



In Re London Silver Fixing Antitrust Litigation

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 B.
- 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 C.
- 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 Eurodollar Futures Contracts purchased, acquired, and sold; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter as set forth in Appendix D.



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 800-254-2939 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:

London Silver Fix Settlement
Attention: Electronic Claims Department
c/o A.B. Data, Ltd.
3410 West Hopkins Street
Po Box 173103
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.

How to account for Free Receipts, Free Deliveries, and Transfers

Free receipt, free delivery, and transfer transactions are not eligible for payment unless you have additional information regarding the original purchase, acquisition, or subsequent sale. If you do not have this information, free receipt, free delivery, and transfer transactions should only be included on



your electronic file for balancing purposes. **You MUST use the following instructions when filing for accounts that have free receipt, free delivery, and transfer transactions during the Class Period:**

1. If Silver Futures/Options were transferred to or from a different custodian (corresponding account is not on your electronic file), you must follow these instructions:

- 1.1 SILVER FUTURES/OPTIONS RECEIVED INTO ACCOUNT: You must account for any received Silver Derivatives by providing the opening position or original purchase or acquisition of these Silver Derivatives from the prior account.
- 1.2 SILVER FUTURES/OPTIONS DELIVERED OUT OF ACCOUNT: You must account for any delivered Silver Derivatives by providing the sale and/or closing position from the subsequent account.
- 1.3 NO INFORMATION AVAILABLE ON ORIGINAL PURCHASE/ACQUISITION or SUBSEQUENT SALE: You must provide the free receipt and/or free delivery Silver Futures/Options in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

Claim Balancing

Negative values may only be given for short opening or closing positions. All other transactions must be positive values.



Appendix A

Case Specific Information

CLASS DEFINITION:	All persons or entities that transacted in U.S.-Related Transactions in or on any over-the-counter market (“OTC”) or exchange in physical silver or in a derivative instrument in which silver is the underlying reference asset (collectively, “Silver Instruments”), at any time from January 1, 1999 through the date of the Settlement Agreement September 6, 2016.
CLAIM FILING DEADLINE:	March 1, 2021

Transactions for each account should include:

Transaction Type	Definition	Valid Dates
O	Total open position of contracts at the beginning of the Class Period.	January 1, 1999
P	Purchases/acquisitions during the Class Period.	January 1, 1999 through September 6, 2016, inclusive
FR	Transfer into account during the Class Period.	January 1, 1999 through September 6, 2016, inclusive
S	Sales during the Class Period.	January 1, 1999 through September 6, 2016, inclusive
FD	Transfer out to another account during the Class Period.	January 1, 1999 through September 6, 2016, inclusive
C	Total position of contracts at the close of trading at the end of the Class Period.	September 6, 2016

*****Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**



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

IN RE LONDON SILVER FIXING, LTD. ANTITRUST LITIGATION

This Document Relates to:

ALL ACTIONS

14-MD-02573-VEC

14-MC-02573-VEC

The Honorable Valerie E. Caproni

PROOF OF CLAIM AND RELEASE

If you entered into a U.S.-Related Transaction¹ in or on any over-the-counter market (“OTC”) or exchange in physical silver or in a derivative instrument in which silver is the underlying reference asset (collectively, “Silver Instruments”), at any time from January 1, 1999 through September 6, 2016 (the “Settlement Class Period”), you may be entitled to receive a payment from a \$38 million settlement with Deutsche Bank in the class action case *In re London Silver Fixing, Ltd. Antitrust Litigation*, Nos. 14-md-02573-VEC, 14-mc-02573-VEC (S.D.N.Y). “U.S.-Related Transaction” means any transaction in a Silver Instrument: (a) by any person or entity domiciled in the U.S. or its territories, or (b) by any person or entity domiciled outside the U.S. or its territories but conducted, in whole or in part, in the U.S. or its territories. To be eligible to receive a payment from the Net Settlement Fund, you must electronically submit a Proof of Claim and Release along with the required data and/or information described below at the settlement website, www.SilverFixSettlement.com by 11:59 p.m. Eastern Time on March 1, 2021 or you must complete, sign, and mail this Proof of Claim and Release and necessary supporting documentation to the Settlement Administrator at the following address, to be received no later than March 1, 2021:

London Silver Fixing Settlement
c/o A.B. Data, Ltd.
P.O. Box 173103
Milwaukee, WI 53217

Do not submit your claim to the Court.

