



Sonterra Capital Master Fund Ltd., et al. v. Barclays Bank PLC, et al.,

ELECTRONIC CLAIMS FILING GUIDELINES



A.B. DATA, LTD.

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Overview

Electronic Claims Filing applies to institutions or entities that are filing multiple Proof of Claim and Release forms on behalf of themselves and/or others, as well as individuals or entities that are filing Proof of Claim and Release forms with a large number of transactions (50+).

Electronic Claims Filings are subject to rejection if not prepared in compliance with these Electronic Claims Filing Guidelines.

PLEASE NOTE: No Electronic Claims Filings will be considered to have been properly submitted unless the Claims Administrator issues to the filer a written acknowledgment of receipt and acceptance of electronically submitted data.

Electronic Filing Requirements

I. Complete and Sign a paper Proof of Claim and Release form:

- One executed “paper” master Proof of Claim and Release form should be completed per submission. This Proof of Claim and Release form serves as a master Proof of Claim and Release form for one or all of the accounts included on your file. The Proof of Claim Form is attached hereto as Appendix A.
- Complete the first page of the Proof of Claim and Release form. Be sure to include company name, account name/number, and company address. If submitting an electronic file on behalf of several accounts, enter “Various Accounts” for the account name/number.
- Complete the signature page on the Proof of Claim and Release form. If you are filing on behalf of your clients, you must include a letter or document providing your authorization to sign on behalf of your clients, as set forth in Appendix B.
- A valid email address must be on file with the Claims Administrator. Communication regarding deficiencies and rejections on electronically filed claims may be conducted by email. A valid email address **MUST** be included on the Proof of Claim and Release form, and the email address provided **MUST** be updated in the event the contact person or email address changes; it is the sole responsibility of the filing party to maintain up-to-date, complete contact information with the Claims Administrator.

II. Prepare a cover letter:

- A cover letter **MUST** be included with the master Proof of Claim and Release form. The cover letter must include the total number of accounts; total number of transactions; total number of Sterling LIBOR-based derivative products purchased, sold, held or otherwise had any interest; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter as set forth in Appendix C.



III. Prepare a data file:

- An Excel spreadsheet or other electronic file containing account information and transactional data **MUST** be prepared in accordance with A.B. Data, Ltd.'s Electronic Claims Filing Template Mapping Instructions found in Appendix E. The following formats are acceptable: a) MEDIA: CD, DVD, and flash drive and b) DATA: ASCII, MS Excel, and MS Access. For your convenience, an Excel spreadsheet template is available for your use and may be downloaded from the settlement website.
- If you cannot provide the information in the aforementioned formats or you have other requests, questions, concerns, or comments, please email A.B. Data, Ltd., at efiling@abdata.com or you may call 877-495-0835 to speak to an Electronic Claims Filing Specialist.

IV. Mail your executed master Proof of Claim and Release form with a cover letter and media format to:

GBP LIBOR Class Action Settlement
Attention: Electronic Claims Department
c/o A.B. Data, Ltd.
3410 West Hopkins Street
PO Box 173111
Milwaukee, WI 53217

Documentation Requirements

A.B. Data, Ltd., reserves the right to request additional documentation at any time after your Proof of Claim and Release form and file have been received and processed. The documentation provided should be sufficient to verify the validity and accuracy of the data provided in the file.

If you provided a letter/affidavit attesting to the truth and accuracy of your data when initially submitting your file, A.B. Data may still require specific documentary evidence (trade confirmations, monthly statement, or equivalent) to verify the details of your transactions and/or holdings.



Appendix A
Proof of Claim and Release Form



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**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

SONTERRA CAPITAL MASTER FUND LTD., *et al.*

Plaintiffs,

-against-

BARCLAYS BANK PLC, *et al.*

Defendants.

Case No.: 15-cv-3538 (VSB)

**PROOF OF CLAIM AND
RELEASE**

I. INSTRUCTIONS

1. If you purchased, sold, held, traded, or otherwise had any interest in Sterling LIBOR-Based Derivatives during the period from January 1, 2005 through December 31, 2010 (the “Class Period”), you may be eligible to receive a payment from the \$5,000,000 settlement reached between Representative Plaintiffs and Defendant Deutsche Bank AG (“Deutsche Bank”) in the above-captioned case.

2. “Sterling LIBOR-Based Derivatives” means any and all interest rate swaps, forward rate agreements, foreign exchange (“FX”) forwards, futures, options, and any other financial derivative instruments or transactions in any way related to Sterling LIBOR entered into by a U.S. Person, or by a Person from or through a location within the U.S., including but not limited to: (i) Sterling LIBOR-based interest rate swaps; (ii) Sterling LIBOR-based forward rate agreements; (iii) Sterling FX or currency forwards; (iv) a three-month Sterling futures contract on the London International Financial Futures and Options Exchange (“LIFFE”); and (v) a British pound currency futures contract on the Chicago Mercantile Exchange (“CME”).

3. “Sterling LIBOR” means the London Interbank Offered Rate for the British Pound.

4. Unless otherwise defined herein, all capitalized terms contained in this proof of claim and release (“Claim Form”) have the same meaning as in the accompanying **Notice of Proposed Class Action Settlement, November 16, 2023 Fairness Hearing Thereon, and Settlement Class Members’ Rights** (“Notice”) and the Settlement Agreement between Representative Plaintiffs and Deutsche Bank, which is available at www.sterlingliborsettlement.com (the “Settlement Website”).

5. It is important that you read the Notice that accompanies this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read the Notice, including the terms of the Release and Covenant Not to Sue described in the Notice under the heading “What Am I Giving Up to Receive a Payment?” and provided for in the Settlement Agreement.

6. To be eligible to receive a payment from the Net Settlement Fund, you must submit a timely and valid Claim Form along with the required data and/or information described in Parts II through IV below. **To be considered timely, your Claim Form must be submitted online at www.sterlingliborsettlement.com by 11:59 p.m. Eastern Time on January 16, 2024, OR postmarked and mailed to the Settlement Administrator no later than January 16, 2024, to:**

**GBP LIBOR Class Action Settlement
c/o A.B. Data, Ltd.
P.O. Box 173111
Milwaukee, WI 53217**

Do not submit your claim to the Court.

If you are unable to submit the required data as described below at Parts II through IV, you should call the Settlement Administrator for further instructions.

7. As described in Parts III and IV below, you are required to submit additional information about your
For more information, call the Settlement Administrator at 1-877-495-0835 (or 1-414-921-2346 International), or visit www.sterlingliborsettlement.com.

This Form Must Be Submitted Online OR
Postmarked and Mailed No Later Than
January 16, 2024.

transactions in Sterling LIBOR-Based Derivatives as part of your Claim Form to be submitted to the Settlement Administrator.

8. Your payment amount will be determined based on the Settlement Administrator's review of your Claim Form and calculated pursuant to the Distribution Plan that the Court approves. Submission of a Claim Form does not guarantee that you will receive a payment from the Settlement. For more information, please refer to the Notice and Distribution Plan available at the Settlement Website.

9. Separate Claim Forms should be submitted for each separate legal entity. Conversely, a single Claim Form should be submitted on behalf of only one legal entity.

10. If you have questions about submitting a Claim Form or need additional copies of the Claim Form or the Notice, you may contact the Settlement Administrator.

11. **NOTICE REGARDING ELECTRONIC FILES:** All claimants **MUST** also submit a signed paper Proof of Claim which can be uploaded via the Settlement Website or emailed to the Settlement Administrator at info@sterlingliborsettlement.com. All Claimants are also directed to submit their transaction data using the Electronic Template which can be found on the Settlement Website at www.sterlingliborsettlement.com. If you are unable to submit your claim electronically, you must contact the Settlement Administrator at info@sterlingliborsettlement.com to request a paper version of the transaction template. No electronic files will be considered to have been properly submitted unless the Settlement Administrator issues to the claimant an email of receipt and acceptance of electronically submitted data. **Do not assume that your file has been received until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the Settlement Administrator's electronic filing department at info@sterlingliborsettlement.com to inquire about your file and confirm it was received.**

This Form Must Be Submitted Online OR
Postmarked and Mailed No Later Than
January 16, 2024.

II. CLAIMANT IDENTIFICATION

The Settlement Administrator will use this information for all communications relevant to this Claim Form. If this information changes, please notify the Settlement Administrator in writing. If you are a trustee, executor, administrator, custodian, or other nominee and are completing and signing this Claim Form on behalf of the Claimant, you must list the beneficial owner’s information below and attach documentation showing your authority to act on behalf of Claimant.

Section A – Claimant Information

Beneficial Owner’s First Name	MI	Beneficial Owner’s Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Beneficial Owner’s First Name	MI	Co-Beneficial Owner’s Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if Beneficial Owner is not an individual)

Representative or Custodian Name (if different from Beneficial Owner[s] listed above)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City	State	ZIP Code/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province/Region (if outside U.S.)

Country

Claimant Tax ID (For most U.S. Claimants, this is their individual Social Security Number, Employer Identification Number, or Taxpayer Identification Number. For non-U.S. Claimants, enter a comparable government-issued identification number.)

Telephone Number (home or cell)	Telephone Number (work)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address (If you provide an email address, you authorize the Settlement Administrator to use it in providing you with information relevant to this claim.)

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Section B – Authorized Representative Information

Name of the person you would like the Settlement Administrator to contact regarding this claim (if different from the Claimant name listed above):

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

Telephone Number (home or cell)	Telephone Number (work)
<input type="text"/>	<input type="text"/>

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City	State	ZIP Code/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province/Region (if outside U.S.)

Email Address (If you provide an email address, you authorize the Settlement Administrator to use it in providing you with information relevant to this claim.)

III. REQUIREMENTS FOR CLAIM SUBMISSION

1. YOU MUST SUBMIT YOUR CLAIM FORM ELECTRONICALLY IN THE REQUIRED FORMAT

Claimants must electronically submit their Claim Forms online at www.sterlingliborsettlement.com by **11:59 p.m. Eastern Time on January 16, 2024**, OR mail the Claim Forms to the Settlement Administrator at GBP Libor Class Action Settlement c/o A.B. Data, Ltd., P.O. Box 173111, Milwaukee, WI 53217 so they **are postmarked and mailed no later than January 16, 2024**. Claim Forms must be submitted in the format specified in this Claim Form or posted by the Settlement Administrator on the Settlement Website.

- a. Along with your Claim Form, you are required to submit the details of your transactions in Sterling LIBOR-Based Derivatives reflected in Part IV, below. A Data Template, including the information you must provide about your transactions in Sterling LIBOR-Based Derivatives is available at the Settlement Website.
- b. “Sterling LIBOR-Based Derivatives” means any and all interest rate swaps, forward rate agreements, foreign exchange (“FX”) forwards, futures, options, and any other financial derivative instruments or transactions in any way related to Sterling LIBOR entered into by a U.S. Person, or by a Person from or through a location within the U.S., including but not limited to: (i) Sterling LIBOR-based interest rate swaps; (ii) Sterling LIBOR-based forward rate agreements; (iii) Sterling FX or currency forwards; (iv) a three-month Sterling futures contract on the London International Financial Futures and Options Exchange (“LIFFE”); and (v) a British pound currency futures contract on the Chicago Mercantile Exchange (“CME”).
- c. “Sterling LIBOR” means the London Interbank Offered Rate for the British Pound.
- d. The Settlement Class Period is January 1, 2005 through December 31, 2010.

2. YOU DO NOT NEED TO SUBMIT ANY ADDITIONAL DOCUMENTATION OF TRANSACTIONS AT THIS TIME BUT MAY NEED TO DO SO IF CONTACTED BY THE SETTLEMENT ADMINISTRATOR.

If contacted by the Settlement Administrator after electronically submitting the Claim Form and required data, claimants may be required to electronically submit documentation of the transactions they previously submitted under requirement 1, set forth above. Such documentation would be from one or more of the following sources, so you should retain any such records in case you need to submit them to the Settlement Administrator in the future:

- a. Transaction data from your bank, broker, or internal trade system;
- b. Bank confirmations by individual trade;
- c. Bank transaction reports or statements;
- d. Trading venue transaction reports or statements;
- e. Prime broker reports or statements;
- f. Custodian reports or statements;
- g. Daily or monthly account statements or position reports;
- h. Email confirmations from counterparty evidencing transactions;
- i. Bloomberg confirmations or communications evidencing transactions; and/or
- j. Other documents evidencing transactions in Sterling LIBOR-Based Derivatives during the Class Period.

