

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)

**PROOF OF CLAIM AND RELEASE**

**I. GENERAL INSTRUCTIONS**

1. The accompanying Notice of Proposed 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 settlement and the manner in which the settlement will be distributed if the settlement is granted final approval by the Court. It is important that you read the Notice.

2. To recover as a member of the Settlement Class (as defined in the Notice) based on your claims in the action entitled *Pasha S. Anwar, et al. v. Fairfield Greenwich Limited, et al.*, Master File No. 09-cv-118 (VM) (the "Action"), you must review, complete and, on page 5 hereof, sign this Proof of Claim and Release ("Proof of Claim"). If you fail to submit a Proof of Claim by the 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 (the "Settlement").

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

4. The Settlement Class consists of all beneficial owners of shares or limited partnership interests in Fairfield Sentry Limited, Fairfield Sigma Limited, Fairfield Lambda Limited, Greenwich Sentry, L.P. and Greenwich Sentry Partners, L.P. (the "Funds") as of December 10, 2008 (whether as holders of record or traceable to a shareholder or limited partner account of record) ("Beneficial Owners"), who suffered a Net Loss of principal invested in the Funds (the "Settlement Class"). Net Loss means the total cash investment made by a Beneficial Owner in a Fund, directly or indirectly through one or more intermediaries, less the total amount of any redemptions or withdrawals or recoveries by that Beneficial Owner from or with respect to the same Fund. Even if you do not fill out this Proof of Claim, any and all claims you may have against the FG Defendants (as defined in the Notice) in this Action will be released by virtue of your being a non-excluded member of the Settlement Class. If you fail to file a timely and properly addressed Proof of Claim, your claim may be rejected and you may be precluded from any recovery from the settlement fund created in connection with the Settlement.

5. YOU MUST SUBMIT YOUR COMPLETED AND SIGNED PROOF OF CLAIM SO THAT IT IS RECEIVED NO LATER THAN APRIL 17, 2013, ADDRESSED AS FOLLOWS:

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

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

6. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail or email within 45 days of receipt. Your claim is not deemed filed until you receive such an acknowledgment. If you do not receive an acknowledgment within 45 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](mailto:info@FairfieldGreenwichLitigation.com).

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

## II. CLAIMANT IDENTIFICATION

1. If you purchased or acquired shares or limited partnership interests in one or more of the Funds registered in your name, you are the Beneficial Owner as well as the record owner. If, however, the shares or limited partnership interests were registered in the name of a third party, such as a nominee, bank or brokerage firm through which you purchased the shares or limited partnership interests, you are the Beneficial Owner and the third party is the record owner. Where a fund, trust, or similar investment vehicle was a registered shareholder or limited partner of record or otherwise invested in a Fund, the fund, trust or similar investment vehicle is the Beneficial Owner for purposes of this Settlement, not the underlying investors in the fund, trust or similar investment vehicle. Only one Proof of Claim or request for exclusion can be submitted with respect to each share or limited partnership interest in each of the Funds.

2. Use Part I of this form entitled "Claimant Identification" to identify each owner of record ("nominee"), if different from the Beneficial Owner of the Fund shares or limited partnership interests. **THIS PROOF OF CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER, OR THE LEGAL REPRESENTATIVE OF SUCH OWNER OF THE SHARES OR PARTNERSHIP INTERESTS UPON WHICH THIS CLAIM IS BASED.**

3. 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 Beneficial Owner must be used to verify 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 Common Shares or Limited Partnership Interests," supply all required details of your transaction(s) in Fund shares or 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 a Beneficial 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 Fund 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 Fund. 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 received any compensation in respect of your investments in the Fund other than through sales of shares or limited partnership interests in the Fund, 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."

5. The above materials are designed to provide the minimum amount of information necessary to process many claims. Rust Consulting, Inc. (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 Net Loss. 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  
April 17, 2013

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

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

PROOF OF CLAIM

For Official Use Only  
  
03

Please Type or Print - Use Blue or Black Ink Only

\*0123456789\*

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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 Beneficial Owner is an individual, joint, UGMA, UTMA or IRA account. Otherwise, proceed to B.

Last Name (Beneficial Owner)	First Name (Beneficial Owner)
<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 Beneficial Owner 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"/>	

Enter Taxpayer Identification Number below for the Beneficial Owner(s)<sup>1</sup>

Social Security or Foreign Taxpayer Identification No.	or	Employer Identification No.
<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.

<sup>1</sup> 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 Beneficial Owner(s) may be used in verifying this claim.

