

IMPORTANT NOTE: THE WINDING-UP COMMITTEE TAKES NO POSITION AS TO THE VALIDITY OF A CLAIM TO BE TRANSFERRED. CONFIRMATION THAT A CLAIM HAS BEEN TRADED IN ACCORDANCE WITH THE PROCEDURES PROMULGATED BY THE WINDING-UP COMMITTEE DOES NOT CONSTITUTE EVIDENCE OF A VALID CLAIM. THE PARTIES TO THE TRANSFER ACCEPT THE RISK THAT THE CLAIM BEING TRADED MAY ULTIMATELY BE REJECTED IN WHOLE OR IN PART BY THE WINDING-UP COMMITTEE. THE WINDING-UP COMMITTEE RESERVES ALL RIGHTS WITH RESPECT TO ANY TRADED CLAIMS, INCLUDING THE RIGHT TO REJECT SUCH CLAIMS IN WHOLE OR IN PART.

Kaupthing Claim Transfer Request Form

This Claim Transfer Request Form is required for creditors wishing to TRANSFER an already filed claim. The Winding-Up Committee has established certain **non-refundable** fees to defray the cost associated with administering claim transfers, the "Administrative Fee." The fee: (a) **\$2,000** for the requested transfer of the full amount of a claim; or (b) **\$4,000** for the requested transfer of part of a claim. Before completing this form, please review the attachments starting on page 5. These attachments provide instructions for completing the form, the payment of transfer fees and the completion of acceptable signature verification documents. If you have any additional questions please review the FAQs available at www.Kaupthing.com or contact the Transfer Agent, Epiq Bankruptcy Solutions, LLC, at Kaupthing@epiqsystems.com or (646) 282-2400.

SECTION A. TRANSFER & CLAIM INFORMATION

Claim reference number:

For subsequent transfers of previously transferred claims, please refer to the previously issued Successful Notice for the Internal Control Number and Related Transfer Number. This information is not required but is recommended.

Internal Control Number (previously traded):

FOR EPIQ USE ONLY - TRANSFER BARCODE

CHECK THE APPROPRIATE BOXES:

IF THIS IS AN AMENDMENT AND YOU DO NOT KNOW THE RELATED TRANSFER NUMBER IT IS OK TO LEAVE THAT FIELD BLANK. IF THIS IS A SUBSEQUENT TRANSFER, PLEASE INCLUDE THE MOST RECENT RELATED TRANSFER NUMBER LOCATED ON YOUR NOTICE OF SUCCESSFUL TRANSFER.

AMENDMENT Optional

Related Transfer Number:

SUBSEQUENT Optional

Related Transfer Number:

PAYMENT TYPE: WIRE CHECK

If paying by wire transfer, Federal Reference No. or Confirmation No:

TO BE COMPLETED BY THE TRANSFEREE:

Are you, the Transferee, purchasing this claim (or portion thereof) on behalf of the Transferee's account? Yes No

If you are purchasing this claim (or portion thereof) on behalf of someone other than the Transferee listed on page 2 of this form, please contact Epiq Bankruptcy Solutions, LLC, at Kaupthing@epiqsystems.com or (646) 282-2400.

TRANSFER TYPE *REQUIRED FOR ALL TRANSFERS*

Full Transfer By checking the full transfer box, the purchaser assumes the risk that the Winding-Up Committee may have already rejected this claim in whole or in part. Transfers for the full amount of the claim include interest, penalties, fees, and/or other associated costs.

Partial Transfer All partial transfers will be effectuated in proportion to the amount of claim as originally filed including a proportion of interest, penalties, fees or other costs associated with the claim. If the claim listed above is related to other partial transfers, the amount currently owned by the Transferor must also be included in the appropriate field.

If this is a partial transfer, you must provide the amounts requested below **in the currency of the original claim (ISK will not be accepted):**

Total amount of claim (as originally filed):

Current Amount of Claim held by Transferor:

*Please list the amount that the Transferor currently holds. If the Transferor holds 100% of the claim, then the amount listed should match the Total Amount of Claim as originally filed. If it is less than 100% of the claim, please use the previous transfer documents associated with this claim as a reference.