If necessary documents are not in your possession, please obtain them or their equivalent from your broker or tax advisor or other sources if it is possible for you to do so.

If you have this information in an electronic form, you are strongly encouraged to submit the information
Questions? Visit www.sterlingliborsettlement.com or call 877-495-0835

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electronically. The following formats are acceptable: ASCII, MS Excel, MS Access, dBase, and electronic filing templates can be found at the Settlement Website, www.sterlingliborsettlement.com.

For all Sterling LIBOR-Based Derivatives traded on a futures exchange (LIFFE three-month Sterling futures contracts and CME British pound currency futures contracts), if requested, please provide documents reflecting such transactions including daily and monthly brokerage statements. If you traded any LIFFE three-month Sterling futures contracts or CME British pound currency futures contracts, you must also provide proof you were domiciled in the United States or its territories or, if domiciled outside the United States or its territories, transacted by a Person from a location within the United States or its territories.

Please keep all data and documentation related to your eligible Sterling LIBOR-Based Derivatives transactions. Having data and documentation may be important to substantiating your Claim Form.

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

IV. TRANSACTION DATA REQUIREMENTS

a. TRANSACTIONS IN STERLING LIBOR-BASED DERIVATIVES

Provide the following information only if you entered into transactions in Sterling LIBOR-Based Derivatives from January 1, 2005, through December 31, 2010. Do not include information regarding instruments other than Sterling LIBOR-Based Derivatives and do not include transactions in Sterling LIBOR-Based Derivatives in which you acquired the instrument as an agent for another individual or entity.

1. Provide all brokers or nominees at which you maintained accounts in which you traded or held in Sterling LIBOR-Based Derivatives.
2. Please provide a list of all account names and account numbers for each entity you listed in response above in which you traded or held Sterling LIBOR-Based Derivatives.

b. FORWARD RATE AGREEMENTS (“FRAS”) AND INTEREST RATE SWAPS WITH A CONSTANT NOTIONAL VALUE PURCHASED, SOLD, HELD, OR TRADED DURING THE CLASS PERIOD

For each FRA, and/or swap with a constant notional value that was purchased, sold, held, or traded during the Class Period, provide the following information for each transaction.

1. Transaction Type (*e.g.*, interest rate swap, FRA)
2. Trade Date (yyyy-mm-dd)
3. Exit Date (if applicable)
4. Applicable Rate(s) for Long and Short Legs of the Transaction
5. Duration(s) (Tenor(s))
6. Notional Value (in GBP) for Interest Payment Date
7. Frequency of Payment Dates
8. First Interest Payment Date
9. Location of Transaction
10. Counterparty Name
11. Broker Name (if applicable)

c. STERLING LIBOR-BASED INTEREST RATE SWAPS WITH A VARIABLE NOTIONAL VALUE PURCHASED, SOLD, HELD, OR TRADED DURING THE CLASS PERIOD

For each purchase or sale of a swap whose notional value fluctuated during the contract period, provide the following information for each interest payment for each transaction during the Class Period. **If necessary, please add additional rows to reflect all interest payments associated with the transaction. For example, if there were ten interest payments for a particular transaction, list the dates of all ten interest payments, the notional value (in GBP) on which each interest payment was calculated, and the amount of each interest payment:**

1. Swap Transaction Type
2. Swap Trade Date (yyyy-mm-dd)
3. Date of Interest Payment (yyyy-mm-dd)
4. Amount of Interest Payment (in GBP)
5. Notional Value (in GBP) for Interest Payment Date
6. Reference Interest Rate(s) and Tenor(s)
7. Location of Transaction
8. Counterparty Name
9. Broker Name (if applicable)

d. PURCHASE(S) AND SALE(S) OF CURRENCY (“FX”) FORWARDS AND SWAPS DURING THE CLASS PERIOD

For a purchase or sale of a foreign exchange (“FX”) forward or swap, provide the following information for each transaction:

1. Transaction Type (*e.g.*, FX forward, FX swap)
2. Trade Date (yyyy-mm-dd)
3. Notional Value (in GBP)
4. Date Position Opened (yyyy-mm-dd)
5. Date Position Closed (yyyy-mm-dd)
6. Notional Amount of Corresponding Currency
7. Day-Count Convention
8. Location of Transaction
9. Counterparty Name
10. Broker Name (if applicable)

e. **OPEN POSITIONS IN CME BRITISH POUND CURRENCY FUTURES CONTRACTS AND/OR LIFFE THREE-MONTH STERLING FUTURES CONTRACTS PRIOR TO THE START OF THE CLASS PERIOD**

As of end of the day on December 31, 2004, please list your open positions in CME British pound currency futures contracts or LIFFE three-month Sterling futures contracts transacted by a Person domiciled in the United States or its territories or, if domiciled outside the United States or its territories, transacted by a Person from a location within the United States or its territories, and provide the following information for each transaction:

1. Contract Futures Identifier (British pound currency futures or three-month Sterling futures)
2. Exchange (CME or LIFFE)
3. Contract Month/Year
4. Open Long Positions (Number of Contracts)
5. Open Short Positions (Number of Contracts)

f. **PURCHASE(S) AND SALE(S) OF CME BRITISH POUND CURRENCY FUTURES CONTRACTS AND/OR LIFFE THREE-MONTH STERLING FUTURES CONTRACTS DURING THE CLASS PERIOD**

During the Class Period, for a purchase or sale of a CME British pound currency futures contract or a LIFFE three-month Sterling futures contract transacted by a Person domiciled in the United States or its territories or, if domiciled outside the United States or its territories, transacted by a Person from a location within the United States or its territories, provide the following information for each transaction:

1. Contract Futures Identifier (British pound currency futures or three-month Sterling futures)
2. Exchange (CME or LIFFE)
3. Trade Date (yyyy-mm-dd)
4. Contract Month/Year
5. Number of Contracts Traded
6. Transactions Price
7. Transaction Type (Open / Close)
8. Position (Long / Short) and currency (if applicable)
9. Brokerage Firm, Location, & Account in Which Transaction Was Made

g. **OPEN POSITIONS IN CME BRITISH POUND CURRENCY FUTURES CONTRACTS AND/OR LIFFE THREE-MONTH STERLING FUTURES CONTRACTS AT THE END OF THE CLASS PERIOD**

As of end of the day on December 31, 2010, please list your open positions in CME British pound currency futures contracts or LIFFE three-month Sterling futures contracts transacted by a Person domiciled in the United States or its territories or, if domiciled outside the United States or its territories, transacted by a Person from a location within the United States or its territories, and provide the following information for each transaction:

1. Contract Futures Identifier (British pound currency futures or three-month Sterling futures)
2. Exchange (CME or LIFFE)
3. Contract Month/Year

4. Open Long Positions (Number of Contracts)
5. Open Short Positions (Number of Contracts)

h. INTEREST RATE OPTIONS AND SWAPTIONS PURCHASED, SOLD, OR TRADED DURING THE CLASS PERIOD

For each interest rate option and/or swaption that was purchased, sold, held, or traded during the Class Period, provide the following information for each transaction.

1. Transaction Type (*e.g.*, interest rate option, swaption)
2. Option contract identifier (if applicable)
3. Trade Date (yyyy-mm-dd)
4. Exit Date (if applicable)
5. Applicable Rate(s) and Duration(s) (Tenor)
6. Notional Value (in GBP) for Interest Payment
7. Date(s) of interest payment or expiration date (in yyyy-mm-dd format) **or** Frequency of Payment Dates
8. Amount(s) of each interest payment (if available)
9. Location of Transaction
10. Counterparty Name (if applicable)
11. Broker Name (if applicable)
12. Strike Price
13. Maturity
14. Option Type (Put/Call)
15. Position (Long/Short)
16. Transaction Type (Open/Close)
17. Disposition (Assign/Exercise/Expire)

i. PURCHASE(S) AND SALE(S) OF FX OPTIONS DURING THE CLASS PERIOD

For a purchase or sale of a FX option, provide the following information for each transaction:

