

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

ALASKA ELECTRICAL PENSION FUND, et al.,

Plaintiffs,

v.

BANK OF AMERICA, N.A., et al.,

Defendants.

Lead Case No. 14-cv-7126 (JMF)

PROOF OF CLAIM AND RELEASE FORM

Alaska Electrical Pension Fund, et al. v. Bank of America, N.A.
Lead Case No. 14-cv-7126 (JMF) (S.D.N.Y.)

PROOF OF CLAIM AND RELEASE

I. INSTRUCTIONS

1. If you entered into, received or made payments on, settled, terminated, transacted in, or held an ISDAfix Instrument during the Settlement Class Period, from January 1, 2006, through January 31, 2014, you may be eligible to receive a payment from a new and additional settlement reached in *Alaska Electrical Pension Fund, et al. v. Bank of America, N.A. et al.*, No. 14-cv-7126 (JMF) (S.D.N.Y.) as a member of the Settlement Class.

2. "ISDAfix Instrument" means (i) any and all interest rate derivatives, including, but not limited to, any swaps, swap spreads, swap futures, variance swaps, volatility swaps, range accrual swaps, constant maturity swaps, constant maturity swap options, digital options, cash-settled swaptions, physically-settled swaptions, swapnote futures, cash-settled swap futures, steepeners, flatteners, inverse floaters, snowballs, interest-rate-linked structure notes, and digital and callable range accrual notes where denominated in USD or related to USD interest rates; and (ii) any financial instruments, products, or transactions related in any way to any USD ISDAfix Benchmark Rates, including, but not limited to, any instruments, products, or transactions that reference ISDAfix Benchmark Rates and any instruments, products, or transactions relevant to the determination or calculation of ISDAfix Benchmark Rates.

3. The capitalized terms not defined in this Proof of Claim and Release Form (the "Claim Form") have the same meaning as defined in the Settlement Agreement, which is available at www.ISDAfixAntitrustSettlement.com, and/or the Notice of an Additional Proposed Settlement of Class Action (the "Notice") that accompanies this Claim Form, and which is also available at www.ISDAfixAntitrustSettlement.com.

4. 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 releases described in the Notice and provided for in the Settlement Agreement.

5. To be eligible to receive a payment from the Settlement, you must electronically submit a Claim Form along with the required data described in Section III below. **To be considered timely, your Claim Form must be submitted online to the Claims Administrator by 11:59 p.m. Eastern Time on December 23, 2018.** If you are unable to submit the required data electronically as described below in Section III, you should call the Claims Administrator for further instructions.

6. To submit your Claim Form electronically, visit www.ISDAfixAntitrustSettlement.com for instructions.

7. You are required to submit transaction data to show your eligible transactions in ISDAfix Instruments. The data submission requirements are described below in Section III.

8. You may be required to submit documentation of the transaction data in eligible ISDAfix Instruments that you submit with your Claim Form electronically, which is described below in Section III, but only if you are contacted and instructed to do so by the Claims Administrator after you have submitted the Claim Form and required data.

9. Your payment amount will be determined pursuant to the Plan of Distribution that the Court approves based on the Claims Administrator's review of the transaction data and documentation you submit. 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 Plan of Distribution available at www.ISDAfixAntitrustSettlement.com.

10. 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.

11. Trustees, executors, administrators, custodians, or other nominees completing and signing this Claim Form on behalf of the claimant must also submit the following:

**For more information, call the Claims Administrator at 1-844-789-6862 (U.S.),
or +1-503-597-5526 (Int.), or visit www.ISDAfixAntitrustSettlement.com**

**This Form Must Be Electronically Submitted
No Later Than December 23, 2018.**

- 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 they only have discretionary authority to trade in another person's accounts.

12. By signing the Claim Form, you will be consenting to the disclosure of, and waiving any protections provided by, any applicable bank secrecy, data privacy law, or any similar confidentiality protections with respect to information relating to your trades in ISDAfix Instruments from January 1, 2006, through January 31, 2014, for use in the claims administration process.

13. If you have questions concerning the Claim Form or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator.

14. As set forth in detail in the Notice, **you do not need to do anything if you submitted a timely and valid claim form in connection with the Approved Settlements.** Those submissions will be treated as valid and timely Claim Forms with respect to this additional Proposed Settlement.

II. CLAIMANT IDENTIFICATION

The Claims Administrator will use this information for all communications relevant to this Claim Form. If this information changes, please call the Claims Administrator immediately at the phone number listed herein. 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 (see Section I.11. of the Claim Form, above).

Section 1 – Claimant Information

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

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

Entity Name (if Beneficial Owner is not an individual)

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

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City	State	ZIP Code/Postal Code (if outside U.S.)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province/Region (if outside U.S.)

Country

Last 4 Digits of Claimant Tax ID (For most U.S. claimants, this is the last 4 digits of their individual Social Security number, employer identification number, or taxpayer identification number. For non-U.S. claimants, enter the last 4 digits of a comparable government-issued identification number.)

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

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

Section 2 – Authorized Representative Information

Name of the Person You Would Like the Claims Administrator to Contact Regarding This Claim (if different from the claimant name listed above)

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

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

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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III. REQUIREMENTS FOR PROOF OF TRANSACTIONS

Claimants must electronically submit their Claim Form along with the required information about their transactions at www.ISDAfixAntitrustSettlement.com. The data requirements for claimants are as follows:

1. TRANSACTION DATA REQUIREMENTS

Information about your ISDAfix Instrument transactions must be electronically submitted in the form of the electronic data template, which is available at www.ISDAfixAntitrustSettlement.com. Claimants should submit all their transactions in ISDAfix Instruments, including transactions they entered into, received or made payments on, settled, terminated, transacted in, or held during the Settlement Class Period.

a. "ISDAfix Instrument" means (i) any and all interest rate derivatives, including, but not limited to, any swaps, swap spreads, swap futures, variance swaps, volatility swaps, range accrual swaps, constant maturity swaps, constant maturity swap options, digital options, cash-settled swaptions, physically settled swaptions, swapnote futures, cash-settled swap futures, steepeners, flatteners, inverse floaters, snowballs, interest-rate-linked structured notes, and digital and callable range accrual notes where denominated in USD or related to USD interest rates; and (ii) any financial instruments, products, or transactions related in any way to any USD ISDAfix Benchmark Rates, including, but not limited to, any instruments, products, or transactions that reference ISDAfix Benchmark Rates and any instruments, products, or transactions relevant to the determination or calculation of ISDAfix Benchmark Rates.

b. The Settlement Class Period is January 1, 2006, through January 31, 2014.

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

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

- a. Bank confirmations by individual trade;
- b. Bank transaction reports or statements;
- c. Trading venue transaction reports or statements;
- d. Prime broker reports or statements;
- e. Custodian reports or statements;
- f. Daily or monthly account statements; and/or
- g. Other documents evidencing transactions in ISDAfix Instruments.

IV. CLAIMANT'S CERTIFICATION & SIGNATURE

SECTION 1: CERTIFICATION

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

1. I (we) have read the Notice and Claim Form, including the descriptions of the releases provided for in the Settlement Agreement;
2. I (we) am (are) a member of the Settlement Class 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 included in the data submitted with this Claim Form and have not assigned the claims against the Released Defendant Parties to another;

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or +1-503-597-5526 (Int.), or visit www.ISDAfixAntitrustSettlement.com**

**This Form Must Be Electronically Submitted
No Later Than December 23, 2018.**

- 5. 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;
- 6. 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 and Order of Dismissal that may be entered in the Action;
- 7. I (we) agree to furnish such additional information with respect to this Claim Form as the Claims Administrator or the Court may require; and
- 8. I (we) acknowledge that I (we) will be bound by and subject to the terms of any Final Judgment and Order of Dismissal that will be entered in the Action if the Settlement Agreement is approved.

SECTION 2: SIGNATURE

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

I (we) acknowledge that, as of the Effective Date of the Settlement, pursuant to the terms set forth in the Settlement Agreement, and by operation of law and the Final Judgment and Order 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 Agreement), and shall forever be enjoined from prosecuting any or all of the Released Class Claims against the Released BNP Parties, Released ICAP Parties, Released Morgan Stanley Parties, Released Nomura Parties, and Released Wells Fargo Parties (as defined in the Settlement Agreement and/or the Final Judgments and Orders of Dismissal).

By signing and submitting this Claim Form, (i) I (we) consent to the disclosure of information relating to my (our) trades in ISDAfix Instruments from January 1, 2006, through January 31, 2014, for use in the claims administration process; and (ii) I (we) 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 ISDAfix Instruments from January 1, 2006, through January 31, 2014, for use in the claims administration process.

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

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

Date

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MM DD YY

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

Signature of Authorized Representative Completing Claim Form (if any)

Date

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MM DD YY

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

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

**REMINDER: YOUR CLAIM FORM AND REQUIRED DATA MUST BE
SUBMITTED ONLINE BY 11:59 P.M. EASTERN TIME ON DECEMBER 23, 2018.**

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or +1-503-597-5526 (Int.), or visit www.ISDAfixAntitrustSettlement.com