

IMPORTANT NOTE: THE WINDING-UP BOARD 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 BOARD 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 BOARD. THE WINDING-UP BOARD RESERVES ALL RIGHTS WITH RESPECT TO ANY TRADED CLAIMS, INCLUDING THE RIGHT TO REJECT SUCH CLAIMS IN WHOLE OR IN PART.

Glitnir Claim Transfer Request Form

This Claim Transfer Request Form is required for creditors wishing to TRANSFER an already filed claim. The Winding-Up Board has established certain non-refundable fees to defray the cost associated with administering claim transfers. The fee: (a) **\$2,000** for the proposed transfer of the full amount of a claim; or (b) **\$4,000** for the proposed 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. For additional information relating to claim transfers please review the transfer-specific FAQs posted at www.glitnirbank.com, or contact the Transfer Agent, Epiq Bankruptcy Solutions LLC, at Glitnir@epiqsystems.com.

SECTION A. TRANSFER & CLAIM INFORMATION

*IF REQUESTING A TRANSFER OF A PREVIOUSLY TRANSFERRED CLAIM, ENSURE THE "-T#" SUFFIX IS INDICATED (AVAILABLE ON THE SECURE CREDITORS WEBSITE AT WWW.GLITNIRBANK.COM).

FOR EPIQ USE ONLY - TRANSFER BARCODE

Claim reference number*:

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, please list the Federal Reference No., SWIFT Code or other Confirmation No.

TRANSFER TYPE *REQUIRED FOR ALL TRANSFERS*

Full Transfer

By checking the full transfer box, the purchaser assumes the risk that the Winding-Up Board 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:

Amount to be Transferred:

FOR EPIQ USE ONLY - FILED/RECEIVED

CLAIM TYPE *REQUIRED FOR ALL TRANSFERS*

BOND

ISIN/CUSIP of Bond:

Blocking Number or
VOI number (as
appropriate):

Principal amount claimed (in currency of bond):

OTHER

DESCRIBE:

Amount claimed (in currency of claim):

SECTION B. CONTACT INFORMATION FOR THE TRANSFEROR AND TRANSFEREE

INFORMATION ABOUT THE TRANSFEROR - FOR CORRESPONDENCE

THE ADDRESS PROVIDED MUST MATCH THE ADDRESS ORIGINALLY PROVIDED ON THE CLAIM FORM. IF THE ADDRESS HAS SINCE CHANGED, YOU MUST SUBMIT A FORMAL CHANGE OF ADDRESS ALONG WITH YOUR CLAIM TRANSFER REQUEST FORM. YOU MUST ALSO PROVIDE AN EMAIL ADDRESS TO WHICH NOTICES REGARDING THE TRANSFER CAN BE SENT.

Name of Transferor:

Attention: City:

Street Address: State: Zip Code:

Country:

Email Address:

Registration Number (if available):

TRANSFEROR - REGISTERED ADDRESS - IF DIFFERENT FROM CORRESPONDENCE ADDRESS

Street Address: State: Zip Code:

City: Country:

INFORMATION ABOUT THE TRANSFEREE- FOR CORRESPONDENCE

YOU MUST PROVIDE AN EMAIL ADDRESS TO WHICH NOTICES REGARDING THE TRANSFER CAN BE SENT.

Name of Transferee:

Attention: City:

Street Address: State: Zip Code:

Country:

Email Address:

Registration Number (if available):

NAME OF REPRESENTATIVE (OPTIONAL) - NAME OF THE INDIVIDUAL OR ENTITY THAT REPRESENTS THE CLAIMANT. IF THIS SECTION IS COMPLETED, A POWER OF ATTORNEY IS REQUIRED.

Name of Representative: Attention:

Address:

Email Address:

SECTION C. PAYMENT INFORMATION FOR THE TRANSFEREE

Payment Instructions for any future payment (in CASH)

Currency:	<input type="text"/>	Currency:	<input type="text"/>
Beneficiary Account Name:	<input type="text"/>	Beneficiary Account Name:	<input type="text"/>
Beneficiary Account Number:	<input type="text"/>	Beneficiary Account Number:	<input type="text"/>
Other Details:	<input type="text"/>		
	<input type="text"/>		<input type="text"/>

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 Board.