1. Transaction Type (*e.g.*, FX option)
2. Option contract identifier
3. Trade Date (yyyy-mm-dd)
4. Contract Month/Year
5. Number of Contracts Traded
6. Notional Value of each Contract (in GBP)
7. Transactions Price
8. Transaction Type (Open / Close)
9. Position (Long / Short)

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10. Brokerage Firm, Location, & Account in Which Transaction Was Made (if applicable)
11. Strike Price (including currency)
12. Maturity
13. Option Type of each currency (Put/Call)
14. Disposition (Assign/Exercise/Expire)

It is important that you accurately disclose all transactions in Sterling LIBOR-Based Derivatives during the Class Period. Plaintiffs' Counsel and the Settlement Administrator reserve the right to seek further information from you regarding your Claim Form.

V. CLAIMANT'S CERTIFICATION & SIGNATURE

SECTION A: CERTIFICATION

BY SIGNING AND SUBMITTING THIS CLAIM FORM, CLAIMANT OR CLAIMANT'S AUTHORIZED REPRESENTATIVE CERTIFIES ON CLAIMANT'S BEHALF AS FOLLOWS:

1. I (We) have read the Notice and Claim Form, including the descriptions of the Release and Covenant Not to Sue provided for in the Settlement Agreements;
2. I (We) am (are) a Settlement Class Member and am (are) not one of the individuals or entities excluded from the Settlement Class;
3. I (We) have not submitted a Request for Exclusion;
4. I (We) have made the transactions submitted with this Claim Form for myself (ourselves) and not as agents of another, and have not assigned my (our) Released Claims to another;
5. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to the release or any other part or portion thereof;
6. I (We) have not submitted any other claim in this Action covering the same transactions and know of no other person having done so on his/her/its/their behalf;
7. I (We) hereby consent to the disclosure of, waive any protections provided by any applicable bank secrecy or data privacy laws (whether foreign or domestic), or any similar confidentiality protections with respect to, and instruct Settling Defendants or any authorized third party to disclose my (our) information and transaction data relating to my (our) trades for use in the claims administration process;
8. I (We) submit to the jurisdiction of the Court with respect to my (our) claim and for purposes of enforcing the releases set forth in any Final Judgment that may be entered in the Action;
9. I (We) agree to furnish such additional information with respect to this Claim Form as the Settlement Administrator or the Court may require; and
10. I (We) acknowledge that I (we) will be bound by and subject to the terms of the Judgment that will be entered in the Action if the Settlement is approved.
11. 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.

SECTION B: SIGNATURE

PLEASE READ THE RELEASE, CONSENT TO DISCLOSURE, AND CERTIFICATION, AND SIGN BELOW.

I (We) acknowledge that, as of the Effective Date of the Settlement, pursuant to the terms set forth in the Settlement Agreement, and by operation of law and the Final Judgment, I (we) shall be deemed to release and forever discharge and shall be forever enjoined from prosecuting the Released Claims against the Released Parties (as defined in the Settlement Agreement and/or Final Judgment).

By signing and submitting this Claim Form, I (we) consent to the disclosure of information relating to my (our) transactions in Sterling LIBOR-Based Derivatives during the Class Period, and waive any protections provided by any applicable bank secrecy or data privacy laws (whether foreign or domestic), or any similar confidentiality protections with respect to information and transaction data relating to my (our) trades, for use in the claims administration process.

If signing as an Authorized Representative on behalf of an entity, I (we) certify that I (we) have legal rights and authorization from the entity to file this Claim Form on the entity's behalf.

UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I (WE) CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE AND THAT THE DATA SUBMITTED IN CONNECTION WITH THIS CLAIM FORM ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Claimant (if Claimant is an individual filing on his or her own behalf)

Date: _____
MM/DD/YY

Print Name of Claimant (if Claimant is an individual filing on his or her own behalf)

Authorized Representative Completing Claim Form (if any)

Date: _____
MM/DD/YY

Print name of Authorized Representative Completing Claim Form (if any)

Capacity of Authorized Representative (if other than an individual (e.g., trustee, executor, administrator, custodian, or other nominee))

