

This Form Must Be Electronically
Submitted OR Received by Mail No Later
than **DECEMBER 23, 2025**.

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

OKLAHOMA FIREFIGHTERS PENSION
AND RETIREMENT SYSTEM, Individually
and on Behalf of All Others Similarly
Situated,

Plaintiffs,

v.

DEUTSCHE BANK
AKTIENGESELLSCHAFT (F/K/A
DEUTSCHE BANK AG); DEUTSCHE
BANK SECURITIES INC.; CITIGROUP
GLOBAL MARKETS LIMITED;
CITIGROUP GLOBAL MARKETS INC.;
RBC EUROPE LIMITED; RBC CAPITAL
MARKETS LLC; HSBC BANK PLC; HSBC
SECURITIES (USA) INC.; MORGAN
STANLEY & CO. INTERNATIONAL PLC;
and MORGAN STANLEY & CO. LLC,

Defendants.

Case No.: 1:23-cv-05095

PROOF OF CLAIM AND RELEASE

I. INSTRUCTIONS

1. If you (1) purchased or sold a Gilt Bond Transactions in the United States directly from a Defendant (or a direct or indirect parent, subsidiary, affiliate, or division of a Defendant, or any of their alleged co-conspirators) from January 1, 2009 to December 31, 2013 (“Class Period”); and/or (2) purchased or sold a Gilt Bond Transaction futures or options on futures contract on the LIFFE during the Class Period, you may be eligible to receive a payment from the \$12 million Settlement with Citigroup Global Markets Limited and Citigroup Global Markets Inc. (“Citigroup”), HSBC Bank plc and HSBC Securities (USA) Inc. (“HSBC”), RBC Europe Limited and RBC Capital Markets, LLC (“RBC”), and Morgan Stanley & Co., International Plc and Morgan Stanley & Co. LLC (“Morgan Stanley”) (“Settling Defendants”).

2. “Gilt Bond Transactions” means any and all transactions involving British pound sterling-denominated UK government bonds, including Gilts, UK Treasury Bills, UK Treasury Strips, UK Treasury Coupons, UK Treasury Inflation Bonds, Gilt Futures, Gilt Options on Futures, Gilt OTC Options, and Gilt Asset Swaps.

3. Unless otherwise defined, all capitalized terms in this Proof of Claim and Release (“Claim Form”) have the same meaning as defined in the accompanying Notice of Pendency of Class Action and Hearing on Proposed Settlement (“Notice”) and the Amended Stipulation and Agreement of Settlement with Citigroup Global Markets Limited, Citigroup Global Markets Inc., HSBC Bank PLC, HSBC Securities (USA) Inc., RBC Europe Limited, RBC Capital Markets, LLC, Morgan Stanley & Co. International PLC, and Morgan Stanley & Co. LLC (“Stipulation”), available at www.GiltBondSettlement.com.

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4. It is important that you read the Notice that accompanies this Claim Form. By signing and submitting this Claim Form, you certify that you read the Notice, including the terms of the releases described in the Notice and provided for in the Stipulation.

5. To be eligible to receive a payment from the Net Settlement Fund, you must submit a Claim Form along with the required data and/or information described in Parts III and IV below. **Your Claim Form must be submitted online at www.GiltBondSettlement.com by 11:59 p.m. Eastern Time on December 23, 2025 OR received by mail no later than December 23, 2025.** If you are unable to submit the required data as described below in Parts III and IV, please call the Claims Administrator for further instructions.

6. As described in Part III below, you may be required to submit additional information about the Gilt Bond Transactions that you submit as part of your Claim Form, but only if you are contacted and instructed to do so by the Claims Administrator.

7. Your payment amount will be determined based on the Claims Administrator's review of your Claim Form and calculated pursuant to the Plan of Distribution described in the Notice. Submitting a Claim Form does not guarantee that you will receive a payment from the Net Settlement Fund. For more information, please see the Notice, which is available at www.GiltBondSettlement.com.

8. Separate Claim Forms must be submitted for each separate legal entity. Likewise, a single Claim Form should be submitted on behalf of only one legal entity.

9. If you have questions about submitting a Claim Form or need additional copies of the Claim Form or the Notice, please contact the Claims Administrator.

