

LEHMAN BROTHERS INTERNATIONAL (EUROPE) (in administration):
Request to transfer of trust claim Form*

No	Questions	Yes/Confirmed (please check box if appropriate)	No (please check box if appropriate)	N/A (please check box if appropriate)	Comments
1)	Please provide the Transferor's full legal name, the GAC no. (if known) for the claim this transfer request relates to and contact details:				Legal name: GAC No.: Contact details (including email address):
2)	Please provide the Transferee's full legal name, the GAC no.(s) for other claims it already holds (if any), and contact details:				Legal name: GAC No.(s) of other claims (if applicable): Contact details (including email address):
3)	Is the Transferor a Signatory to the Claim Resolution Agreement (the "CRA")? If yes ¹ , please specify the accession date?	<input type="checkbox"/>	<input type="checkbox"/>		Accession date (if applicable):
4)	If the answer to question 3 is no, is the Transferor seeking to become a signatory to the CRA in respect of the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Signatories to the CRA should note that in accordance with the CRA and in respect of the trust claim to which this transfer request relates to, a Transferor has to (i) transfer the relevant Entire Position (as defined in the CRA); and (ii) may only transfer the Entire Position to another Signatory to the CRA. Please refer to the CRA for further details.

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6)	Do you believe that any amounts arising from or otherwise connected to the underlying agreements may qualify for client money protection under the terms of the FSA's Client Money Rules? If yes, please specify whether these amounts qualified for such client money protection pre-administration and/or post-administration.	<input type="checkbox"/>	<input type="checkbox"/>		
7)	If the answer to question 6 is yes, has the Transferor (or original holder of the claim): a) accepted a payment in respect of a client money entitlement up to a maximum of USD 10,000 in accordance with the client money proposal ³ offered to Pre-Administration Client Money claimants? or b) made a Client Money Collateralisation Election under Clause 59 of the CRA (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

³ The proposal was announced on the update (Updated Client Money Statements and Proposed Payments of certain Pre-Administration Client Money claims) on the LBIE section of PWC's website posted on 8 April 2010. An email dated 8 April 2010 and a reminder email dated 12 May 2010 was sent to all persons with a Pre-Administration Money Claim in respect of the client money proposal.

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8)	Does the Transferor have any contractual arrangements with any other Lehman Brothers entity? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>		
9)	Does the Transferor have any liabilities owed to LBIE and/or any other Lehman Brothers entity? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>		
10)	Is the Transferee a Signatory to the CRA? If yes, please specify the accession date?	<input type="checkbox"/>	<input type="checkbox"/>		Accession date (if applicable):
11)	If the answer to question 10 is no, is the Transferee seeking to become a signatory to the CRA in respect of the claim that this transfer request relates to ⁴ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12)	Is the Transferee a special purpose vehicle?	<input type="checkbox"/>	<input type="checkbox"/>		

⁴In accordance with the CRA, a Transferee must be a Signatory to the CRA in order to acquire a claim from a Signatory to the CRA.

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13)	Is the Transferee a limited recourse entity?	<input type="checkbox"/>	<input type="checkbox"/>		
14)	Please confirm that you have attached the following: (a) Evidence of all third party consents required under the underlying agreements. (b) Evidence of a binding agreement with respect to the transfer that this transfer request relates to. (c) If the Transferor or Transferee is seeking to become a signatory to the CRA, a Form of Acceptance in relation to acceding to the CRA (in respect of the transferred position).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	
15)	Full description of the proposed transfer (including breakdown of the agreements and details of any amounts which you consider may qualify for Client Money protection under the terms of the FSA's Client Money Rules):				

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16)	Please provide any additional information relevant to the Transferor's application to transfer its trust claim. (Please include details of any previous transfer requests that have been made in respect of the claim to which this transfer request relates.)				
<p>I hereby declare that the information in this form is correct. I confirm that I am acting on my own behalf or as a signatory authorised to sign this form on behalf of the Transferor.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title/Position: _____</p> <p>Date: _____</p>					

***Notes**

- Please note that the provision of this trust transfer request form shall not be construed as being an acceptance by LBIE (or the administrators of LBIE) of the validity of any transfer of a trust claim.
- Each transfer request should relate to the proposed transfer of only one trust claim.
- This form should not be used in relation to transfers of solely unsecured claims, even where the holder of that unsecured claim also has a trust claim.
- Unless you are able to complete this form in full, LBIE will not consider the transfer request.