**PART I. CLAIMANT IDENTIFICATION** - Continued

I authorize you to contact, if necessary, the following record owner or nominee for the shares or limited partnership interests identified in this Proof of Claim to verify any of the information that I have provided:

Name of Record Owner or Nominee

Address of Record Owner or Nominee

City

State

Zip Code

Foreign Province and Postal Code

Foreign Country

Telephone Number (Day)

Telephone Number (Evening)

E-mail Address\*

Account Number

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

Responsible Person to Contact at Record Owner or Nominee

Telephone Number of Record Owner or Nominee

Email Address of Record Owner or Nominee

**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 FUND SHARES OR LIMITED PARTNERSHIP INTERESTS**

Identify the Fund below that is the subject matter of this Proof of Claim. If you invested 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.

- Fairfield Sentry Limited     
  Fairfield Sigma Limited     
  Fairfield Lambda Limited  
 Greenwich Sentry, L.P.     
  Greenwich Sentry Partners, L.P.

**A. Purchases/Investments or Acquisitions of Fund Shares or Limited Partnership Interests:**

Trade Date Month Day Year	Number of Shares/Interests Purchased or Acquired	Purchase or Acquisition Price Per Share	Total Purchase or Acquisition Cost	Currency Type (Ex. USD, EUR or CHF)
1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____	5. _____

**B. Sales or Redemptions of Fund Shares or Limited Partnership Interests:**

Trade Date Month Day Year	Number of Shares/Interests Sold or Redeemed	Sales or Redemption Price Per Share	Total Sales or Redemption Cost	Currency Type (Ex. USD, EUR or CHF)
1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____	5. _____

**C. Fund Shares or Limited Partnership Interests held as of December 10, 2008:**

Number of Shares/Investment Interests: \_\_\_\_\_ Currency Type: \_\_\_\_\_

I have already received the following compensation for the Net Loss that I incurred from my investments in Fund shares or limited partnership interests, such as through settlement of legal claims (or mark "None"):

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 (We) \_\_\_\_\_ submit this Proof of Claim under the terms of the Order Preliminarily Approving Settlement filed November 30, 2012 (the "Order").

1. I (We) am (are) a Settlement Class Member (as defined in the Notice), that I am (we are) not one of the persons or entities excluded from the Settlement Class, that I am (we are) not acting on behalf of any such excluded person or entity, that I (we) have not requested to be excluded from the Settlement Class, that I (we) believe that I am (we are) eligible to receive a distribution under the terms and conditions of the Plan of Allocation as defined and set forth in the Notice, and that I (We) have not submitted any other Proof of Claim in this Action covering the same holdings in the Fund(s) and know of no other person having done so on my (our) behalf.

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

3. I (We) hereby warrant and represent that I (we) have read the Notice and the Stipulation of Settlement, as amended by the Amendment to Stipulation of Settlement dated as of December 12, 2012 (collectively, the "Stipulation") and understand that, pursuant to ¶ 24 of the Stipulation and through operation of the final judgment to be entered by the Court, I (we) shall have fully, finally and forever released, relinquished and discharged claims against the Released Parties as set forth in ¶ 24 of the Stipulation and the defined terms set forth therein. I (We) further acknowledge and agree that I am (we are) 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 as set forth in ¶ 24 of the Stipulation and the defined terms set forth therein.

4. I (We) hereby warrant and represent that as to any claim for Net Loss that I (we) are making, I (we) have included information about all of my (our) holdings in the Fund(s) and all of my (our) transactions relating to those holdings in the Fund(s). I (We) 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 (We) authorize any nominee, custodian or similar person who is the registered shareholder or limited partner of record with respect to the shares or limited partnership interest in a Fund for which I am (we are) the Beneficial Owner to disclose to the Claims Administrator my status as the Beneficial Owner and information regarding transactions related to my (our) holdings in the Fund.

**PART IV. CERTIFICATION**

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

I (WE) am (are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because: (i) the claimant(s) is (are) exempt from backup withholding; or (ii) the claimant(s) has (have) not been notified by the IRS that he/she/it/they is (are) subject to backup withholding as a result of a failure to report all interest or dividends; or (iii) the IRS has notified the claimant(s) that I (WE) am (are) no longer subject to backup withholding. ***If the IRS has notified the claimant(s) that he/she/it/they is (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 (WE) 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 (WE) 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 45 days of receipt. Your claim is not deemed filed until you receive such an acknowledgment. If you do not receive an acknowledgment within 45 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](mailto: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 APRIL 17, 2013 AT THE FOLLOWING ADDRESS:**

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

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