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II. CLAIMANT IDENTIFICATION

The Claims Administrator will use this information to verify eligibility and for all communications relevant to this Claim Form. If this information changes, please notify the Claims Administrator in writing. If you are a trustee, executor, administrator, custodian, or other nominee and are completing and signing this Claim Form on behalf of a Claimant, you must attach documents showing your authority to act on behalf of Claimant.

Section A – Claimant Information

Claimant's First Name

MI

Claimant's Last Name

Co-Claimant's First Name

MI

Co-Claimant's Last Name

Entity Name (if Claimant is not an individual)

Representative or Custodian Name (if different from Claimant[s] listed above)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City

State

ZIP Code/Postal Code

Province/Region (if outside U.S.)

Country

Claimant Tax ID (For most U.S. Claimants, this is their individual Social Security number, employer identification number, or taxpayer identification number. For non-U.S. Claimants, enter a comparable government-issued identification number.)

Telephone Number (home or cell)

Telephone Number (work)

Email Address (If you provide an email address, you authorize the Claims Administrator to use it to provide you with information relevant to this claim.)

Location(s) from which Claimant entered into Gilt Bond Transactions:

U.S. or its territories

Other (please specify): _____

For Brokers filing this Claim Form for its' own account(s): Have you included Gilt Bond Transactions in which you acted as an agent?

Yes

No

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Section B – Authorized Representative Information

Name of the person you would like the Claims Administrator to contact about this claim (if different from the Claimant name listed above).

First Name

MI

Last Name

Telephone Number (home or cell)

Telephone Number (work)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City

State

ZIP Code/Postal Code

Province/Region (if outside U.S.)

Email Address (If you provide an email address, you authorize the Claims Administrator to use it to provide you with information relevant to this claim.)

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III. REQUIREMENTS TO SUBMIT A CLAIM

1. YOU MUST SUBMIT YOUR CLAIM FORM ELECTRONICALLY OR ON PAPER IN THE REQUIRED FORMAT.

Claimants must submit their Claim Forms electronically online at www.GiltBondSettlement.com by **11:59 p.m. Eastern Time on December 23, 2025 OR** mail the Claim Forms **so they are received no later than December 23, 2025** by the Claims Administrator at Gilt Bond Antitrust Settlement, c/o A.B. Data, Ltd., P.O. Box 173042, Milwaukee, WI 53217.

Instructions about Claim submissions (“Claim Submission Instructions”), including the information you must provide about your Gilt Bond Transactions, are available at www.GiltBondSettlement.com. Claim Forms must be submitted in the format specified in the Claim Submission Instructions.

Along with your Claim Form, you later may be required to submit the details about the Gilt Bond Transactions you list in the Summary Tables in Part IV, below.

2. YOU DO NOT NEED TO SUBMIT ANY ADDITIONAL DATA OR DOCUMENTATION ABOUT YOUR TRANSACTIONS AT THIS TIME, BUT YOU MUST DO SO IF THE CLAIMS ADMINISTRATOR CONTACTS YOU TO REQUEST IT.

The Claims Administrator may ask Claimants to submit additional data or documents about their Gilt Bond Transactions. The Gilts Transaction Data Template, including the information you must provide about your Gilt Bond Transactions, if requested, is available at www.GiltBondSettlement.com.

If supplemental documentation is required, it must be from one or more of the following sources:

- a. Transaction data from your bank, broker, or internal trade system,
- b. Bank confirmations by individual trade,
- c. Bank transaction reports or statements,
- d. Trading venue transaction reports or statements,
- e. Prime broker reports or statements,
- f. Custodian reports or statements,
- g. Daily or monthly account statements or position reports,
- h. Email confirmations from counterparty evidencing transactions,
- i. Bloomberg confirmations or communications evidencing transactions, and/or
- j. Other documents evidencing Gilt Bond transactions during the Settlement Class Period.

Claimants are advised to keep such documentation and information, as it may be required to substantiate their Claim Form.

More information about these requirements is included in the Claim Submission Instructions, which are available at www.GiltBondSettlement.com.