If you are a Settling Class Member who transacted in physical silver spot trades that are priced based on the Silver Fix price (“Physical Silver”) or in exchange-traded futures contracts, options contracts, swaps, and forwards in which silver is the underlying reference asset (“Silver Derivatives”) during the Settlement Class Period,

¹ Unless otherwise defined herein, capitalized terms have the meaning assigned to them as in the Stipulation and Agreement of Settlement with Deutsche Bank.

then by properly filling out, signing, and returning this Proof of Claim and Release and furnishing the required supporting documentation, you may be entitled to share in the proceeds from the Net Settlement Fund. Submission of this Proof of Claim and Release does not assure that you will share in any of the proceeds of the Net Settlement Fund. Your payment amount will be determined based on the Settlement Administrator's review of your Proof of Claim and Release and calculated pursuant to the Distribution Plan that the Court approves. The Distribution Plan will be available at www.SilverFixSettlement.com.

Separate Proofs of Claim and Release should be submitted for each separate legal entity. Conversely, a single Proof of Claim and Release should be submitted on behalf of only one legal entity. For all accounts you own or control, you must include the requested trade information for all transactions in Silver Instruments at any time between January 1, 1999 through and including September 6, 2016. If you omit needed documentation or information, your claim may be considered defective by the Settlement Administrator. If so, you will be notified of the defect and given an opportunity to cure by providing additional documentation or information.

If you qualify as a Settling Class Member and fail to submit a valid and timely Proof of Claim and Release pursuant to these instructions or fail to provide adequate documentation of your pertinent transactions, you may be precluded from recovery against the Net Settlement Fund. You will nevertheless be bound by the terms of any judgment entered in the Action whether or not you submit a Proof of Claim and Release.

It is important that you read the accompanying Notice of Proposed Class Action Settlement, April 8, 2021 Fairness Hearing Thereon and Class Members' Rights ("Notice") and the Stipulation and Agreement of Settlement with Deutsche Bank ("Settlement Agreement"), which are available at www.SilverFixSettlement.com. By signing and submitting this Proof of Claim and Release, 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 and provided for in the Settlement Agreement.

The completed Proof of Claim and Release and the information submitted therewith will be treated as confidential and will be used solely for purposes of administering the Settlement. Knowingly submitting inaccurate or incomplete information may subject you to civil or criminal penalties.

You should be aware that it will take a significant amount of time to process fully all of the Proof of Claim and Release forms and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim and Release. Please notify the Settlement Administrator of any change of address.

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

IF YOU HAVE ANY QUESTIONS CONCERNING THIS PROOF OF CLAIM AND RELEASE, WRITE TO, CALL, OR GO ON-LINE AT:

London Silver Fixing Settlement
c/o A.B. Data, Ltd.
P.O. Box 173103
Milwaukee, WI 53217
www.SilverFixSettlement.com
1-800-254-2939 or 1-414-961-6577
info@SilverFixSettlement.com

DO NOT CONTACT THE COURT IF YOU HAVE QUESTIONS CONCERNING THIS PROOF OF CLAIM AND RELEASE.

FOR OFFICIAL USE ONLY

London Silver Fixing Settlement
PROOF OF CLAIM AND RELEASE
Please print or type

MUST BE ELECTRONICALLY
SUBMITTED OR RECEIVED NO LATER
THAN MARCH 1, 2021

DETAILED CLAIM SUBMISSION INSTRUCTIONS ARE AVAILABLE ON THE SETTLEMENT WEBSITE WWW.SILVERFIXSETTLEMENT.COM

ITEM 1—CLAIMANT IDENTIFICATION

Please provide the following information if you or the entity for which you are executing the claim (collectively, "you") transacted in or held Physical Silver or Silver Derivatives:

Claimant's First Name MI Claimant's Last Name

Co-Claimant's First Name MI Co-Claimant's Last Name

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

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)

Telephone Number (home or cell) Telephone Number (work)

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

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Location(s) from which Claimant entered into Silver Instrument Transactions:

U.S. or its territories Other (please specify): _____

If you require additional space on this or any other section of the Proof of Claim and Release, attach an additional page to the end of the claim form. Do not submit multiple Proof of Claim and Release forms.

ITEM 2 - LIST OF BROKERS OR FUTURES COMMISSION MERCHANTS, ACCOUNT NAMES AND ACCOUNT NUMBERS

Please list all brokers or futures commission merchants (“FCMs”) at which you maintained accounts in which you traded or held Physical Silver or Silver Derivatives between January 1, 1999 through and September 6, 2016, inclusive, and the account names and account numbers that were maintained at each broker or FCM.

Broker or FCM	Address and Telephone	Contact (if any)	Account Name(s) and Account Number(s)

Item 3 - Proof of Qualifying Transactions

Please describe below all of your transactions in Physical Silver or Silver Derivatives between January 1, 1999 and September 6, 2016, inclusive. Please also submit the supporting documentation for your transactions in Physical Silver or Silver Derivatives. The supporting document should also allow the Settlement Administrator to determine whether a transaction in Physical Silver or Silver Derivatives was a U.S.-Related Transactions.

You must provide proof for each and every transaction in Physical Silver or Silver Derivatives, between January 1, 1999 and September 6, 2016, regardless of whether your transaction resulted in a gain or a loss.

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.

The Settlement Administrator will determine your Settlement Transaction Volume (as set forth in the Distribution Plan) by analyzing your transactions in Physical Silver or Silver Derivatives.

Your Physical Silver or Silver Derivatives transaction data should always include trade dates. Do not offset opening and closing transactions or provide net position or trading information. It is important that you supply the information requested to the fullest extent possible.

For all Physical Silver or Silver Derivatives, including those traded on a futures exchange (Chicago Board of Trade, Commodity Exchange, Inc., NYSE LIFFE, CME, COMEX), please provide documents reflecting such transactions including daily and monthly brokerage statements or trade confirmations. For all transactions, you must also provide proof you entered into the transaction while you were domiciled in the United States or its territories, or, if domiciled outside the United States or its territories, the trade was transacted by a Person from a location within the United States or its territories.

If you have any of the below transaction information in an electronic form, you are strongly encouraged to submit the information electronically. The following formats are acceptable: ASCII, MS Excel, MS Access, dBase, and electronic filing templates can be found at the Settlement Website, www.SilverFixSettlement.com.

PHYSICAL SILVER

During the Settlement Class Period, for a long or short position, please list each U.S.-Related Transaction in Physical Silver:

Transaction Date	Long or Short Position in Silver?	Total Transaction Amount²	Currency of Transaction	Ounces of Silver Transacted	Location of Transaction	Name of Counterparty	Name of Broker (if applicable)

² In U.S. dollars or foreign currency (if applicable).

SILVER DERIVATIVES

Silver Forward Contracts

During the Settlement Class Period, provide the following information for each U.S.-Related Transaction in a Silver forward contract:

Transaction Date	Long or Short Position in Silver?	Total Transaction Amount	Currency of Transaction	Ounces of Silver Transacted	Location of Transaction	Name of Counterparty	Name of Broker (if applicable)	Settlement Date/ Delivery Date

Silver Futures Contracts

During the Settlement Class Period, provide the following information for each U.S.-Related Transaction in a Silver Derivative futures contract:

Transaction Date	Long or Short Position in Silver?	Total Transaction Amount	Currency of Transaction	Ounces of Silver Transacted	Location of Transaction	Exchange	Name of Broker (if applicable)	Settlement Date/ Delivery Date

Silver Options Contracts

During the Settlement Class Period, please provide the following information for each U.S.-Related Transaction of an option on a Silver Instrument:

