

SSA BONDS ANTITRUST LITIGATION

United States District Court – Southern District of New York

Civil Action No. 1:16-cv-03711-ER

Instructions for completing the Proof of Claim and Release Form

In order to expedite the filing of your claim, you can visit www.SSABondsAntitrustSettlement.com to file your claim online.

1. If you transacted in SSA Bonds between January 1, 2005 and March 6, 2019, you may be eligible to receive a payment from settlements reached in *In re SSA Bonds Antitrust Litigation*, Civil Action No. 1:16-cv-03711-ER, as a member of a Settlement Class. In order to qualify for the Settlements, you must have transacted in SSA Bonds with any of the Defendants during that time period.
2. Defendants are Bank of America Corporation, Bank of America, N.A., Merrill Lynch International, Bank of America Merrill Lynch International Limited, Merrill Lynch, Pierce, Fenner & Smith Incorporated, Deutsche Bank AG, Deutsche Bank Securities Inc., HSBC Securities (USA) Inc., HSBC Bank plc, Barclays Bank plc, Barclays Capital Inc., Barclays Services Limited, Barclays Capital Securities Limited, BNP Paribas S.A., BNP Paribas Securities Corp., Citigroup Inc., Citibank N.A., Citigroup Global Markets Inc., Citigroup Global Markets Limited, Crédit Agricole Corporate and Investment Bank, Credit Suisse AG, Credit Suisse Securities (USA) LLC, Credit Suisse Securities (Europe) Limited, Credit Suisse International, Nomura Securities International, Inc., Nomura International plc, Royal Bank of Canada, RBC Capital Markets, LLC, RBC Europe Limited, The Toronto-Dominion Bank, TD Securities (USA) LLC, Hiren Gudka, Bhardeep Singh Heer, Amandeep Singh Manku, Gary McDonald, and Shailen Pau.
3. “Transacted” means you purchased, sold, traded, assigned, novated, unwound, terminated, or exercised rights or options with respect to an SSA Bond. “SSA Bonds” include supranational, sovereign, sub-sovereign, governmental, quasi-governmental, and agency bonds or debt instruments regardless of the structure, currency, or credit quality. SSA Bonds excludes bonds issued by sovereign nations in the sovereign’s domestic currency, including, but not limited to, U.S. Treasury bonds or U.K. gilts.
4. The capitalized terms not defined in this Proof of Claim and Release Form (“Claim Form”) have the same meaning as defined in the Settlement Agreements, all of which are available at www.SSABondsAntitrustSettlement.com.
5. It is important that you read the Notice of Proposed Settlements of Class Action (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 releases described in the Notice and provided for in the Settlement Agreements.
6. To be eligible to receive a payment from the Settlements, you must submit a Claim Form, along with the required data described below. To be considered timely, your Claim Form must be submitted online or postmarked by 11:59 p.m. Eastern Time on April 16, 2021. To submit your claim electronically online, visit www.SSABondsAntitrustSettlement.com.
7. You may be required to submit additional documentation reflecting eligible transactions in SSA Bonds with a Defendant to the Claims Administrator after you have submitted the Claim Form. This includes, but is not limited to, trade data and documentation demonstrating your transactions in SSA Bonds with a Defendant.
8. Your payment amount, if any, will be determined pursuant to the Plan of Allocation that is approved by the Court based on the Claims Administrator’s review of the Claim Form that you submit. Submission of a Claim Form does not guarantee that you will receive a payment from the Settlements. For more information, please refer to the Notice and Plan of Allocation available at www.SSABondsAntitrustSettlement.com.
9. Separate Claim Forms should be submitted for each separate legal entity. Conversely, a single Claim Form should be submitted on behalf of one legal entity.
10. Trustees, executors, administrators, custodians, or other nominees who are completing and signing this Claim Form on behalf of the Claimant must also submit:
 - a. A description of the capacity in which they are acting (which must be accompanied by supporting documentation);

- b. The name, account number, last four digits of the social security number, employer identification number, or taxpayer identification number (or for non-U.S. Claimants, a comparable government-issued national identification number), address, and telephone number of the person or entity on whose behalf they are acting; and
 - c. Evidence of their authority to bind the person or entity on whose behalf they are acting. Authority to complete and sign a Claim Form cannot be established by brokers demonstrating that only they have discretionary authority to trade in another person's accounts.
11. By signing the Claim Form, you are consenting to the disclosure of, and waiving any protections provided by, applicable bank secrecy or data privacy laws or any similar confidentiality protections with respect to information relating to your transactions in SSA Bonds from January 1, 2005 through March 6, 2019 for use in the claims administration process.

