

GLITNIR SIGNATURE VERIFICATION FORM INSTRUCTIONS
(Custodial Realignments)

Signature Verification is required for all parties signing a custodial realignment request form. This signature verification form is only required to be submitted once and will be kept on file for all future requests. Additional signature verification will only be requested if another party not already listed on the signature verification form signs a request form. Original signature verification documents should be submitted along with the request form. Failure to submit acceptable signature verification documents along with the request form will only delay the process and may result in your request being deemed defective.

If you have not already submitted acceptable signature verification to Epiq Bankruptcy Solutions LLC, please complete the attached signature verification form and submit the original to:

Winding-Up Board of Glitnir hf
c/o Epiq Bankruptcy Solutions, LLC
757 Third Avenue
New York, NY 10017
Attn: Glitnir Claim Transfer Agent

OR

Winding-Up Board of Glitnir hf
c/o Epiq Systems Ltd.
11 Old Jewry, 4th Floor
London EC2R 8DU
Attn: Glitnir Claim Transfer Agent

SECTION A

The name of the "Granting Party" or "Receiving Party", as defined in the FAQs, should be listed and NOT THE NAME OF THE AUTHORIZED SIGNATORY. The address and contact information for the party should also be provided in this section.

SECTION B

The authorized signatory should print their name & title and sign in the designated field.

CERTIFICATION & NOTARIZATION

IT IS REQUIRED THAT THE CERTIFYING SIGNATURE BE NOTARIZED.

The appointment, capacity and signature of each authorized signatory listed in Section B must be **CERTIFIED** by an authorized party that is **NOT** listed in Section B. The certifying signature must be of someone with equal or greater authority than the person(s) listed in Section B, preferably a Corporate Secretary, CEO or other person holding an executive level position.

The Signature Verification will be deemed defective for the following reasons:

- The name listed in Section A does **NOT** match the name of the party on the Request Form
- The signatures are **NOT** original
- The form is **NOT** dated by both the Certifying Signatory **AND** the Notary
- An Authorized Signatory listed in Section B also certifies the document

If for any reason there is only **ONE AUTHORIZED SIGNATORY** for the company, we must also receive signed supporting documentation showing that there is only one authorized signatory.

If you would like to authorize more than five (5) signatories, you may do so by checking the designated check box on the Signature Verification Form and by attaching a schedule with the additional Authorized Signatory names, titles and signatures. Please note that any additional attachments must also be certified and notarized.

If for any reason the stamp/seal of the Notary must be on a separate page, please check the designated check box at the bottom of the Signature Verification Form indicating that the Notary's declaration, signature and stamp/seal are located on the attached page.

GLITNIR SIGNATURE VERIFICATION FORM (Custodial Realignment)

Section A.

Name:

Mailing Address:

Address Line 2:

Address Line 3:

City: State:

Postal Code: Country:

Phone Number: Ext: Email:

The person(s) executing this document (the "Undersigned") hereby certify the following:

1. The Undersigned is duly authorized to execute this document on behalf of the above-referenced party (the "Party")
2. The signature of each person set forth opposite his/her names in section B below (including any additional person listed on an attached exhibit) is genuine and each person shall constitute an "Authorized Signatory" (each as "Authorized Signatory" and together, the "Authorized Signatories") of the Party identified above.
3. The Authorized Signatories listed below are duly qualified representatives of the Party and are empowered with the authority to transact any and all business related to the realignment of positions associated with claims of the Party, including the authority to sign any and all custodial realignment request forms on behalf of the Party,
4. Epiq Bankruptcy Solutions, LLC will be notified promptly and in writing to the extent any person listed in Section B ceases to be an Authorized Signatory.

Section B.

Name	Title	Signature

See attached for additional Authorized Signatory names, titles, and signatures. Please note that any additional attachments must also be signed by the

Undersigned and notarized.

Dated this ____ day of _____, 20__

Hereby certified by

(Print Name & Position of Signatory)

Sworn and subscribed to before me this ____ day of _____, 20__.

Notary Stamp/Seal

Notary Public (Signature)

See attached for Notary declaration, signature, and stamp/seal.