

IMPORTANT LEGAL MATERIALS

**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) (FM)

CITCO 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 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 4 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 whatever means and from any other sources, excluding the Fairfield Greenwich (“FG”) and GlobeOp Settlements in this Action) by that Beneficial Owner from or with respect to such investment in that Fund. Even if you do not fill out this Proof of Claim, any and all claims you may have against the Citco 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 ON OR BEFORE DECEMBER 28, 2015, ADDRESSED AS FOLLOWS:

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

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

6. 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 CITCO 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 Shares or Limited Partnership Interests," supply all required details of your transaction(s) in Fund shares or limited 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 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 recoveries in respect of your investments in the Fund other than through redemptions, withdrawals, or sales of shares or limited partnership interests in the Fund, such as through settlement of any legal claims or any other source of recovery, please identify that recovery in the Schedule of Transactions, with supporting documentation. If you have not received any such compensation, mark "None." You are not required to provide information on recoveries from the FG and GlobeOp Settlements because the Claims Administrator already has that information and in any event all Settlement Class Members participated in or had the opportunity to participate in those settlements. 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
DECEMBER 28, 2015**

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

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

CITCO PROOF OF CLAIM

Please Type or Print - Use Blue or Black Ink Only

FOR OFFICIAL USE ONLY

03

Page 1 of 4



PART 1. 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) <input type="text"/>	First Name (Beneficial Owner) <input type="text"/>
Last Name (Joint Beneficial Owner, if applicable) <input type="text"/>	First Name (Joint Beneficial Owner) <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:

Specify one of the following:		
<input type="checkbox"/> Individual(s)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Private Pension Fund
<input type="checkbox"/> IRA, Keogh	<input type="checkbox"/> Partnership	<input type="checkbox"/> Estate
<input type="checkbox"/> Trust	<input type="checkbox"/> Other: <input type="text"/>	
Number and Street or P.O. Box <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Foreign Province and Postal Code <input type="text"/>	Foreign Country <input type="text"/>	
Telephone Number (Day) <input type="text"/>	Telephone Number (Evening) <input type="text"/>	
E-mail Address* <input type="text"/>	Account Number <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 Beneficial Owner(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 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
[]

Wiring Instructions

If you would like your distribution of Settlement proceeds to be wired to your bank or custodian, please provide us with your wire instructions below. NOTE: Failure to provide wire instructions will result in a physical check being mailed and as a result, wire 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
[]

PART II: SCHEDULE OF TRANSACTIONS IN FUND SHARES OR LIMITED PARTNERSHIP INTERESTS

If you previously submitted a Proof of Claim in connection with the FG or GlobeOp Settlements in this Action, 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 A, B, or C below or to resubmit supporting documentation with respect to those Parts. You may proceed to Part II D by checking the box below and identifying your FG or GlobeOp 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 FG or GlobeOp Settlement Proof of Claim. All Claimants however are required to complete Part II D and to affirm whether the Claimant has received any recoveries from investments or ownership of Fund shares or limited partnership interests, such as through settlement or sale of legal claims or distributions from liquidation or bankruptcy proceedings (excluding recoveries from the FG and GlobeOp Settlements in this Action).



Fairfield Greenwich or GlobeOp Settlement Proof of Claim Number: _____

NOTE: If you do not know your Fairfield Greenwich or GlobeOp Settlement Proof of Claim Number, please contact the Claims Administrator to obtain this information.

If you did not file a FG or GlobeOp 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 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 should submit multiple schedules of your transactions.

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

A. Purchases 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 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. Number of Fund Shares or Limited Partnership Interests held as of December 10, 2008: _____

D. Prior Recoveries:

I have already received the following recoveries with respect to the Net Loss that I incurred from my investments or ownership of Fund shares or limited partnership interests, such as through settlement or sale of legal claims or distributions from liquidation or bankruptcy proceedings (excluding recoveries from the FG and GlobeOp Settlements in this Action) (or mark "None"):

None

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

YOU MUST READ AND SIGN THE RELEASE ON PAGE 4.

PART III. REPRESENTATIONS

I (We) _____ submit this Proof of Claim under the terms of the Order Preliminarily Approving Settlement filed August 13, 2015 (the "Order").

- 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 only to the subject matter of 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 and all determinations made by this Court thereon and I (we) shall not be deemed to have submitted to the jurisdiction of this Court or of any court in the United States for any other matter on account of such submission.
3. I (We) hereby warrant and represent that I (we) have read the Notice and the Stipulation of Settlement (“Stipulation”) and understand that, pursuant to ¶ 16 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 ¶ 16 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 ¶ 16 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 4 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 info@fairfieldgreenwichlitigation.com.
5. If you move or change your 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.

**THIS PROOF OF CLAIM MUST BE RECEIVED BY THE CLAIMS ADMINISTRATOR
NO LATER THAN DECEMBER 28, 2015 AT THE FOLLOWING ADDRESS:**

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

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

info@FairfieldGreenwichLitigation.com

www.FairfieldGreenwichLitigation.com

Toll Free Number: 1-855-263-3450

Foreign Callers: 1-612-359-7949