REMINDER: YOUR CLAIM FORM AND REQUIRED DATA MUST BE SUBMITTED ONLINE BY 11:59 P.M. EASTERN TIME ON JANUARY 16, 2024, OR POSTMARKED AND MAILED NO LATER THAN JANUARY 16, 2024, TO:

**GBP LIBOR Class Action Settlement
c/o A.B. Data, Ltd.
P.O. Box 173111
Milwaukee, WI 53217**

Appendix B

Authorization Requirements

- 1 **If you are a nominee** filing on behalf of your account holders, you **must** include the following documentation:
 - 1.1. Affidavit attesting that your entity has legal rights and authorization from your account holders to file Proof of Claim and Release forms on their behalf **and** that your account holders understand that they are bound by and subject to the terms of all releases that may be entered in this Settlement, etc.; **and**
 - 1.1.1 Authorization to sign on your account holders' behalf.
 - 1.2 **If you are a third party** filing on behalf of a nominee, you **must** include an Affidavit attesting to the following:
 - 1.2.1 Your entity has the legal right and authorization from the nominee to file and sign any Proof of Claim and Release forms on their behalf; **and**
 - 1.2.2 Your entity has the legal right and authorization from the nominee's account holders to file and sign any Proof of Claim and Release forms on their behalf; **and**
 - 1.2.3 The account holders understand they are bound by and subject to the terms of all releases that may be entered in the *Sterling Libor Settlement*.
 - 1.3 **If you are a third party** filing on behalf of another party, you **must** include an Affidavit attesting to the following:
 - 1.3.1 Your entity has the legal right and authorization from the other party to file and sign any Proof of Claim and Release forms on its behalf; **and**
 - 1.3.2 The other party understands it is bound by and subject to the terms of all releases that may be entered in the *Sterling Libor Settlement*.
 - 1.4 **IF YOU ARE NOT A NOMINEE OR A THIRD PARTY AND WOULD LIKE TO FILE CLAIMS ELECTRONICALLY, YOU MUST INCLUDE DOCUMENTATION SUPPORTING ALL TRANSACTIONAL DATA OF YOUR CLAIM.**

You must submit supporting documentation with your Proof of Claim and Release form that will support the transactions provided in your file. These documents may include, but are not limited to, a) photocopies of confirmation slips; b) photocopies of monthly statements reflecting ALL transactional data and how it was compiled for the opening of the Class Period through the end of the Class Period; or c) a signed letter from your broker, on their letterhead, providing all of the information that would be found on a confirmation slip and/or other aforementioned documents.



Appendix C

Sample Cover Letter

LETTERHEAD

Re: *Sterling Libor Settlement*

Date:

Enclosed is a fully executed master Proof of Claim and Release form with required authorizations and affidavits as well as an electronic media attachment, which is being filed in connection with the above-referenced matter on behalf of [COMPANY NAME(S) OR INDIVIDUAL NAME(S)] for the proprietary accounts of [ENTITY].

We, [ENTITY], hereby agree that further communication from the Claims Administrator may be conducted by email, and we accept sole responsibility to ensure the email address for [ENTITY] is updated in the event the email address provided on the master Proof of Claim and Release form should change.

The attachment consists of a [CD, DVD, OR FLASH DRIVE] containing [NUMBER] accounts/claims in [ASCII, MS EXCEL, OR MS ACCESS] format with [NUMBER OF TRANSACTIONS] transactions for Sterling LIBOR Products. Each transaction contains corresponding account information for which the claims are being filed. A complete listing of all account names and numbers can be found on the next page.

The total number of Sterling LIBOR Based Derivatives purchased, sold, held, or traded [##.##] be found on the enclosed [CD, DVD, OR FLASH DRIVE].

We, [ENTITY], attest that the data provided on the media attachment corresponds to [ENTITY]'s internal records.

I attest that the above information is true and correct.