Amount to be Transferred:

FOR EPIQ USE ONLY - FILED/RECEIVED

CLAIM TYPE *REQUIRED FOR ALL TRANSFERS*

BOND For transfers relating to the US MTN Program, please see the additional instructions provided on **page 3** of the claim transfer request form instructions. You may also contact Kaupthing@epiqsystems.com for additional information.

ISIN/CUSIP of Bond:

Blocking Number:

Principal amount claimed (in currency of bond):

IF THERE ARE MULTIPLE BLOCKING NUMBERS ASSOCIATED WITH THIS CLAIM PLEASE PROVIDE A LIST OF BLOCKING NUMBERS AS AN ATTACHMENT (INITIALED BY BOTH TRANSFER PARTIES) AND INCLUDE "SEE ATTACHED SCHEDULE" IN THE SPACE ABOVE.

OTHER

Describe:

Total Amount claimed (in currency of claim):

SECTION B. CONTACT INFORMATION FOR THE TRANSFEROR AND TRANSFEREE

INFORMATION ABOUT THE TRANSFEROR - FOR CORRESPONDENCE *REQUIRED*

The address listed below must match the address provided on the original claim form. If the address has changed, you must submit a formal change of address request along with the claim transfer request form. If you are not the original claimant, the address listed below should match the address initially provided on the previous claim transfer request form. If the address has changed you must submit a formal change of address request along with the claim transfer request form.

Name of Transferor:

Attention:

Street Address: City:

State: Zip Code:

Registration Number (if available): Country:

Email Address:

INFORMATION ABOUT THE TRANSFEREE / CLAIM BENEFICIARY- FOR CORRESPONDENCE *REQUIRED*

Name of Transferee:

Attention:

Street Address: City:

State: Zip Code:

Country:

Email Address:

INFORMATION ABOUT THE TRANSFEREE / CLAIM BENEFICIARY - LEGAL ADDRESS AND COUNTRY OF RESIDENCE *REQUIRED*

Legal Name of Transferee:

Legal Address: City:

State: Zip Code:

Registration Number (if available): Country of Residence:

SECTION C. PAYMENT INFORMATION FOR THE TRANSFEREE

Payment Instructions for any future payment (in CASH)

Currency:

Currency:

Beneficiary Account Name:

Beneficiary Account Name:

Beneficiary Account Number:

Beneficiary Account Number:

Other Details:

Other Details:

Details of the account into which any future payment (in cash) in relation to this claim should be made. Include full details, including name, account number, sort code and IBAN number, if appropriate. You will have the option of updating this information should you wish to do so at a later date. Your account number will not be publicly disclosed by the Winding-Up Committee.

IF YOU WOULD LIKE TO INCLUDE ADDITIONAL INSTRUCTIONS FOR FURTHER CURRENCIES YOU MAY DO SO BY ATTACHING A SCHEDULE (INITIALED BY BOTH TRANSFER PARTIES) WITH THE ADDITIONAL INSTRUCTIONS.

Payment Instructions for any future payment (in KIND)

Depository:

Name of Account:

Participant number of the Accountholder

Participant No:

Account No:

Contact Information for your Accountholder

Name:

Email Address:

Telephone No:

Details of the account into which any future payment (in kind) consisting of securities will be deposited. Include the name of the depository, the depository participant account number into which any future payment (in kind) consisting of securities in relation to this claim should be made. You must acquire the relevant participant account number from your Accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). You will have the option of updating this information should you wish to do so at a later date. Your account number will not be publicly disclosed by the Winding-Up Committee.

SECTION D. DISCLAIMER / DECLARATION / SIGNATURES

DISCLAIMER

The information appearing in this Claim Transfer Request Form is for general informational purposes only and is NOT intended to provide any accounting, legal or tax advice to any individual or entity and does not create a fiduciary or attorney-client relationship. We urge you to consult with your own accounting, legal, and tax advisors before taking any action based on information appearing in this Claim Transfer Request Form.

Information in this Claim Transfer Request Form is provided "as is" without warranty of any kind, either express or implied, including, but not limited to, the implied warranties of merchantability, fitness for a particular purpose, or non-infringement. Information in this Claim Transfer Request Form may contain technical inaccuracies or typographical errors. The Claim Transfer Request Form may be changed or updated without notice. The Winding-Up Committee and its agents, including Epiq Bankruptcy Solutions, LLC, may also make improvements and/or changes to the claim transfer process at any time without notice.

In no event will the Winding-Up Committee and its agents, including Epiq Bankruptcy Solutions, LLC, be liable to any party for any direct, indirect, special or other consequential damages for any use of this Claim Transfer Request Form, even if we are expressly advised of the possibility of such damages.

The Winding-Up Committee and its agents, including Epiq Bankruptcy Solutions, LLC, takes no position as to the validity of a claim to be transferred. Confirmation that a claim has been traded in accordance with the procedures promulgated by the Winding-Up Committee does not constitute evidence of a valid claim. The parties to the transfer accept the risk that the claim being traded may ultimately be rejected by the Winding-Up Committee. The Winding-Up Committee reserves all rights with respect to any traded claims, including the right to reject such claim in whole or in part.

The non-refundable Administrative Fee is intended to absorb entirely the costs incurred by the Winding-Up Committee and Epiq Bankruptcy Solutions, LLC associated with receipt, registration, review, noticing, scanning, reporting and communication with parties to the transfer regarding the preparation or status of transfers. If the requested transfer is cancelled and withdrawn for any reason other than manifest error (**as determined by the Winding-Up Committee at its sole discretion**), the Administrative Fee will not be returned or credited to the sender. Any costs charged by an additional party (including but not limited to The Depository Trust Company) in connection with this transfer will be borne by the parties to the transfer and will be separate from the Administrative Fee.

TRANSFER OF CLAIM

Under Icelandic law a Claimant is permitted to sell its claim. However, the Winding-Up Committee will only recognize such a transfer and accordingly make any future payment to the transferee if the Winding-Up Committee is notified of the transfer and the transfer is perfected in accordance with the procedures set out in the FAQs on <http://www.kaupthing.com>, and by using this Claim Transfer Request Form. The Winding-Up Committee reserves the right to make any payment to the original Claimant notwithstanding any purported transfer of a claim, if the Winding-Up Committee is not satisfied that the procedures set forth in the FAQs have been complied with and / or the submitted documentation does not provide satisfactory evidence of the transfer or new ownership.

DISPUTES

This Claim Transfer Request Form shall be governed by and construed in accordance with Icelandic law. The parties hereto irrevocably agree that the courts of Iceland are to have exclusive jurisdiction to address any dispute which may arise out of or in connection with this Claim Transfer Request Form.

DECLARATION OF THE TRANSFEROR

I/we declare that, to the best of my/our knowledge and belief, the information in this form (and any attachments thereto) is complete, accurate and not false or misleading. I/ we am/are duly authorised to request this transfer on behalf of the Transferor.

I/we consent to the information provided herein and any other information relating to this claim being made available to any part of Kaupthing hf and its Winding-Up Committee, their staff, advisors, and agents, including Epiq Bankruptcy Solutions, LLC.

I/we acknowledge that details of creditors' claims are made available to all creditors under Icelandic law. Accordingly, I/ we consent to the extent reasonably necessary to waive rights under banking secrecy or other confidentiality or data protection rules or laws whether in Iceland or elsewhere. Without prejudice to the generality of this waiver, I/we consent to the details of my claim being verified with my agent/nominee/custodian.

I/we request that the claim or, as applicable, a part thereof, to which this Claim Transfer Request Form pertains be transferred to the Transferee in accordance with the instructions provided herein.