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:	<input type="text"/>	Name of Account:	<input type="text"/>
Participant number of the Accountholder			
Participant No:	<input type="text"/>	Account No:	<input type="text"/>

Contact Information for your Accountholder

Name:	<input type="text"/>
Email Address:	<input type="text"/>
Telephone No:	<input type="text"/>

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 Board.

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 Board may also make improvements and/or changes to the claim transfer process at any time without notice.

In no event will the Winding-Up Board 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 the Winding-Up Board is expressly advised of the possibility of such damages. The Winding-Up Board 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 Board 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 Board. The Winding-Up Board reserves all rights with respect to any traded claims, including the right to reject such claims in whole or in part.

TRANSFER OF CLAIM

Under Icelandic law a Claimant is permitted to sell its claim. However, the Winding-Up Board will only recognize such a transfer and accordingly make any future payment to the transferee if the Winding-Up Board is notified of the transfer and the transfer is perfected in accordance with the procedures set out in the FAQs at <http://www.glitnirbank.com>, and by using this Claim Transfer Request Form. Under Icelandic law, all claims were converted into Icelandic Krona (ISK) as at 22 April 2009. However, in completing the Claim Transfer Request Form you must insert the total amount of the claim in its original currency. The Winding-Up Board reserves the right to make any payment to the original Claimant notwithstanding any purported transfer of a claim, if the Winding-Up Board 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 Glitnir Banki hf and its Winding-Up Board, their staff and advisors.

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/our claim being verified with my/our 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 Glitnir Banki hf and its Winding-Up Board, their staff and advisors.

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/our claim being verified with my/our 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 Signatory)

Date:

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

Date:

How to Complete the Claim Transfer Request Form

Note: The Claim Transfer Request Form is divided into four (4) sections indicated by letters A-D. These instructions are set out using the letters that correspond to the relevant sections of the Claim Transfer Request Form.

The Claim Transfer Request Form and the Signature Verification Form are available in editable PDF format on the Glitnir website using the following link: <http://www.glitnirbank.com/the-winding-up-proceedings.html>. Please note that the Claim Transfer Request Form has recently been amended. Transfer parties should use the amended Claim Transfer Request Form for all new transfer requests. For more detailed information about the claim transfer process, transfer FAQs are also available at the above link.

TRANSFEROR AND TRANSFEREE 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. The Claim Transfer Request Form has four (4) pages in total. The fourth page of the form provides for the Transferor and Transferee signatures and does not need to be initialed.
- The Claim Transfer Request Form may be initialed and executed in separate counterparts, each of which is deemed to be an original and all of which taken together will constitute one and the same form. Transfers submitted in this manner will not be processed until both original counterparts have been received by the transfer agent, Epiq Bankruptcy Solutions, LLC ("Epiq") in hard copy form at either of the following addresses:

The Winding-Up Board of Glitnir Banki hf
c/o Epiq Bankruptcy Solutions, LLC
757 Third Avenue
New York, NY 10017
Attn: Glitnir Claim Transfer Agent

OR

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

SECTION A - PAGE 1 - TRANSFER AND CLAIM INFORMATION

CLAIM REFERENCE NUMBER

- Provide the claim reference number (i.e. CL2009xxxx-xxxx) of the claim being transferred. If requesting a transfer of a previously transferred claim, ensure the "-T#" suffix is indicated in the claim reference number. For example, the claim reference number of a transferred claim would be "CL2009xxxx-xxxx-T1" indicating the claim was successfully transferred and the transferred claim has been assigned a new claim reference number. If you are unsure about the claim reference number of a transferred claim, this information is available on the Glitnir secure website at www.glitnirbank.com, under the *My Claim* section.

PAYMENT TYPE

- Indicate whether payment of the transfer fee is to be made by check or wire transfer. If payment is to be made by wire transfer, then you **MUST** include the Federal Reference Number, SWIFT Code, or other Confirmation number in the space provided.
- If paying by wire transfer, please contact Epiq at Glitnir@epiqsystems.com for specific instructions.

TRANSFER TYPE

- Check the appropriate box to specify whether the transfer is for the full amount of the claim or for a part of the claim.

Full Transfer

- Check the 'Full Transfer' box. You do **NOT** need to indicate the amount to be transferred.

Partial Transfer

- Check the "Partial Transfer" box and indicate, in the spaces provided: (i) the "Total amount of Claim (**as originally filed**); (ii) the "Current Amount of Claim held by Transferor"; and (iii) the "Amount to be Transferred (in its original currency **as originally filed**)". You must list the amounts in the same currency as the amount listed on the original claim form. Under Icelandic law, all claims were converted into Icelandic Krona (ISK) as at 22 April 2009. However, in completing the Claim Transfer Request Form you must insert the total amount of the claim in its original currency.

Note that for a partial transfer:

- You must list the total amount of claim in its original currency **as originally filed** on the Claim Transfer Request Form in order for the transfer to be considered valid.
- A transfer of the amount listed in the "Amount to be Transferred" section of the Claim Transfer Request Form will be effectuated **in proportion** (i.e. pro-rata) to the amount of claim in its original currency **as originally filed** including a proportion of interest, penalties, fees or other costs associated with the claim.
- Any partial transfer that lists a decision amount as the total amount of claim or the amount of the claim in ISK as determined as at 22 April 2009 will be deemed defective.
- For partial transfers of previously partially transferred claims, the "total" amount of claim listed on the Claim Transfer Request Form must equal the **total** amount of the **partial transfer that immediately precedes** the transfer in question, such that the Transferor does not purport to transfer more of the claim than it actually owns. For example: Claim CL2009xxxx-xxxx was filed for USD 1,000,000.00 by Party A, Party A then transfers USD 500,000.00 to Party B. If Party B wants to transfer USD 250,000.00 to Party C, the "total" amount of claim listed on that Claim Transfer Request Form must be "USD 500,000.00".

CLAIM TYPE

- Check the appropriate box to specify whether the claim is a bond claim or any other type of claim. If your claim is not a bond claim, you must provide a description of your claim in the space provided.
- For a bond claim, provide: (i) the complete ISIN/CUSIP of the bond; (ii) the blocking number or the VOI number (as appropriate); and (iii) the principal amount claimed in the original issue currency of the bond (note that the principal amount does **NOT** include interest).
- For partial transfers of previously partially transferred claims, the “principal” amount of claim listed on the Claim Transfer Request Form must equal the **principal amount** of the **partial transfer that immediately precedes** the transfer in question, **such** that the Transferor does not purport to transfer more of the claim than it actually owns. *See above example*
- If more than one blocking number or VOI number is associated with the claim that is being transferred, you may attach a schedule with the necessary amount of information for each blocking number or VOI number.
- If your claim has multiple ISINs/CUSIPs assigned to it and you wish to transfer only one of those ISINs/CUSIPs, you may request that the Winding-Up Board split the claim on a per-ISIN/CUSIP basis. Requests to have this done should be sent to glitnir@epiqsystems.com.
- For claims related to Glitnir Bonds held through Euroclear, Clearstream or DTC, it was a mandatory requirement that each claimant requested a blocking number (or its equivalent) for each bond and security position. **Claims cannot be unblocked except in the case of manifest error. Consult the “How to File a Claim - FAQ” on the Glitnir website for more information.**
- For any other type of claim, provide a brief description of the claim and the amount claimed in the currency in which the claim was originally lodged.

SECTION B - PAGE 2 - CONTACT INFORMATION FOR THE TRANSFEROR AND TRANSFEEE**INFORMATION ABOUT THE TRANSFEROR - FOR CORRESPONDENCE**

- Provide the name, person for whose attention notices should be sent, correspondence address, e-mail address, telephone number and registration number (if available) of the Transferor, i.e. the claimant on the original claim form, or if the claim has been transferred, the most recent Transferee.
- If the Transferor's registered address is different from its correspondence address, provide the registered address in the space provided under "Transferor - Registered Address - if different from Correspondence Address".
- The name and address of the Transferor provided in this section **MUST** match the name and registered address of the claimant on the original claim form, or of the most recent Transferee, if the claim has been transferred.
- If the Transferor's name and/or address has changed since the original claim was filed or a transfer of it was registered, you **MUST** provide documented proof of the said change along with the Claim Transfer Request Form in order for the transfer to be considered valid.
- If the Transferor has a Representative completing the Claim Transfer Request Form on its behalf, the Transferor must provide the Representative's name, address and e-mail information and provide evidence that the Representative has the authority to act on the Transferor's behalf, such as a Power of Attorney.