Signature

Company Name

Job Title

Contact Information (including telephone number, fax number, and email address)



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Appendix D

Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	STERLING LIBOR IR SWAP FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
T	Exit Date (if applicable) (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Applicable Rate	15	List the GBP LIBOR rate (Libor GBP 1M, Libor GBP 3M, Libor GBP 6M)
V	Duration (Tenor)	2	Number of Years
W	Notational Amount	20	Expressed in GBP
X	Frequency of Payment Dates	3	List the frequency of payment dates
Y	First Interest Payment Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
Z	Location of Transaction	20	Location of Transaction

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix C for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	STERLING LIBOR FRA FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
T	Exit Date (if applicable) (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Applicable Rate	15	List the GBP LIBOR rate (Libor GBP 1M, Libor GBP 3M, Libor GBP 6M)
V	Duration (Tenor)	2	Number of Years
W	Notational Amount	20	Expressed in GBP
X	Frequency of Payment Dates	3	List the frequency of payment dates
Y	First Interest Payment Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
Z	Location of Transaction	20	Location of Transaction

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix C for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	STERLING LIBOR SWAP (VARIABLE) FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Security Type	10	Swap Transaction Type
T	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Date of Interest Payment (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
V	Reference Interest Rate	15	List the GBP LIBOR rate (Libor GBP 1M, Libor GBP 3M, Libor GBP 6M)
W	Amount of Interest Payment	20	Expressed in GBP
X	Duration (Tenor)	2	Number of Years
Y	Notional Value	20	Expressed in GBP
Z	Location of Transaction	20	Location of Transaction

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix C for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	STERLING LIBOR FX FORWARDS/SWAPS FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Security Type	10	FX Forward or FX Swap
T	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Notional Amount	20	Expressed in GBP
V	Date Position Opened (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
W	Date Position Closed (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
X	Notional Amount in Corresponding Currency	20	Expressed in Currency
Y	Day Count Convention	3	Number of Days (360 or 365)
Z	Location of Transaction	20	Location of Transaction

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Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	BP CURRENCY OR STERLING FUTURES FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Transaction Type	2	P = Purchase; S = Sale, O = Open, C = Close
S	Number of Contracts	19	The total number of contracts involved in the particular transaction.
T	Contract Code/Identifier	2	The two letter code.
U	Exchange	5	CME or LIFFE
V	Contract Month	3	The three letter abbreviation for the delivery month of the contract. (Mar, Jun, Sep, Dec)
W	Contract Year (YYYY)	4	The four digit year for the delivery of the contract.
X	Transaction Price	6	Price futures contract traded at.
Y	Date Position Opened (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
Z	Date Position Closed (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
AA	Location of Transaction	20	Location of Transaction

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Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	STERLING LIBOR INTEREST RATE OPTION OR SWAPTIONS FIELD DESCRIPTION
ter	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Security Type	8	IR Option or Swaption
T	Option Contract Identifier	4	Contract Identifier
U	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
V	Exit Date (if applicable) (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
W	Notional Value	20	Expressed in GBP
X	Applicable Rate	15	List the Sterling Libor rate (Libor GBP 1M, Libor GBP 3M, Libor GBP 6M)
Y	Duration (Tenor)	2	Number of Years
Z	Frequency of Reset Dates	3	List the frequency of reset dates
AA	Date of Interest Payment or Expiration Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
AB	Amount of Interest Payment	20	Amount of Interest Payment (if available)
AC	Strike Price	6	Option Strike Price
AD	Maturity Date (MM/DD/YYYY)		MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
AE	Option Type	4	Put or Call
AF	Position	5	Long or Short
AG	Open/Close	2	O or C
AH	Disposition	8	Assign, Exercise or Expire
AI	Location of Transaction	20	Location of Transaction

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Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	STERLING LIBOR FX FUTURES OPTIONS FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Transaction Type	2	P = Purchase; S = Sale, O = Open, C = Close
S	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
T	Call or Put	1	Call (C) or Put (P)
U	Number of Contracts	19	The total number of contracts involved in the particular transaction.
V	Contract Code	2	The two letter code.
W	Contract Month	3	The three letter abbreviation for the delivery month of the contract. (Mar, Jun, Sep, Dec)
X	Contract Year (YYYY)	4	The four digit year for the delivery of the contract.
Y	Transaction Price	10	Trade price of option.
Z	Maturity Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
AA	Notional Amount	20	Notional Amount Expressed in GBP
AB	Strike Price	10	Option Strike Price
AC	Disposition	8	Assign, Exercise or Expire
AD	Location of Transaction	20	Location of Transaction

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix C for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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