

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

PASHA S. ANWAR, *et al.*,

Plaintiffs,

v.

FAIRFIELD GREENWICH LIMITED, *et al.*,

Defendants.

Master File No. 09-cv-118 (VM)

GLOBEOP PROOF OF CLAIM AND RELEASE

I. GENERAL INSTRUCTIONS

1. The accompanying Notice of Proposed GlobeOp Partial Settlement of Class Action and Settlement Fairness Hearing, and Motion for Attorneys' Fees and Reimbursement of Expenses (the "Notice") contains important information about your rights, defines certain settlement terms and eligibility criteria, and describes the proposed partial settlement and the manner in which the Settlement will be distributed if the Settlement is approved by the Court. It is important that you read the Notice.

2. To recover as a member of the GlobeOp Settlement Class (as defined in the Notice) in the above Action, you must complete and, on page 5, sign this Proof of Claim and Release ("Proof of Claim").

3. **IF YOU PREVIOUSLY SUBMITTED A PROOF OF CLAIM FORM IN CONNECTION WITH THE FAIRFIELD GREENWICH ("FG") SETTLEMENT, AND THAT PROOF OF CLAIM FORM (WITH ANY SUPPLEMENTAL DOCUMENTS OR INFORMATION SUBMITTED TO THE CLAIMS ADMINISTRATOR) IS STILL COMPLETE AND ACCURATE, YOU ARE NOT REQUIRED TO COMPLETE PART II HEREOF OR TO RESUBMIT SUPPORTING DOCUMENTATION. RATHER, YOU CAN CHECK THE BOX AT THE TOP OF PART II AND PROCEED BY COMPLETING ONLY PARTS I AND III.**

4. Submission of a Proof of Claim does not assure that you will share in the proceeds of the Settlement.

5. The GlobeOp Settlement Class consists of all Persons who purchased or held interests in Greenwich Sentry, L.P. ("Greenwich Sentry") and Greenwich Sentry Partners, L.P. ("Greenwich Sentry Partners") (the "Funds") from October 31, 2003 through September 1, 2006, who were investors in the Funds as of December 10, 2008 and suffered a Net Loss of principal invested in the Funds. Excluded from the GlobeOp Settlement Class are (i) those Persons who timely and validly request exclusion from the GlobeOp Settlement Class and who do not validly revoke such exclusion, (ii) any Persons who have been dismissed from this Action with prejudice; and (iii) the FG Defendants, GlobeOp, and the Non-Settling Defendants, and any entity in which those Persons have a controlling interest, and their officers, directors, affiliates, employees, legal representatives, and immediate family members, and heirs, successors, subsidiaries and assigns of any such Persons. Net Loss means the total cash investment made by an investor in the Funds, less the total amount of any redemptions, withdrawals or recoveries by that investor from or with respect to the Funds. Even if you do not fill out this Proof of Claim, any and all claims you may have against GlobeOp in this Action will be released by virtue of your being a member of the GlobeOp Settlement Class.

6. You are required to submit the Proof of Claim so that it is received by Rust Consulting, Inc. (the "Claims Administrator") by December 23, 2013 addressed as follows: If you fail to submit the Proof of Claim by that deadline, your claim may be rejected and you may be precluded from receiving any recovery from the Settlement Fund created in connection with the proposed partial settlement of the Action.

Fairfield Greenwich Securities Litigation
c/o Rust Consulting, Inc
P.O. Box 2874
Faribault, MN 55021-8674
(if by regular mail)

Fairfield Greenwich Securities Litigation
c/o Rust Consulting, Inc
201 Lyndale Ave. S
Faribault, MN 55021
(if by courier)

7. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail or email within 14 days of receipt. Your claim is not deemed filed until you receive such an acknowledgment. If you do not receive an acknowledgment within 21 days, please contact the Claims Administrator by telephone toll free at 1-855-263-3450 or, from non-United States telephones, at 1-612-359-7949 or by email at info@FairfieldGreenwichLitigation.com.

8. You should complete this Proof of Claim only if you are a member of the GlobeOp Settlement Class. If you are NOT a member of the GlobeOp Settlement Class, DO NOT submit a Proof of Claim. IF YOU ARE A MEMBER OF THE GLOBEOP SETTLEMENT CLASS AND YOU DO NOT FILE A PROOF OF CLAIM, YOU WILL NOT RECEIVE ANY PAYMENT FROM THE GLOBEOP SETTLEMENT FUND BUT YOU WILL NEVERTHELESS BE BOUND BY THE ORDER FINALLY APPROVING THE SETTLEMENT AND THE JUDGMENT DISMISSING THIS ACTION AS AGAINST GLOBEOP, AND ALL ORDERS AND RELEASES THEREIN, UNLESS YOU PROPERLY EXCLUDE YOURSELF FROM THE SETTLEMENT CLASS.

