIES OF PAGE 5 OR A PAGE WITH THE SAME FORMAT.

You are urged to make and retain a copy of the Proof of Claim and Release and of all documents that you submit with it.



SCHEDULE OF TRANSACTIONS IN UNIVERSAL ACCESS COMMON STOCK

Separately list each of your purchases or sales of Universal Access common stock below. Attach a separate schedule if more space is needed. **Be sure to include your name and Social Security number or Tax ID number on any additional sheets.** The date of purchase or sale is the "contract" or "trade" date, and not the "settlement" or "payment" date.

A. **UNIVERSAL ACCESS SHARES** held at the beginning of trading on **May 10, 2001:**

B. **UNIVERSAL ACCESS SHARES PURCHASED** during the period from **May 10, 2001** through the close of business on **March 22, 2002:**

Trade Date(s) of Purchase (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Purchase Price Per Share	Total Purchase Price (include commissions and fees)
<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"/>

C. **UNIVERSAL ACCESS SHARES PURCHASED** during the period from **March 23, 2002** through the close of business on **July 23, 2002:**

D. **UNIVERSAL ACCESS SHARES SOLD** during the period from **May 10, 2001** through the close of business on **July 23, 2002:**

Trade Date(s) of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (include commissions and fees)
<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"/>

E. **UNSOLD SHARES OF UNIVERSAL ACCESS** through the close of business **on July 23, 2002:**

**ACCURATE CLAIM PROCESSING TAKES TIME.
THANK YOU FOR YOUR PATIENCE.**

REMINDER CHECKLIST

1. Please sign the certification and release (Section III.)
2. Remember to attach supporting documentation.
3. Do not send original or copies of stock certificates.
4. Please keep a copy of your claim form for your records.
5. The Claims Administrator will acknowledge receipt of your Proof of Claim and Release by mail. Your claim is not deemed filed until you receive an acknowledgement post card. If you do not receive an acknowledgement postcard within 30 days, please call the Administrator toll-free at 1 (800) 253-5720.
6. If you move, please send us your new address.

**THIS PROOF OF CLAIM AND RELEASE MUST BE SUBMITTED BY PREPAID
FIRST CLASS MAIL POSTMARKED NO LATER THAN JULY 15, 2005 OR BE
OTHERWISE RECEIVED BY THAT DATE BY:**

Universal Access, Inc. Securities Litigation
c/o The Garden City Group, Inc.
Claims Administrator
PO Box 9000 #6289
Merrick, New York 11566-9000
Toll Free: 1-800-253-5720
Internet: www.gardencitygroup.com