DECLARATION OF THE TRANSFEE

I/we declare that, to the best of my/our knowledge and belief, the information in this form (and any attachments thereto) is complete, accurate and not false or misleading. I/we am/are duly authorised to request this transfer on behalf of the Transferee.

I/we consent to the information provided herein and any other information relating to this claim being made available to any part of Kaupthing hf and its Winding-Up Committee, their staff, advisors, and agents, including Epiq Bankruptcy Solutions, LLC.

I/we acknowledge that details of creditors' claims are made available to all creditors under Icelandic law. Accordingly, I/ we consent to the extent reasonably necessary to waive rights under banking secrecy or other confidentiality or data protection rules or laws whether in Iceland or elsewhere. Without prejudice to the generality of this waiver, I/we consent to the details of my claim being verified with my agent/nominee/custodian.

I/we request that the claim or, as applicable, a part thereof, to which this Claim Transfer Request Form pertains be transferred to the Transferee in accordance with the instructions provided herein.

Signed by the Transferor
(Print Name & Position of Signor)

Date:

Signed by the Transferee
(Print Name & Position of Signor)

Date:

Signature/Initials

- Both the Transferor and Transferee must **INITIAL PAGES 1-3** of the Claim Transfer Request Form in the space provided at the bottom of each page and execute their signature in the appropriate location at the bottom of page 4.
- The Claim Transfer Request Form may be executed and initialed in separate counterparts, each of which is deemed to be an original and all of which taken together constitute one and the same form.

Signature Verification

- Parties submitting a Claim Transfer Request form **MUST include evidence for SIGNATURE VERIFICATION** purposes as follows (all documents should be in English or should include a certified Translation):
 - Accepted verification for corporate entities:
 - ❖ a completed and notarized original Kaupthing Signature Verification Form (See page 5 - and also available at www.Kaupthing.com)
 - Accepted verification forms for individuals:
 - ❖ photocopy of a passport or other state or national identification, or
 - ❖ other form of evidence deemed acceptable by the Winding-Up Committee in writing.

Payment of the Transfer Fee:

- Payment of the Administrative Fee (**\$2,000** for each requested transfer of the **full** asserted amount of a claim; and **\$4,000** for each requested transfer of a **partial** asserted amount of a claim) must be made **upon submission of the Claim Transfer Request Form**. The Administrative Fee will not be returned or credited to the sender if the requested transfer is deemed cancelled and withdrawn for any reason other than manifest error (as determined by the Winding-Up Committee at its sole discretion).

PLEASE CONTACT KAUPTHING@EPIQSYSTEMS.COM FOR MORE DETAILED INSTRUCTIONS

*Special Instruction: You must include the **Claim Number** as a Reference*

For International Wires, please be sure to include "Remitter pays all fees" to the wire instructions when issued.

All original documents should be submitted to either

Winding-Up Committee of Kaupthing hf
c/o Epiq Bankruptcy Solutions, LLC
777 Third Avenue, 12th Floor
New York, NY 10017
U.S.A.
Attn: Kaupthing Claim Transfer Agent

Or

Winding-Up Committee of Kaupthing hf
c/o Epiq Systems Ltd.
11 Old Jewry, 4th Floor
London EC2R 8DU
Attn: Kaupthing Claim Transfer Agent

