



*Fund Liquidation Holdings LLC v Citibank, N.A.*

**ELECTRONIC CLAIMS FILING GUIDELINES**



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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 Sibor/SOR 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](mailto:efiling@abdata.com) or you may call 877-777-9321 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:

SIBOR/ SOR Class Action Settlement  
Attention: Electronic Claims Department  
c/o A.B. Data, Ltd.  
3410 West Hopkins Street  
PO Box 173061  
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

FUND LIQUIDATION HOLDINGS LLC, as assignee  
and successor-in-interest to FrontPoint Asian Event  
Driven Fund L.P., *et al.*

Plaintiffs,

v.

CITIBANK, N.A., *et al.*

Defendants.

Case No.: 1:16-cv-5263 (AKH)

**PROOF OF CLAIM AND  
RELEASE**

**I. INSTRUCTIONS**

1. If you transacted in, purchased, sold, held, traded, or otherwise had any interest in SIBOR- and/or SOR-Based Derivatives during the period from January 1, 2007, through December 31, 2011 (the “Class Period”), you may be eligible to receive a payment from the settlements reached between Representative Plaintiffs and Defendants Citibank, N.A. and Citigroup Inc. (“Citi”), JPMorgan Chase & Co. and JPMorgan Chase Bank, N.A. (“JPMorgan”), ING Bank N.V. (“ING”), Deutsche Bank AG (“Deutsche Bank”), The Hongkong and Shanghai Banking Corporation Limited (“HSBC”), Credit Suisse AG (“Credit Suisse”), Australia and New Zealand Banking Group, Ltd. (“ANZ”), Bank of America, N.A. (“BOA”), Barclays Bank PLC (“Barclays”), BNP Paribas, S.A. (“BNPP”), Commerzbank AG (“Commerzbank”), Crédit Agricole Corporate and Investment Bank (“CACIB”), DBS Bank Ltd. (“DBS”), MUFG Bank, Ltd. (f/k/a The Bank of Tokyo-Mitsubishi UFJ, Ltd.) (“MUFG”), Oversea-Chinese Banking Corporation Limited (“OCBC”), The Royal Bank of Scotland plc (n/k/a NatWest Markets plc) (“RBS”), Standard Chartered Bank (“SCB”), UBS AG (“UBS”), and United Overseas Bank Limited (“UOB,” collectively with Citi, JPMorgan, ING, Deutsche Bank, HSBC, Credit Suisse, ANZ, BOA, Barclays, BNPP, Commerzbank, CACIB, DBS, MUFG, OCBC, RBS, SCB, and UBS, the “Settling Defendants”) totaling \$155,458,000 in the above-captioned case.

2. “SIBOR- and/or SOR-Based Derivatives” means (i) a SIBOR- and/or SOR-based interest rate swap entered into by a U.S. Person, or by a Person from or through a location within the U.S.<sup>1</sup>; (ii) an option on a SIBOR- and/or a SOR-based interest rate swap (“swaption”) entered into by a U.S. Person, or by a Person from or through a location within the U.S.; (iii) a Singapore Dollar currency forward agreement entered into by a U.S. Person, or by a Person from or through a location within the U.S.; (iv) a SIBOR- and/or SOR-based forward rate agreement entered into by a U.S. Person, or by a Person from or through a location within the U.S; and/or (v) a SIBOR- and/or SOR-based foreign exchange swap entered into by a U.S. Person, or by a Person from or through a location within the U.S.

3. “SIBOR” means the Singapore Interbank Offered Rate. This term includes USD SIBOR and SGD SIBOR.

4. “SOR” means the Singapore Swap Offer Rate (“SOR”).

5. 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 Settlements, November 29, 2022 Fairness Hearing Thereon, and Class Members’ Rights** (“Notice”) and the Settlement Agreements between Representative Plaintiffs and the respective Settling Defendants, which are available at [www.siborsettlement.com](http://www.siborsettlement.com) (the “Settlement Website”).

<sup>1</sup> For the avoidance of doubt, all references herein to transactions of any kind entered into by a Person “through a location within the U.S.” include transactions that by operation of a forum selection clause or other contractual provision provide for jurisdiction in any state or federal court within the U.S. in the event of a dispute.

This Form Must Be Submitted Online OR  
Postmarked and Mailed No Later Than  
DECEMBER 29, 2022.

6. 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.

7. 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.siborsettlement.com](http://www.siborsettlement.com) by 11:59 p.m. Eastern Time on December 29, 2022 OR postmarked and mailed to the Settlement Administrator no later than December 29, 2022, to:**

**SIBOR/SOR Class Action Settlement  
c/o A.B. Data, Ltd.  
P.O. Box 173061  
Milwaukee, WI 53217**

Do not submit your claim to the Court.

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

8. As described in Part III below, you are required to submit additional information about your transactions in SIBOR- and/or SOR-Based Derivatives as part of your Claim Form to be submitted to the Settlement Administrator.

9. 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.

10. 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.

11. 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.

12. **NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request, or may be requested by the Settlement Administrator, to submit information regarding their transactions in electronic files. All such claimants **MUST** also submit a manually signed paper Proof of Claim listing all of their transactions whether or not they also submit electronic copies. If you wish to submit your claim electronically, you must contact the Settlement Administrator at [info@siborsettlement.com](mailto:info@siborsettlement.com) or visit [www.SIBORSETTLEMENT.com](http://www.SIBORSETTLEMENT.com) to obtain the required file layout. 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 [efiling@abdata.com](mailto:efiling@abdata.com) to inquire about your file and confirm it was received.**

This Form Must Be Submitted Online OR  
 Postmarked and Mailed No Later Than  
 DECEMBER 29, 2022.

**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 attach documentation showing your authority to act on behalf of the Claimant.

**Section A – Claimant Information**

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

Co-Claimant's First Name	MI	Co-Claimant's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if Claimant is not an individual)

Representative or Custodian Name (if different from Claimant[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)

 -  - 

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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DECEMBER 29, 2022.

### III. REQUIREMENTS FOR CLAIM SUBMISSION

#### 1. YOU MUST SUBMIT YOUR CLAIM FORM ELECTRONICALLY OR ON PAPER IN THE REQUIRED FORMAT

Claimants must electronically submit their Claim Forms online at [www.siborsettlement.com](http://www.siborsettlement.com) by **11:59 p.m. Eastern Time on December 29, 2022** OR mail the Claim Forms to the Settlement Administrator at SIBOR/SOR Class Action Settlement, c/o A.B. Data, Ltd., P.O. Box 173061, Milwaukee, WI 53217 so they **are postmarked and mailed no later than December 29, 2022**. Claim Forms must be submitted in the format specified in this Claim Form or posted by the Settlement Administrator on the Settlement Website.

Along with your Claim Form, you are required to submit the details of your transactions in SIBOR- and/or SOR-Based Derivatives reflected in Part IV, below. A Data Template, including the information you must provide about your transactions in SIBOR- and/or SOR-Based Derivatives is below and also available at the Settlement Website. In addition, please provide any of the following types of supporting documentation that verifies the transaction information you provide:

- 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 SIBOR- and/or SOR-Based Derivatives during the Class Period.

Please keep all data and documentation related to your eligible SIBOR- and/or SOR-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.**

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DECEMBER 29, 2022.

**IV. TABLE OF TRANSACTIONS IN SIBOR- AND/OR SOR-BASED DERIVATIVES**

Complete this Part IV if and only if you entered into transactions in SIBOR- and/or SOR-Based Derivatives from January 1, 2007 through December 31, 2011. Do not include information regarding instruments other than SIBOR- and/or SOR-Based Derivatives and do not include transactions in SIBOR- and/or SOR-Based Derivatives in which you acquired the instrument as an agent for another individual or entity.

**List of Brokers or Nominees**

Please list all brokers or nominees at which you maintained accounts in which you traded or held SIBOR- and/or SOR-Based Derivatives.


**List of Account Names and Account Numbers**

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 SIBOR- and/or SOR-Based Derivatives.


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**TABLE I-A – PURCHASE(S) AND SALE(S) OF SWAPTIONS, FRAS, AND SWAPS WITH A CONSTANT NOTIONAL VALUE DURING THE CLASS PERIOD**

For each purchase or sale of a swaption, FRA, and/or swap with a notional value that remained constant during the contract period, provide the following information for each transaction.

<b>Transaction Type (e.g., swap, swaption, FRA)</b>	<b>Trade Date (mm/dd/yyyy)</b>	<b>Applicable Rate and Duration (Tenor)</b>	<b>Notional Value (in SGD) for Interest Payment</b>	<b>Frequency of Reset Dates</b>	<b>Exit Date (if applicable)</b>	<b>Location of Transaction</b>	<b>Counterparty Name</b>	<b>Broker Name (if applicable)</b>

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**TABLE I-B – PURCHASE(S) AND SALE(S) OF SWAPS WITH A VARIABLE NOTIONAL VALUE 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. **If necessary, please add additional columns 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 SGD) on which each interest payment was calculated, and the amount of each interest payment:**

Swap Transaction Type	Swap Trade Date (mm/dd/yyyy)	Date of Interest Payment (mm/dd/yyyy)	Amount of Interest Payment (in SGD)	Notional Value (in SGD) for Interest Payment	Reference Interest Rate and Tenor	Location of Transaction	Counterparty Name	Broker Name (if applicable)

This Form Must Be Submitted Online OR  
 Postmarked and Mailed No Later Than  
 DECEMBER 29, 2022.

**TABLE II – PURCHASE(S) AND SALE(S) OF FX FORWARDS AND FX SWAPS DURING THE CLASS PERIOD**

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

<b>Transaction Type (e.g., FX forward, FX swap)</b>	<b>Trade Date</b>	<b>Notional Value (in SGD)</b>	<b>Date Position Opened (mm/dd/yyyy)</b>	<b>Date Position Closed (mm/dd/yyyy)</b>	<b>Notional Amount of Corresponding Currency</b>	<b>Day-Count Convention</b>	<b>Location of Transaction</b>	<b>Counterparty Name</b>	<b>Broker Name (if applicable)</b>

This Form Must Be Submitted Online OR  
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DECEMBER 29, 2022.