Transaction Date	Option for Long or Short Silver Position?	Total Transaction Amount	Currency of Transaction	Ounces of Silver To Be Transacted	Location of Transaction	Name of Counterparty	Name of Broker (if applicable)

Silver Swaps

During the Settlement Class Period, provide the following information for each U.S.-Related Transaction in Silver-based swaps. Please only enter legs of the transaction based on Silver:

Transaction Date	Long or Short Position in Silver?	Total Transaction Amount	Currency of Transaction	Supplier or Receiver of Silver?	Payer or Receiver of fixed rate?	Ounces of Silver Transacted	Location of Transaction	Name of Counterparty	Name of Broker (if applicable)

If you have any additional U.S.-Related Transactions in Silver Instruments that you believe do not fit in any of the above categories, please list below and supply supporting documentation:

It is important that you accurately disclose all transactions in Silver Instruments during the Settlement Class Period. Interim Co-Lead Counsel and the Settlement Administrator reserve the right to seek further information from you regarding your Proof of Claim and Release.

Item 4 – Consent, Certification and Signature

BY SIGNING AND SUBMITTING THIS PROOF OF CLAIM AND RELEASE, CLAIMANT OR CLAIMANT’S AUTHORIZED REPRESENTATIVE CERTIFIES ON CLAIMANT’S BEHALF AS FOLLOWS

I (we) expressly consent to the release to the Settlement Administrator of any and all documents reflecting my (our) transactions in Physical Silver or Silver Derivatives that may be obtained from third parties, including, but not limited to, my (our) brokerage firm(s), my (our) FCMs, the CME, NYSE LIFFE, CBOT, COMEX, or any other source with this transaction information.

By executing this Proof of Claim and Release, I (we) hereby permit the Settlement Administrator to request from my (our) brokerage firm(s), my (our) FCMs, the CME, NYSE LIFFE, CBOT, COMEX, or any other source with this transaction information relevant information about my (our) transactions in Physical Silver or Silver Derivatives in order to compute any payment that may be due to me (us) from the Net Settlement Fund. I (we) consent to the disclosure of information relating my (our) transactions in Physical Silver or Silver Derivatives 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.

I (we) (for myself (ourselves) in the event of an individual claim, and for the Claimant in the event of any other claim) certify that reasonable efforts have been made to locate all information requested in this Proof of Claim and Release above and that all information supplied in connection with this Proof of Claim and Release is true, correct, and complete.

I (we) (for myself (ourselves) in the event of an individual claim, and for the Claimant in the event of any other claim) certify that I (we) have not submitted any other claim covering the same transactions of Physical Silver or Silver Derivatives during the Settlement Class Period and know of no other person having done so on my (our) behalf.

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.

I (we) understand that the information provided herein is subject to verification, and I (we) (for myself (ourselves) in the event of an individual claim, and for the Claimant in the event of any other claim) agree to cooperate in any such verification, including by furnishing additional information to support this claim and by assisting the Settlement Administrator if requested to do so.

I (we) understand that the Settlement Administrator will determine the adequacy of the Claimant’s Proof of Claim and Release and supporting documentation.

I (we) have read the Notice and Proof of Claim and Release, including the descriptions of the Release and Covenant Not to Sue provided for in the Settlement Agreement.

I (we) am (are) a Settlement Class Member and am (are) not one of the individuals or entities excluded from the Settlement Class.

I (we) have not submitted a Request for Exclusion

I (we) (for myself (ourselves) in the event of an individual claim, and for the Claimant in the event of any other claim) consent to the jurisdiction of the United States District Court for the Southern District of New York (the “Court”) with respect to all matters concerning this Proof of Claim and Release including, without limitation, any efforts to enforce the terms of the Settlement Agreement or any order or judgment of the Court.

I (we) (for myself (ourselves) in the event of an individual claim, and for the Claimant in the event of any other claim) agree to the terms of the Settlement as set forth in the Settlement Agreement and acknowledge being bound by and subject to the terms of any order or judgment that may be entered in the Action, including the Final Approval Order and Judgment. I (we) may obtain a copy of the Settlement Agreement at www.SilverFixSettlement.com.