II. CLAIMANT IDENTIFICATION

1. Use Part I of this form entitled "Claimant Identification" to identify each Settlement Class Member. THIS PROOF OF CLAIM MUST BE FILED BY THE ACTUAL SETTLEMENT CLASS MEMBER OR THE LEGAL REPRESENTATIVE OF SUCH OWNER OF THE PARTNERSHIP INTERESTS UPON WHICH THIS CLAIM IS BASED.

2. All joint owners must sign this Proof of Claim. Executors, administrators, guardians, conservators, or other legal representatives must complete and sign this Proof of Claim on behalf of Persons represented by them and documentation showing their authority must accompany this Proof of Claim and their titles or capacities must be stated. The actual name and Social Security (or other U.S. or foreign taxpayer identification) number and telephone number of the Settlement Class Member must be used to verify the Proof of claim and avoid duplicative claims. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

III. INSTRUCTIONS FOR THE PROOF OF CLAIM FORM

1. In the space provided in Part II of this form entitled "Schedule of Transactions in Fund Limited Partnership Interests," supply all required details of your transaction(s) in Fund partnership interests. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet. If you are the owner of more than one of the Funds in which you have a Net Loss of principal, make a copy (or copies) of the Schedule of Transactions and complete a Schedule separately for each Fund.

2. Please provide all of the requested information with respect to all of your transactions in the Funds from your first investment to the present date, inclusive, whether such transactions resulted in a profit or a loss. Failure to report all transactions may result in the rejection of your claim. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.

3. You must also submit supporting documentation concerning all of your transactions and holdings in the Funds. In most cases, confirmations of subscriptions and redemptions will be sufficient. If you do not have such documentation, you may also attach any documents or schedules that you attached to any tax return that reflect transactions in the Fund. Failure to provide this documentation will delay verification or result in rejection of your claim.

4. If you obtained any recovery in respect of your investments in the Funds other than through sales of limited partnership interests in the Funds, such as through settlement of any legal claims, please identify that compensation in the Schedule of Transactions, with supporting documentation. (If you have not received any such compensation, mark "None.") Filing a Proof of Claim form in the FG Settlement is not considered a recovery for these purposes.

5. The above materials are designed to provide the minimum amount of information necessary to process claims. The Claims Administrator may request from you or any nominee, custodian or similar person who invested on your behalf additional information as required to efficiently and reliably verify your claims and calculate your Recognized Loss pursuant to the Settlement's Plan of Allocation. In some cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Settlement Class with the information provided, the Claims Administrator may condition acceptance of the Proof of Claim upon the production of additional information that it may, in its discretion, require to process the claim.

MUST BE RECEIVED
NO LATER THAN
DECEMBER 23, 2013

Pasha S. Anwar, et al. v. Fairfield Greenwich Limited, et al.

Master File No. 09-cv-118 (VM) (FM)

GLOBEOP PROOF OF CLAIM

For Official Use Only

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Please Type or Print - Use Blue or Black Ink Only

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PART I. CLAIMANT IDENTIFICATION - Complete either Section A or B and then proceed to Section C.

A. Complete this Section ONLY if the Investor is an individual, joint, UGMA, UTMA or IRA account. Otherwise, proceed to B.

Last Name (Investor)	First Name (Investor)
<input type="text"/>	<input type="text"/>
Last Name (Joint Beneficial Owner, if applicable)	First Name (Joint Beneficial Owner)
<input type="text"/>	<input type="text"/>
Name of Custodian, if applicable	
<input type="text"/>	
If this account is an UGMA, UTMA or IRA, please include "UGMA", "UTMA", or "IRA" in the "Last Name" box above (e.g., Jones IRA).	