If you have any additional SIBOR- and/or SOR-Based Derivatives transactions that you believe do not fit in any of the above categories, please list below and supply supporting documentation:

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It is important that you accurately disclose all transactions in SIBOR- and/or SOR-Based Derivatives during the Class Period. Plaintiffs' Counsel and the Settlement Administrator reserve the right to seek further information from you regarding your Proof of Claim and Release.

**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 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.





## 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 *SIBOR/SOR Settlements*.
  - 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 *SIBOR/SOR Settlements*.
  - 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.



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## Appendix C

### Sample Cover Letter

LETTERHEAD

Re: *SIBOR/SOR Settlements*

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 Sibor/SOR 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 SIBOR/SOR 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	SIBOR/SOR BASED 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	<b>E</b> = Employer Identification Number (EIN); <b>S</b> = Social Security Number (SSN); <b>U</b> = Unknown; <b>F</b> = 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	Date of Interest Payment (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Effective Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
V	Maturity/Tenor Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
W	Notational Amount	20	Expressed in SGD
X	Applicable Rate	15	List the Sibor/SOR rate (1M Sibor, 3M Sibor, 6M Sibor, 1Y Sibor, SOR overnight, 1M SOR, 3M SOR, 6M SOR)
Y	Duranton	2	Number of Years
Z	Frequency of Reset Dates	3	List the frequency of reset dates
AA	Exit Date (if applicable) (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
AA	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 A 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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## Appendix D

### Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	SIBOR/SOR BASED SWAP WITH VARIABLE NOTIONAL 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	<b>E</b> = Employer Identification Number (EIN); <b>S</b> = Social Security Number (SSN); <b>U</b> = Unknown; <b>F</b> = 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	<b>(MM/DD/YYYY)</b> MM = Month; DD = Day; YYYY = Year.
T	Date of Interest Payment (MM/DD/YYYY)	10	<b>(MM/DD/YYYY)</b> MM = Month; DD = Day; YYYY = Year.
U	Amount of Interest Payment (in SGD)	20	Expressed in SGD <b>*All interest payments must be listed</b>
V	Notional Value	20	Expressed in SGD
W	Applicable Rate	15	List the Sibor/SOR rate ((1M Sibor, 3M Sibor, 6M Sibor, 1Y Sibor, SOR overnight, 1M SOR, 3M SOR, 6M SOR)
X	Duration	2	Number of Years
Y	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 A 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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## Appendix D

### Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	SIBOR/SOR FORWARD RATE AGREEMENT 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	<b>E</b> = Employer Identification Number (EIN); <b>S</b> = Social Security Number (SSN); <b>U</b> = Unknown; <b>F</b> = 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	Effective Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Maturity Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
V	Notational Amount	20	Expressed in SGD
W	Applicable Rate	15	List the Sibor/SOR rate (1M Sibor, 3M Sibor, 6M Sibor, 1Y Sibor, SOR overnight, 1M SOR, 3M SOR, 6M SOR)
X	Duration (Tenor)	2	Number of Years
Y	Frequency of Reset Dates	3	List the frequency of reset dates
Z	Exit Date (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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## Appendix D

### Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	SIBOR/SOR FX FORWARDS 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	<b>E</b> = Employer Identification Number (EIN); <b>S</b> = Social Security Number (SSN); <b>U</b> = Unknown; <b>F</b> = 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	Date Position Opened (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Date Position Closed (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
V	Notional Amount	20	Expressed in SGD
W	Notional Amount in Corresponding Currency	20	Expressed in Currency
X	Day Count Convention	3	Number of Days (360 or 365)
Y	Location of Transaction	20	Location of Transaction

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## Appendix D

### Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	SIBOR/SOR FX 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	<b>E</b> = Employer Identification Number (EIN); <b>S</b> = Social Security Number (SSN); <b>U</b> = Unknown; <b>F</b> = 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	Date Position Opened (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Date Position Closed (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
V	Notional Amount	20	Expressed in SGD
W	Notional Amount in Corresponding Currency	20	Expressed in Currency
X	Day Count Convention	3	Number of Days (360 or 365)
Y	Location of Transaction	20	Location of Transaction

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### Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	SIBOR/SOR SWAPTIONS 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	<b>E</b> = Employer Identification Number (EIN); <b>S</b> = Social Security Number (SSN); <b>U</b> = Unknown; <b>F</b> = 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	<b>(MM/DD/YYYY)</b> MM = Month; <b>DD</b> = Day; <b>YYYY</b> = Year.
T	Notional Amount	20	Expressed in SGD
U	Applicable Rate	15	List the Sibor/SOR rate (1M Sibor, 3M Sibor, 6M Sibor, 1Y Sibor, SOR overnight, 1M SOR, 3M SOR, 6M SOR)
V	Duration (Tenor)	2	Number of Years
W	Frequency of Reset Dates	3	List the frequency of reset dates
X	Exit Date (if applicable) (MM/DD/YYYY)	10	<b>(MM/DD/YYYY)</b> MM = Month; <b>DD</b> = Day; <b>YYYY</b> = Year.
Y	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 A 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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