INFORMATION ABOUT THE TRANSFEEE - FOR CORRESPONDENCE

- Provide the name, person for whose attention notices should be sent, correspondence address, e-mail address, and registration number (if available) of the Transferee, i.e. the party that is purchasing the claim.
- If the Transferee's registered address is different from its correspondence address, provide the registered address in the space provided under "Transferee - Registered Address - if different from Correspondence Address".
- If the Transferee has a Representative completing the Claim Transfer Request Form on its behalf, the Transferee must provide the Representative's name, address and e-mail information and provide evidence that the Representative has the authority to act on the Transferee's behalf, such as a Power of Attorney.

SECTION C - PAGE 3 - PAYMENT INFORMATION FOR THE TRANSFEREE**PAYMENT INSTRUCTIONS FOR ANY FUTURE PAYMENT (IN CASH)**

- Provide COMPLETE payment instructions for any future payment (**in cash**), including:
 - (i) the currency;
 - (ii) the beneficiary account name;
 - (iii) the beneficiary account number; and
 - (iv) any other details relevant to the payment instructions.
- There is space enough for payment (in cash) instructions for two different currencies, if you wish to provide instructions for any additional currencies, you may submit an additional schedule with such instructions listed.

PAYMENT INSTRUCTIONS FOR ANY FUTURE PAYMENT (IN KIND)

- Provide COMPLETE payment instructions for any future payment (**in kind**), including:
 - (i) the name of your account holder's depository (i.e. Euroclear, Clearstream);
 - (ii) the participant number of the account holder (note that the account holder is the bank, broker or other entity that holds your securities on your behalf and the **participant number is DIFFERENT from your account number** and must be obtained from your account holder);
 - (iii) your account number; and
 - (iv) the name, telephone number and e-mail address of the contact person at your account holder.

Note that:

- The sections relating to future payments must be completed in accordance with these instructions otherwise the transfer request will be deemed defective.

SECTION D - PAGE 4 - DISCLAIMER/DECLARATION/SIGNATURES

Please read the information set out on page 4 carefully.

SIGNATURES**Transferor**

- The party submitting the Claim Transfer Request Form on behalf of the Transferor should sign in the space provided, giving his/her name in full and indicating his/her position/title, then date the Claim Transfer Request Form in the space provided.

Transferee

- The party submitting the Claim Transfer Request Form on behalf of the Transferee should sign in the space provided, giving his/her name in full and indicating his/her position/title, then date the Claim Transfer Request Form in the space provided.

CONTACT INFORMATION

If you have any questions regarding completion of the Claim Transfer Request Form, please contact Epiq at glitnir@epiqsystems.com.

GLITNIR 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 Form. If the signature verification documents are not submitted with the Claim Transfer Request Form it will result in a delay in the processing of the transfer request.

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

The Winding-Up Board of Glitnir Banki hf
c/o Epiq Bankruptcy Solutions, LLC
757 Third Avenue
New York, NY 10017
Attn: Glitnir Claim Transfer Agent

The Winding-Up Board of Glitnir Banki hf
c/o Epiq Systems Ltd.
OR 11 Old Jewry, 4th Floor
London EC2R 8DU
Attn: Glitnir 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 and 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 Form 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 signed and 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 names of each additional authorized signatory as well as their 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.

GLITNIR 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 name in section B below (including any additional person listed on an attached exhibit) is genuine and each person shall constitute an "Authorized Signatory" (each an "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 the claim(s) in the attached Claim Transfer Request Form(s) and/or any future transfers of these or any other 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__

(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.