

CUSTOMER AUTHORISATION

This authorisation (the "Customer Authorisation") evidences the authority you have granted Lehman Brothers International (Europe) (in administration) ("LBIE") to submit a claim on your behalf in the Securities Investor Protection Act of 1970, as amended ("SIPA") proceeding involving the liquidation of the business of Lehman Brothers Inc. ("LBI") administered by James W. Giddens (the "Trustee") as trustee.

PART I

Please list the account name(s) and account number(s) that you have with LBIE and indicate your capacity and/or authority with respect thereto. Please attach additional pages and supporting documents as necessary. For the avoidance of doubt, you should not list account name(s) and account number(s) that you have with LBI.

Customer Name	Account Number	Capacity/Authority

PART II

Please circle the appropriate answer for items 1 through 8.

Note: If "Y" is circled for any item, provide a detailed explanation in a signed attachment. If you are unable to respond to a question, please circle uncertain. If you would like to discuss the items below or any other aspect of this Customer Authorisation, please contact clientpositionresponses@lehman.com.

	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
1. Does your claim in any way relate to an entity other than Lehman Brothers Inc. (for example, Lehman Brothers Holdings Inc., or another Lehman subsidiary)?	Y	N	U
2. Has there been any change in your account since September 19, 2008?	Y	N	U
3. Are you or were you a party to a repurchase or reverse repurchase agreement, director, officer, partner, shareholder, lender to, or capital contributor of LBI?	Y	N	U

	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
4. Are you related to, or do you have any business venture with, any of the persons specified in "3" above, or any employee or other person associated in any way with LBI? If so, give name(s).	Y	N	U
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of LBI?	Y	N	U
6. Is this claim being filed on behalf of a customer of a broker or dealer or bank? If so, provide documentation with respect to each customer on whose behalf you are claiming.	Y	N	U
7. Have you ever given any discretionary authority to any person to execute securities transactions with or through LBI on your behalf? Give names, addresses and phone numbers.	Y	N	U
8. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker.	Y	N	U

This form should be completed, signed and mailed promptly to the following address:

Cathy Stewart
Trust Property Team
Lehman Brothers International (Europe)
25 Bank Street
London
E14 5LE

The foregoing (including any attachments hereto) is true and accurate to the best of my information and belief. I hereby authorize LBIE to file a claim in respect of the account(s) identified in Part I above in the SIPA proceeding and, at LBIE's discretion, to share this Customer Authorisation with the Trustee in connection with the SIPA claims process

Date: _____ Signature: _____

Name:

Title: