

IMPORTANT NOTE: THE REALIGNMENT PROCESS IS DESIGNED TO PERMIT BONDHOLDERS TO CHANGE CUSTODIANS WITHOUT ANY CHANGE BEING MADE TO BENEFICIAL OWNERSHIP OF THAT PARTICULAR BOND POSITION. THE REALIGNMENT PROCESS ALLOWS A BENEFICIAL OWNER TO REALIGN ITS BLOCKED POSITION TO A DIFFERENT ACCOUNT WITHIN THE SAME DEPOSITORY IN CASES WHERE THE BENEFICIAL OWNER REMAINS THE SAME. PLEASE NOTE, THE \$3,000 ADMINISTRATIVE FEE IS NON-REFUNDABLE. FOR FURTHER INFORMATION PLEASE VISIT THE KAUPTHING WEBSITE AT WWW.KAUPTHING.COM. NOTWITHSTANDING THE FOREGOING, IT IS POSSIBLE THAT ANY COMPOSITION ENTERED INTO BY KAUPTHING COULD PROVIDE FOR THE CANCELLATION OF ANY AND ALL KAUPTHING BONDS.

THIS REALIGNMENT REQUEST FORM WILL ALLOW YOU TO REALIGN A SINGLE BLOCKED POSITION. IF YOU WISH TO REALIGN ADDITIONAL POSITIONS, YOU WILL NEED TO COMPLETE A SEPARATE FORM FOR EACH ONE. IN ORDER TO REALIGN A BLOCKED POSITION WHICH APPLIES TO MORE THAN ONE CLAIM REFERENCE NUMBER, PLEASE CONTACT KAUPTHING@EPIQSYSTEMS.COM TO OBTAIN THE APPROVED FORM OF SCHEDULE TO INCLUDE WITH THIS REALIGNMENT REQUEST FORM.

Depository:

Section A.

1. Name of Claimant/Beneficial Owner ("Owner"):

Please check the appropriate box: No claim filed Claim filed Rejected claim Withdrawn claim

2. Claim Reference Number: 3. Principal Amount Claimed: Currency:

4. E-mail Address:

Section B.

1. ISIN:

IF YOU HAVE **NOT** FILED A CLAIM, YOU **MUST** ALSO PROVIDE SUPPORTING DOCUMENTATION IN ORDER TO PROVE THAT YOU ARE THE BENEFICIAL OWNER OF THE BLOCKED POSITION DESCRIBED HERE IN SECTION B.

2. Blocking Number:

3. Blocked Amount: Currency:

Section C. Granting Participant Information (Granting Party)

1. Current Depository Participant Name:

2. Depository Participant Number: 3. Owner's Account Number with Participant:

4. E-mail Address:

Section D. Receiving Participant Information (Receiving Party)

1. Proposed Depository Participant Name:

2. Depository Participant Number: 3. Owner's Account Number with Participant:

4. E-mail Address:

This Realignment Request Form should be submitted to Epiq Bankruptcy Solutions, LLC ("Epiq") along with the Administrative Fee and necessary signature verification documentation. If you have any questions relating to the requirements associated with this process, please either (i) contact Kaupthing@epiqsystems.com for additional information, or (ii) visit the Kaupthing website and review the Realignment FAQs.

After the Realignment Request Form, Fee and Signature Verification are submitted to Epiq, they will be reviewed and processed. Epiq will then notify you via email regarding the necessary steps to complete this request. You will be given 48 hours to reply to the email notification, if you do not reply within 48 hours, a hardcopy notification will be sent via overnight mail to the address provided on your original claim form. If you never filed a claim or the address provided on the claim is no longer valid please include a signed letter notifying the Winding-Up Committee of your correct address.

Signed by the Claimant/Beneficial Owner
(Name & Position of Signatory)

Date:

FOR EPIQ USE ONLY - FILED/RECEIVED

FOR EPIQ USE ONLY - REALIGNMENT BARCODE