SECTION A. TRANSFER & CLAIM INFORMATION

- Provide the claim reference number (i.e. xxxxxxxx-xxxx)
- If this claim has been previously traded, you may include the Internal Control Number listed on the relevant Notice of Proposed and/or Successful Transfer (i.e. xxxxxxxx-xxxx-xx). This is not a requirement, the transfer will **NOT** be deemed defective for failing to provide this information.
- ***Optional*** Check the appropriate box to specify whether this is an **Amendment** to an existing transfer (please include the related Transfer Number), or a **Subsequent** transfer (please include the related Transfer Number)
- Check the appropriate box to specify whether the Transfer Fee was paid by **Wire** or by **Check**. **If paying by wire, please list the Federal Reference Number or other Confirmation Number.**
- ****For the Transferee**** Check the appropriate box to specify whether or not the Transferee is purchasing the claim (or portion thereof) on behalf of the Transferee's account. If the Transferee is purchasing the claim (or portion thereof) on behalf of **someone other than** the Transferee listed on page 2 of the form, please contact Epiq Bankruptcy Solutions, LLC, at Kaupthing@epiqsystems.com or (646) 282-2400.
- Check the appropriate box to specify whether the transfer is for a full or partial amount of the claim.
 - For a Full Transfer, the amount of claim includes any fees, interests, or other additional costs. Please, **do not** list **any** amounts for Full Transfers.
 - For a Partial Transfer:
 - Claim amount listed must be in the same currency as the amount listed on the original claim form.
 - Provide the Total amount of the claim **as originally filed**. **Please provide the original total claim amount, not the decision amount, and only list the total amount, do not include any additional breakdowns of the claim.**
 - Provide the total amount of the claim currently owned by the Transferor. Where the Transferor previously bought a partial amount of the claim, please use the transfer amount listed on the Notice of Successful Transfer. Where the Transferor previously sold a partial amount of the claim, please deduct the traded portions of the claim and list only the amount of the claim the Transferor currently owns.
 - Provide the total liquidated amount to be transferred. All partial transfers will be on a pro rata basis, please do not include any additional breakdown of the claim.

CLAIM TYPE

- If for a BOND claim, include:
 - Complete ISIN/CUSIP of the bond ***IF YOU WISH TO TRANSFER A CLAIM FILED UNDER A US ISIN, PLEASE SEE THE ADDITIONAL INSTRUCTIONS PROVIDED ON PAGE 3.**
 - Blocking number or VOI Number as appropriate, (If more than one Blocking Number, you may attach a schedule with necessary information for each Blocking Number. **Such schedule must be initialed by both the transferor and transferee.**
 - ❖ This is a number obtained from one of the securities depositories: DTC, Euroclear, or Clearstream
 - ❖ **Positions cannot be unblocked except in the case of manifest error**
 - Principal Amount claimed in the currency that the bond was issued
 - ❖ Please note, the principal amount does NOT include any interest.
- If for any other type of claim, include:
 - Brief description of the type of claim
 - Total amount claimed in the currency that the claim was originally filed in

ADDITIONAL INFORMATION FOR TRANSFERS OF CLAIMS ARISING UNDER THE U.S. MEDIUM-TERM NOTE PROGRAM

Deutsche Bank Trust Company Americas is the indenture trustee (the "Trustee") for certain Rule 144A and Reg S global notes (collectively, the "Global Notes") issued by Kaupthing under the U.S. Medium-Term Note Program and registered in the name of Cede & Co. as nominee for The Depository Trust Company ("DTC"). Previously, claims lodged against Kaupthing by owners of beneficial interests in the Global Notes were not eligible for the claim transfer process that is in place for all other claims lodged against Kaupthing, in part due to the rejection by the Winding-up Committee of individual claims arising under the U.S. Medium-Term Note Program.

Beneficial owners who filed individual claims were required to obtain a VOI or "blocking number" for their position prior to filing their claims to provide proof of beneficial ownership and prevent trading of their positions in the Global Notes, and the bond position was required to be blocked through DTC. Although the Winding-up Committee has not authorized the unblocking of those positions underlying these individual claims and notwithstanding the fact that the beneficial owners claims have ultimately been rejected as described further on the Kaupthing web site (www.Kaupthing.com), the committee has established a process that enables the beneficial owners who filed individual claims to transfer their share in the global claim without disrupting the blocked positions. This process is designed to help ensure that any distributions from the Kaupthing estate reach the correct claimant, whether that would be the one who filed the claim or any subsequent transferee.

The Winding-up Committee has now authorized the transfer of such claims, under the guidelines provided herein.