I (we) (for myself (ourselves) in the event of an individual claim, and for the Claimant in the event of any other claim) acknowledge that this Proof of Claim and Release constitutes a release and covenant not to sue in conformity with Section 12 of the Settlement Agreement in order to receive the appropriate share, if any, of the Settlement Fund. I (we) (for myself (ourselves) in the event of an individual claim, and for the Claimant in the event of any other claim) agree that the submission of this Proof of Claim and Release constitutes a full release of and covenant not to sue on the Released Claims against the DB Released Parties as set forth in the Settlement Agreement and at the end of this Proof of Claim and Release.

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 Judgment, I (we) shall be deemed to release and forever discharge and shall be forever enjoined from prosecuting the Released Claims against the DB Released Parties.

I (we) (for myself (ourselves) in the event of an individual claim, and for the Claimant in the event of any other claim) certify that I (we) am (are) not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code of 1986, as amended, because: (a) the Claimant(s) is (are) exempt from backup withholding; or (b) the Claimant(s) has (have) not been notified by the Internal Revenue Service (the “I.R.S.”) that the Claimant(s) is (are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the I.R.S. has notified the Claimant(s) that the Claimant(s) is (are) no longer subject to backup withholding.

I (we) declare or affirm under penalty of perjury that the foregoing statements and the documents and information attached hereto, including the Social Security or Employer Identification Number shown on this Proof of Claim and Release, are true, correct and complete, and that I (we) agree to the above releases and covenants not to sue. I understand that the withholding or misrepresentation of any information described herein may constitute a criminal offense subject to penalties under the law.

This Proof of Claim and Release was executed this _____ day of _____, 20_____, in _____, _____
(City/Province) (State/Country)

Signature of Claimant(s)

Signature of Authorized Representative (if any)

Type or Print Name of Claimant(s)

Type or Print Name of Authorized Representative (if any)

Capacity of Authorized Representative (*e.g.*, President, Trustee, Custodian, etc.).
If you are acting for an entity, please submit proof of your authority (e.g., corporate resolution, trust agreement, etc.).

REMINDER: YOUR CLAIM FORM AND REQUIRED DATA MUST BE SUBMITTED ONLINE BY 11:59 P.M. EASTERN TIME ON MARCH 1, 2021 OR MAILED AND RECEIVED BY THE SETTLEMENT ADMINISTRATOR NO LATER THAN MARCH 1, 2021.

Appendix C

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 *Silver Fix 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 *Silver Fix 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.



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Appendix D

Sample Cover Letter

LETTERHEAD

Re: *Silver Fix 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 Eurodollar Futures/Options, as well as all the opening and closing positions held for [ENTITY]'s proprietary accounts. 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 Silver Futures/Options purchased or acquired [##.##] for the amount of [\$0.0000] and Silver Futures/Options sold [##.##] for the amount of [\$0.0000]¹ can 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)

Account Name

Account Number

¹ Please list all other transactions, if applicable, including free receipts and free deliveries.



Appendix E

Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	SILVER 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 person to whose attention correspondence and distributions should be mailed.
G	Attn:	40	Street Address 1 for correspondence and distributions mailing.
H	Street 1	40	Street Address 2 for correspondence and distributions mailing.
I	Street 2	40	City for correspondence and distributions mailing.
J	City	25	State for correspondence and distributions mailing.
K	State	2	Zip code for correspondence and distributions mailing.
L	Zip Code	5	Province for correspondence and distributions mailing.
M	Province	40	Country for correspondence and distributions mailing.
N	Country	40	Name of the person to whose attention correspondence and distributions should be mailed.
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	Account Number in Which Transaction was Made	40	Account number in which transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Transaction Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
T	Settlement Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Total Transaction Amount	20	Expressed in Dollars
V	Currency of Transaction	3	Currency Code
W	Supplier or Receiver of Silver	10	List Supplier or Receiver
X	Payer or Receiver of Fixed Rate	10	List Payer or Receiver
Y	Ounces of Silver Transacted	20	Number of ounces of silver
Z	Location of Transaction	20	List location of transaction
AA	Fixed Rate	10	List the fixed interest rate
AB	Floating Rate	10	List the floating rate terms
AC	Frequency of Fixed Rate Payment	20	List frequency of payments
AD	Frequency of Floating Rate Payment	20	List frequency of payments
AE	Exit Date (if applicable) (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.