THIS PROOF OF CLAIM AND RELEASE FORM MUST BE SUBMITTED ONLINE OR POSTMARKED NO LATER THAN APRIL 16, 2021, ADDRESSED AS FOLLOWS:

In re SSA Bonds Antitrust Litigation
c/o Claims Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103
Info@SSABondsAntitrustSettlement.com
www.SSABondsAntitrustSettlement.com

Your claim must
be postmarked by:
APRIL 16, 2021

SSA BONDS ANTITRUST LITIGATION
United States District Court – Southern District of NY
Civil Action No. 1:16-cv-03711-ER

SSA-B

Proof of Claim and Release Form

SECTION A: NAME AND CONTACT INFORMATION OF CLAIMANT

Provide your name and contact information below. It is your responsibility to notify the Claims Administrator of any changes to your contact information after the submission of your Proof of Claim and Release Form.

<input type="text"/>		<input type="text"/>	
Beneficial Owner Name		Co-Owner Name (if applicable)	
<input type="text"/>		<input type="text"/>	
Representative/Nominee		Street Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	Beneficial Owner's Social Security or Tax ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Foreign Province	Foreign Postal Code	Foreign Country	

Please provide the following information for the person who should be contacted about this claim:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	Contact Email Address	Contact Phone Number

SECTION B: INFORMATION ABOUT YOUR SSA BOND TRANSACTIONS WITH DEFENDANTS

List the Defendant(s) with whom you entered into an SSA bond transaction between January 1, 2009 and March 6, 2019:

<input type="text"/>

Provide the following Total Notional Amounts of transactions with a Defendant Counterparty:

U.S. Dollar denominated SSA Bond transactions with a Defendant, between January 1, 2009 and December 31, 2015:	\$
Non-U.S. Dollar denominated SSA Bond transactions with a Defendant, between January 1, 2009 and December 31, 2015:	\$
U.S. Dollar denominated SSA Bond transactions with a Defendant, between January 1, 2005 and December 31, 2008, OR between January 1, 2016 and March 6, 2019:	\$
Non-U.S. Dollar denominated SSA Bond transactions with a Defendant, between January 1, 2005 and December 31, 2008 OR between January 1, 2016 and March 6, 2019:	\$

SECTION C: CLAIMANT CERTIFICATION

1. I (We) submit this Proof of Claim and Release Form under the terms of the Settlement Agreements described in the Notice of Proposed Settlements of Class Action.
2. I (We) also submit to the jurisdiction of the United States District Court for the Southern District of New York with respect to my (our) claim as a member of a Settlement Class.
3. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the *In re SSA Bonds Antitrust Litigation*.
4. I (we) have read the Notice and Proof of Claim and Release Form, including the descriptions of the releases provided for in the Settlement Agreements.
5. I (we) am (are) a member of a Settlement Class(es), and am (are) not one of the individuals or entities excluded from the Settlement Classes.
6. I (we) have not submitted a Request for Exclusion.
7. I (we) have made the transactions included in the data submitted with this Proof of Claim and Release Form, and have not assigned the claims against the Released Parties to another.
8. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so, including but not limited to, trade data and documentation to prove the total Notional Amounts reported in Section B of this Proof of Claim and Release Form.
9. I (We) have not submitted any other claim in connection with the same SSA Bonds and know of no other person having done so on my (our) behalf.
10. 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. Note: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.
11. By submitting a claim under the Settlements, I (we) consent to the disclosure of and waive any protections provided by applicable bank secrecy, data privacy law, or any similar confidentiality protections with respect to information relating to my (our) trades in SSA Bonds to the Court-appointed Claims Administrator and Class Counsel for use in the claims administration process and in further proceedings in the Action against Non-Settling Defendants. I (we) further consent to the release to the Claims Administrator of any and all documents reflecting my transactions or holdings in SSA Bonds from January 1, 2005 through March 6, 2019, inclusive, that may be obtained from Defendants or third parties, including, but not limited to, my brokerage firm(s).
12. I (we) acknowledge that, as of the Effective Date of the Settlements, pursuant to the terms set forth in the Settlement Agreements and by operation of law and the Final Judgments and Orders of Dismissal, I (we) shall be deemed to have, fully, finally, and forever waived, released, relinquished, and discharged all Released Claims (as defined in the Settlement Agreements), and shall forever be enjoined from prosecuting any or all of the Released Claims against any of the Released Parties (as defined in the Settlement Agreements).

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

Signature of Beneficial Owner

Print Beneficial Owner Name

Date

Signature of Co-Owner (if applicable)

Print Co-Owner Name

Date