

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

In re LIBOR-Based Financial Instruments Antitrust Litigation

MDL No. 11-MD-2262 (NRB)

THIS DOCUMENT RELATES TO: OTC ACTION

SUPPLEMENTAL ATTESTATION

The Claims Administrator has reviewed your Claim and found one or more conditions of deficiency and/or ineligibility. If you choose to update or supplement any portion of your Claim, you are required to return this Supplemental Attestation verifying the truth and accuracy of the additional information provided. The Claims Administrator will not consider any supplemental information you submit unless you return a completed Supplemental Attestation by the response due date. If you do nothing, or you do not respond by the due date, any transactions identified by the Claims Administrator as deficient and/or ineligible will not be eligible for a payment from the relevant settlement funds.

A spreadsheet containing the transactional data you provided to the Claims Administrator is available on the claims validation website. If you choose to provide supplemental information, please update the spreadsheet containing your transactional data in accordance with the posted instructions, and then upload that updated spreadsheet, any required supplemental documentation, and this completed Supplemental Attestation using the Download Transactional Data link found on the claims validation website.

Please note that the Claims Administrator may request additional documentation to verify the information included in your updated data file. Failure to provide the required documentation may result in the rejection of your submission.

CERTIFICATION

I (We) declare under penalty of perjury under the laws of the United States of America that all of the supplemental information and/or documentation submitted to the Claims Administrator by the undersigned is true and correct.

Executed this ____ day of _____, 2024 in _____, _____.
(City) (State/Country)

Claimant ID Number

Name of Claimant

Name of person signing on behalf of Claimant

Signature of person signing on behalf of Claimant

Capacity of person signing on behalf of Claimant