In addition to the general claim transfer procedures, if you wish to trade your claim arising under the U.S. Medium-Term Note Program, you must also comply with the following procedures:

1. *For the initial transfer only*, obtain an executed copy of the Original Participant Letter, available on the Kaupthing website (www.Kaupthing.com), from the direct participant (also known as broker or custodian) with DTC who instructed DTC to block your position through DTC's Automated Tender Offer Program ("ATOP"). **Please note that if you hold your U.S. Medium-Term Notes through another depository, such as Euroclear or Clearstream, the Original Participant Letter must be from the DTC Participant that blocked the position for Euroclear or Clearstream, and NOT your participant at such other depository.** All involved DTC Participants are being provided additional technical information regarding the completion and submission of the Original Participant Letter upon request from their clients.
2. Submit a copy of the Original Participant Letter (for the initial transfer only), along with a completed Claim Transfer Request Form, signature verification documents, and Administrative Fee.

Failure to satisfy each of the above requirements with respect to a transfer of a claim arising under the U.S. Medium-Term Note Program will result in the Winding-up Committee's non-recognition of any transfer of such claim for purposes of distribution.

The Administrative Fee for the transfer of a claim arising under the U.S. Medium-Term Note Program is the same as the Administrative Fee for the transfer of any other claim. The Administrative Fee covers the administrative costs incurred by the Winding-up Committee and Epiq. Any charges imposed by DTC, the Participant or any other party will be the responsibility of the transfer parties.

If a partial transfer is made of a claim arising under the U.S. Medium-Term Note Program and a portion of the claim remains with the original claimant, then the entire blocked position will need to be moved into the separate account at DTC, and the Original Participant Letter must relate to the entire amount.

SECTION B. CONTACT INFORMATION FOR THE TRANSFEROR & TRANSFEREE**Transferor****Correspondence Address**

- Provide the name, street/mailling address and email address of the transferor (person or entity that originally filed the claim or who currently owns the claim) to be used for correspondence purposes. You also have the option to provide a Registration Number if available.

Transferee/Claim Beneficiary**Correspondence Address**

- Provide the name, street/mailling address and email address of the transferee (person or entity that is purchasing the claim) to be used for correspondence purposes. You also have the option to provide a Registration Number if available.

Legal Address and Country of Residence

- Provide the legal name, address and country of residence of the transferee/claim beneficiary.

SECTION C. PAYMENT INFORMATION FOR THE TRANSFEREE

*** **Required for ALL transferred claims** ***

- Provide COMPLETE payment instructions for any *future* payment (**in cash**), including:
 - **Currency, Beneficiary Account Name, Beneficiary Account Number, and any other details** relating to the wire transfer.
 - **If you wish to provide payment instructions for further currencies, you may do so by attaching a schedule (initialed by both the transferor and transferee) with the additional instructions.**
- Provide COMPLETE payment instructions for any *future* payment (**in kind**), including:
 - **Depository,**
 - **Participant number of the accountholder to RECEIVE the future payment (in kind),**
 - ❖ Accountholder = the bank, broker or other entity that holds your securities on your behalf
 - ❖ The **Participant number is DIFFERENT than your account number**
 - **YOUR account number** to receive any future payment (in kind),
 - **YOUR account name** to receive any future payment (in kind), AND
 - the **name, telephone number and email address** of the contact person at your Accountholder.
- BOTH Sections regarding *future* payments must be filled in according to these instructions in order for the transfer form to be considered complete.

SECTION D. DISCLAIMER / DECLARATION / SIGNATURES

Both the Transferor and Transferee must review this section and sign and date their respective Declarations. All signatures must be original and the name and position of the signor must be clearly printed below the signature.

Contact Information

If you have any questions regarding completion of the transfer request form, please contact Kaupthing@epiqsystems.com

KAUPTHING SIGNATURE VERIFICATION FORM INSTRUCTIONS

Signature Verification is required for all parties signing a claim transfer request form. This signature verification form is only required to be submitted once and will be kept on file for all future trades. Additional signature verification will only be requested if another party not already listed on the signature verification form signs a transfer document or if the claimant undergoes an official name change. Original signature verification documents should be submitted along with the claim transfer request forms. If the signature verification documents are not submitted with the claim transfer request forms it will result in a delay of the transfer process.

If you have not already submitted acceptable signature verification to Epiq Bankruptcy Solutions LLC, please complete the attached signature verification form and submit the original to:

Winding-Up Committee of Kaupthing hf
c/o Epiq Bankruptcy Solutions, LLC
777 Third Avenue, 12th Floor
New York, NY 10017
Attn: Kaupthing Claim Transfer Agent

OR

Winding-Up Committee of Kaupthing hf
c/o Epiq Systems Ltd.
11 Old Jewry, 4th Floor
London EC2R 8DU
Attn: Kaupthing Claim Transfer Agent

SECTION A

The name of the Transferor or Transferee should be listed, **NOT THE NAME OF THE AUTHORIZED SIGNATORY**. The address and contact information for the Transferor or Transferee should also be provided in this section.

SECTION B

The authorized signatory should print their name & title and sign in the designated field.

CERTIFICATION & NOTARIZATION

IT IS REQUIRED THAT THE CERTIFYING SIGNATURE BE NOTARIZED.

The appointment, capacity and signature of each authorized signatory listed in **Section B** must be **CERTIFIED** by an authorized party that is **NOT** listed in **Section B**. The certifying signature must be of someone with equal or greater authority than the person(s) listed in **Section B**, preferably a Corporate Secretary, CEO or other person holding an executive level position.

The Signature Verification will be deemed defective for the following reasons:

- The name listed in **Section A** does **NOT** match the name of the entity listed on the Claim Transfer Request Form
- The signatures are **NOT** original
- The form is **NOT** dated by both the Certifying Signatory **AND** the Notary
- An Authorized Signatory listed in **Section B** also certifies the form

If for any reason there is only **ONE AUTHORIZED SIGNATORY** for the company, we must also receive signed supporting documentation showing that there is only one authorized signatory.

If you would like to authorize more than five (5) signatories, you may do so by checking the designated check box on the Signature Verification Form and by attaching a schedule with the additional Authorized Signatory names, titles and signatures. Please note that any additional attachments must also be certified and notarized.

If for any reason the stamp/seal of the Notary must be on a separate page, please check the designated check box at the bottom of the Signature Verification Form indicating that the Notary's declaration, signature and stamp/seal are located on the attached page.

KAUPTHING SIGNATURE VERIFICATION FORM

Section A.

Name:

Mailing Address:

Address Line 2:

Address Line 3:

City: State:

Postal Code: Country:

Phone Number: Ext: Email:

The person(s) executing this document (the "Undersigned") hereby certify the following:

1. The Undersigned is duly authorized to execute this document on behalf of the above-referenced transfer party (the "Party")
2. The signature of each person set forth opposite his/her names in section B below (including any additional person listed on an attached exhibit) is genuine and each person shall constitute an "Authorized Signatory" (each as "Authorized Signatory" and together, the "Authorized Signatories") of the Party identified above.
3. The Authorized Signatories listed below are duly qualified representatives of the Party and are empowered with the authority to transact any and all business related to the transfer of claims of the Party, including the authority to sign any and all claim transfer request forms on behalf of the Party.
4. Epiq Bankruptcy Solutions, LLC will be notified promptly and in writing to the extent any person listed in Section B ceases to be an Authorized Signatory.

Section B.

Name	Title	Signature

See attached for additional Authorized Signatory names, titles, and signatures. Please note that any additional attachments must also be signed by the Undersigned and notarized.

Dated this ____ day of _____, 20__

Hereby certified by

(Print Name & Position of Signatory)

Sworn and subscribed to before me this ____ day of _____, 20__.

Notary Stamp/Seal

Notary Public (Signature)

See attached for Notary declaration, signature, and stamp/seal.