*** 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 B 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 F

Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	SILVER 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	Account Number	40	The account number in which the transaction was made.
R	Date of Transaction	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
S	Contract Code	2	The two letter contract code.
T	Exchange	4	Name the Exchange (such as CME)
U	Contract Month	3	The three letter abbreviation for the delivery month of the contract. (Jan, Feb, Mar, Apr, May, Jun, July, Aug, Sep, Oct, Nov, Dec)
V	Contract Year (YYYY)	4	The four digit year for the delivery of the contract.
W	Transaction Type/Holdings (O/C/P/S/FD/FR)	2	O = Opening position in Futures Contracts at the start of trading on January 1, 1999; C = Closing position in Futures Contracts at the close of trading on September 6, 2016; P = Purchase; S = Sale; FD = Free delivery; FR = Free receipt.
X	Number of Contracts	19	The total number of contracts involved in the particular transaction
Y	Troy Ounces Transacted	13	Quantity of Troy Ounces Transacted
Z	Price	13	Price of the transaction

*** All eligible transactions for each account must balance. This means that the opening position plus total purchases, and free receipts during the Class Period MUST EQUAL the total sales and free deliveries during the Class Period plus the closing position (O+P+FR=S+FD+C).

*** 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 B for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



Appendix G

Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	OPTIONS ON SILVER 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	Account Number	40	The account number in which the transaction was made.
R	Date of Transaction	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
S	Contract Code	2	The two letter contract code.
T	Exchange	4	Name the Exchange (such as CME)
U	Put or Call	4	P=Put, C=Call
V	Contract Month	3	The three letter abbreviation for the delivery month of the contract. (Jan, Feb, Mar, Apr, May, Jun, July, Aug, Sep, Oct, Nov, Dec)
W	Contract Year (YYYY)	4	The four digit year for the delivery of the contract.
X	Strike Price	13	Strike Price of transaction
Y	Transaction Type/Holdings (O/C/P/S/FD/FR)	2	O = Opening position in Futures Contracts at the start of trading on January 1, 2003; C = Closing position in Futures Contracts at the close of trading on May 31, 2011; P = Purchase; S = Sale; FD = Free delivery; FR = Free receipt.
Z	Number of Options	19	The total number of contracts involved in the particular transaction
AA	Option Price	13	Option price of the transaction
AB	Disposition (Assigned/Exercised/Expired, Closed)	9	Assigned, Exercised, Expired or Closed
AC	Troy Ounces Transacted	10	Quantity of Troy Ounces
AD	Disposition Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.

*** All eligible transactions for each account must balance. This means that the opening position plus total purchases, and free receipts during the Class Period MUST EQUAL the total sales and free deliveries during the Class Period plus the closing position (O+P+FR=S+FD+C).

*** 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 B 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 H

Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	SILVER FORWARD CONTRACTS 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	Account Number in Which Transaction was Made	40	Account number in which transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Transaction Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
T	Settlement Date/Delivery Date (MM/DD/YYYY)	10	MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Purchase or Sale of Silver	1	P or S
V	Total Transaction Amount	20	Currency Amount
W	Currency of Transaction	10	Name type of currency
X	Ounces of Silver Transaction	15	Number of ounces
Y	Location of Transaction	20	Location

*** 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 B 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 I

Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	PHYSICAL SILVER 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	Name of Counterparty	40	Name the Counterparty
R	Transaction Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
S	Purchase or Sale of Silver	1	P or S
T	Total Transaction Amount	20	Currency Amount
U	Currency of Transaction	10	Name type of currency
V	Ounces of Silver Transaction	15	Number of ounces
W	Location of Transaction	20	Location

*** 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 B 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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