B. Complete this Section ONLY if the Investor is an entity; i.e., corporation, trust, estate, etc. Then, proceed to C.

Entity Name
<input type="text"/>
Name of Representative (Executor, administrator, trustee, corporate officer, etc.)
<input type="text"/>

C. Account/Mailing Information: If this information changes, follow the instructions contained in #5 on page 6.

Specify one of the following:

Individual(s) Corporation Private Pension Fund IRA, Keogh Partnership Estate Trust

Other:

Number and Street or P.O. Box

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province and Postal Code	Foreign Country	
<input type="text"/>	<input type="text"/>	
Telephone Number (Day)	Telephone Number (Evening)	
<input type="text"/>	<input type="text"/>	
E-mail Address*	Account Number	
<input type="text"/>	<input type="text"/>	

*Email address is not required, but if provided, you authorize the Claims Administrator to use it in providing you with information concerning this claim.

Enter Taxpayer Identification Number below for the Investor(s)¹

Social Security or Foreign Taxpayer Identification No.

or

Employer Identification No.

¹ The taxpayer identification number (TIN), consisting of a valid Social Security number (SSN) for individuals or employer identification number (EIN) for business entities, trusts, estates, etc., (or other foreign taxpayer identification number) and telephone number of the Investor(s) may be used in verifying this claim.

PART I. CLAIMANT IDENTIFICATION - Continued

Electronic Transfer Instructions

If you would like your distribution of Settlement proceeds to be electronically transferred to your bank or custodian, please provide us with your electronic transfer instructions below. NOTE: Failure to provide electronic transfer information will result in a physical check being mailed and as a result, electronic transfer will no longer be available.

Bank Name

Bank City/St — Bank Country

Bank Contact

Bank Phone

Bank Account Name

Account Number/IBAN Number

Routing Number/Swift Code

Further Credit To (If Applicable)

Special Instructions or Intermediary Bank Info

PART II: SCHEDULE OF TRANSACTIONS IN LIMITED PARTNERSHIP INTERESTS

If you previously submitted a Proof of Claim form in connection with the FG Settlement, and that Proof of Claim form (with any supplemental documents or information submitted to the Claims Administrator) is still complete and accurate, you are not required to complete Part II below or to resubmit supporting documentation.

You may proceed to Part III by checking the box below and identifying your Fairfield Greenwich Settlement Proof of Claim Number. The Proof of Claim Number is on the postcard mailed to you by the Claims Administrator as confirmation of receipt of your Fairfield Greenwich Settlement Proof of Claim.

Fairfield Sentry Settlement Proof of Claim Number: _____

If you did not file a Fairfield Greenwich Proof of Claim or want to resubmit your trading data and supporting documentation, you need complete the balance of Part II below.

Identify the Fund or Funds below that are the subject matter of this Proof of Claim. If you converted your limited partnership interests in Greenwich Sentry to limited partnership interests in Greenwich Sentry Partners, you are required to list all trades in both Funds. If you invested separately in and suffered a Net Loss in more than one Fund, you must submit multiple schedules of your transactions and holdings. Failure to do so may result in the omission of transactions or holdings from your claim and your net loss calculation.

Greenwich Sentry, L.P.

Greenwich Sentry Partners, L.P.

A. Limited Partnership Interests Held as of August 31, 2003:

Number of Investment Interests: _____.

PART II. SCHEDULE OF TRANSACTIONS IN LIMITED PARTNERSHIP INTERESTS - Continued

B. Purchases/Investments or Acquisitions of Limited Partnership Interests Between August 31, 2003 and December 10, 2008:

Trade Date Month Day Year	Total Purchase or Acquisition Cost	Trade Date (II) Month Day Year	Total Purchase or Acquisition Cost (II)
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____

C. Sales or Redemptions of Limited Partnership Interests Between August 31, 2003 and December 10, 2008:

Trade Date Month Day Year	Number of Shares/Interests Sold or Redeemed	Trade Date (II) Month Day Year	Number of Shares/Interests Sold or Redeemed (II)
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____

C. Limited Partnership Interests Held as of December 10, 2008:

Number of Investment Interests: _____.

I have obtained the following recovery of the Net Loss that I incurred from my investments in Fund (or mark "None") (filing a Proof of Claim form in the FG Settlement is not considered a recovery for these purposes):

None

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, YOU MUST PHOTOCOPY THESE PAGES,
SIGN AND PRINT YOUR NAME ON EACH ADDITIONAL PAGE AND CHECK THIS BOX**

YOU MUST READ THE REPRESENTATIONS AND CERTIFICATION ON PAGES 4 AND 5
AND SIGN THE CERTIFICATION ON PAGE 5.

PART III. REPRESENTATIONS

I _____ submit this Proof of Claim and attest to the following facts:

1. I am a GlobeOp Settlement Class Member (as defined in the Notice and Instructions to this Proof of Claim). I am not one of the Persons excluded from the GlobeOp Settlement Class, nor am I acting on behalf of any such Persons. I believe that I am eligible to receive a distribution under the Plan of Allocation set forth in the Notice. I have not submitted any other Proof of Claim in this GlobeOp Settlement covering the same holdings in the Fund(s) and know of no other person having done so on my behalf.

2. I hereby submit to the jurisdiction of the United States District Court for the Southern District of New York with respect to my claim as a Settlement Class Member and for purposes of enforcing the release set forth in any judgments or orders that may be entered in the Action.

3. I hereby warrant and represent that I have read the Notice and understand that, pursuant to the GlobeOp Settlement and through operation of the Final Judgment to be entered by the Court, I shall have fully, finally and forever released, relinquished and discharged claims against the Released Parties as set forth in the GlobeOp Settlement. I further acknowledge and agree that I am bound by and subject to the terms of any judgment that may be entered in the Action, including without limitation, the release of claims against the Released Parties.

4. I hereby warrant and represent that as to any claim for Net Loss that I am making I have included or had previously provided information about all of my holdings in the Fund(s) and all of my transactions relating to those holdings in the Fund(s). I agree to furnish additional information to Plaintiffs' Lead Counsel (as defined in the Notice) or the Claims Administrator to support this Proof of Claim if required to do so. I authorize any nominee, custodian or similar person who is the registered limited partner of record with respect to the limited partnership interest in a Fund for which I am the Owner to disclose to the Claims Administrator my status as the Owner and information regarding transactions related to my holdings in the Fund.

PART IV. CERTIFICATION

Under penalty of perjury, I hereby certify and represent that:

I am NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because: (i) I am exempt from backup withholding; and (ii) I have not been notified by the IRS that I am the subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. *If the IRS has notified you that you are subject to backup withholding, please strike out the language in the preceding sentence indicating that the claim is not subject to backup withholding in the certification above.*

I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT ALL OF THE FOREGOING INFORMATION SUPPLIED ON THIS PROOF OF CLAIM FORM BY THE UNDERSIGNED IS TRUE AND CORRECT. BY EXECUTING THIS CERTIFICATION, I ACKNOWLEDGE AND AGREE TO BE BOUND BY ANY FINAL JUDGMENT IN THE ACTION RELATING TO THE SETTLEMENT, INCLUDING WITHOUT LIMITATION ANY RELEASE CONTAINED THEREIN.

Signature of Claimant

Signature of Joint Claimant, if any

Print Name of Claimant

Print Name of Joint Claimant, if any

Date

Date

If claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of Person Completing Form

Print Name of Person Completing Form

Date

Capacity of person signing on behalf of claimant, if other than an individual, *e.g.*, executor, president, custodian, etc.

ACCURATE CLAIMS PROCESSING TAKES A
SIGNIFICANT AMOUNT OF TIME.

THANK YOU FOR YOUR PATIENCE.

REMINDER CHECKLIST:

1. Please sign the claim form on page 5 above.
2. Remember to attach supporting documentation for all transactions in the Fund(s).
3. Keep a copy of your claim form and supporting documentation for your records.
4. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail or email within 14 days of receipt. Your claim is not deemed filed until you receive such an acknowledgment. If you do not receive an acknowledgment within 21 days, please contact the Claims Administrator by telephone toll free at 1-855-263-3450 or, from non-United States telephones, at 1-612-359-7949 or by email at info@FairfieldGreenwichLitigation.com.
5. If you move or change your address, telephone number or email address, please submit the new information to the Claims Administrator, as well as any other information that will assist us in contacting you. **NOTE:** Failure to submit updated information to the claims administrator may result in the claim administrator's inability to contact you regarding issues with your claim or to deliver a payment to you.

THIS PROOF OF CLAIM MUST BE RECEIVED BY THE CLAIMS ADMINISTRATOR

NO LATER THAN DECEMBER 23, 2013 AT THE FOLLOWING ADDRESS:

Fairfield Greenwich Securities Litigation
c/o Rust Consulting, Inc
P.O. Box 2874
Faribault, MN 55021-8674
(if by regular mail)

Fairfield Greenwich Securities Litigation
c/o Rust Consulting, Inc.
201 Lyndale Ave. S
Faribault, MN 55021
(if by courier)