

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 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. Please see the transfer-specific FAQs posted at www.glitnirbank.com for additional information on claim transfers and for instructions on completing this Claim Transfer Request Form, including details for payment of the required fees by check or wire transfer and periods in which claim transfer request forms will not be accepted by the Winding-Up Board.

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):

Transferor Initials

Transferee Initials

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):

TRANSFEREE - REGISTERED ADDRESS - IF DIFFERENT FROM CORRESPONDENCE ADDRESS

Street Address: State: Zip Code:

City: Country:

SECTION C. PAYMENT INFORMATION FOR THE TRANSFEREE

Payment Instructions for any future payment (in CASH)

Currency:

Currency:

Beneficiary Account Name:

Beneficiary Account Name:

Beneficiary Account Number:

Beneficiary Account Number:

Other Details:

Other Details:

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:

Name of Account:

Participant number of the Accountholder

Participant No:

Account No:

Contact Information for your Accountholder

Name:

Email Address:

Telephone No:

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 on <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 TRANSFEEEE

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.

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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 Signor)

Date:

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

Date: