In Re Credit Default Swaps Antitrust Litigation
c/o GCG
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AUTHORIZATION FORM

Instructions: In order for the Settlement Administrator to release Class Member information, including the Claimant ID and Control Number used to view Covered Transactions and submit a claim via the Claimant Portal, to an Investment Manager or other intermediary, the following Authorization Form should be completed and **signed by the Class Member entity**. The person signing the Form on behalf of the Class Member entity must have decision-making authority for the Class Member. Only the Class Member entity needs to sign this Form. The Investment Manager or other intermediary to which information is released **does not** need to sign the Form. The name of the Investment Manager or other intermediary to which the Class Member wishes to release information must be provided in the blank in the first paragraph below, and the remainder of the Form should be completed as requested. If you have questions, you may contact the Settlement Administrator at the toll-free number or email address listed above.

This Authorization Form authorizes _____ to receive the Claimant ID and Control Number for the Class Member entity named below with respect to its claims in the *In re: Credit Default Swaps Antitrust Litigation* Settlement, Master Docket No. 13 MD 2476 (DLC) ("the Settlement"), and to submit a claim on the Class Member's behalf, send and receive correspondence on the Class Member's behalf, and receive and distribute Settlement funds on the Class Member's behalf with respect to the Settlement. In addition, by signing below, the Class Member entity named below acknowledges the following:

1) The Class Member received legal notice detailing this Settlement and is aware of its rights and options.
2) The Class Member is not represented by any other Investment Manager or intermediary in this matter.
3) The Class Member understands that the Covered Transactions displayed in the Claimant Portal accessible via the Claimant ID and Control Number that will be provided to the Investment Manager or other intermediary named above may include Covered Transactions made on the Class Member's behalf by any Investment Manager retained by the Class Member between January 1, 2008 and September 25, 2015, and will not be limited to Covered Transactions made only by the Investment Manager or other intermediary named above.

Class Member Entity Name:

Class Member Email:

Class Member Phone:
( ) –

Claimant ID:

DTCC Member ID:

Class Member Signature: _____
(Must have decision-making authority for Class Member Entity)

Printed Name:_____ Date: _____

Title:_____