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IV. SUMMARY TABLES OF GILT BOND TRANSACTIONS

Complete Part IV if, and only if, you entered into Gilt Bond Transactions from January 1, 2009 to December 31, 2013. Do not include information regarding instruments other than Gilt Bond Transactions with a Defendant, and do not include Gilt Bond Transactions in which you acquired the bonds as an agent for another individual or entity. For detailed instructions on how to fill out these tables, please see the Claim Submission Instructions available at www.GiltBondSettlement.com.

Gilts, UK Treasury Bills, UK Treasury Strips, UK Treasury Coupons, and UK Treasury Inflation Bonds

Please complete the table below for your Gilt Bond Transactions involving Gilts, UK Treasury Bills, UK Treasury Strips, UK Treasury Coupons, and UK Treasury Inflation Bonds.

Instrument Traded	Cusip/ISIN	Transaction Date (MM/DD/YYYY)	Maturity Date (MM/DD/YYYY)	Transaction Type (Purchase/Sale)	Name of Counterparty	Transaction Notional Amount (Expressed in British Pounds)	Transaction Principal Amount (Expressed in British Pounds) ¹

¹ Transaction cost without accrued interest.

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Gilt Futures

Please complete the table below for your Gilt Bond Transactions involving Gilt Futures.

Contract Traded/Contract Code	Number of Contracts	Transaction Date (MM/DD/YYYY)	Transaction Type (Purchase/Sale)	Name of Counterparty

Gilt Options on Futures

Please complete the table below for your Gilt Bond Transactions involving Gilt Options on Futures. Check the box in the first column if your options were exercised or assigned.

Contract Traded/Contract Code	Strike Price	Option Expiration Date (MM/DD/YYYY)	Transaction Date (MM/DD/YYYY)	Transaction Type (Purchase/Sale)	Number of Contracts	Put or Call	Name of Counterparty

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Contract Traded/Contract Code	Strike Price	Option Expiration Date (MM/DD/YYYY)	Transaction Date (MM/DD/YYYY)	Transaction Type (Purchase/Sale)	Number of Contracts	Put or Call	Name of Counterparty

Gilt OTC Options

Please complete the table below for your Gilt Bond Transactions involving Gilt OTC Options. Check the box in the first column if your options were exercised or assigned.

Underlying Instrument	Cusip/ISIN	Put or Call	Strike Price	Transaction Date (MM/DD/YYYY)	Option Expiration Date (MM/DD/YYYY)	Maturity Date of Underlying Instrument (MM/DD/YYYY)	Transaction Type (Purchase/Sale)	Name of Counterparty	Underlying Notional Amount (Expressed in British Pounds)

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Gilt Asset Swaps

Please complete the table below for your Gilt Bond Transactions involving Gilt Asset Swaps.

Underlying Instrument	Cusip/ISIN	Transaction Date (MM/DD/YYYY)	Receive or Pay	Name of Counterparty	Underlying Notional Amount (Expressed in British Pounds)

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V. CLAIMANT'S CERTIFICATION & SIGNATURE

SECTION A: CERTIFICATION

BY SIGNING AND SUBMITTING THIS CLAIM FORM, THE CLAIMANT OR CLAIMANT'S AUTHORIZED REPRESENTATIVE CERTIFIES ON THE CLAIMANT'S BEHALF AS FOLLOWS:

1. I (we) have read the Notice and Claim Form, including the descriptions of the Releases provided for in the Stipulation;
2. I (we) am (are) a Settlement Class Member and am (are) not one of the individuals or entities excluded from the Settlement Class;
3. I (we) have not submitted a Request for Exclusion;
4. I (we) have made the transactions submitted with this Claim Form for myself (ourselves) and not as agents of another, and have not assigned my (our) Released Claims to another;
5. I (we) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to the release or any other part or portion thereof;
6. I (we) have not submitted any other claim in this Action covering the same transactions and know of no other person having done so on my (our) behalf;
7. I (we) submit to the jurisdiction of the Court with respect to my (our) claim and for purposes of enforcing the Releases set forth in any Judgment(s) that may be entered in the Action;
8. I (we) agree to provide any additional information with respect to this Claim Form as the Claims Administrator or the Court may require;
9. I (we) acknowledge that I (we) will be bound by and subject to the terms of the Judgments that will be entered in the Action if the Settlement is approved; and
10. I (we) understand that any trial by jury (to the extent any such right may exist) and any right of appeal or review of the Court's determination with respect to my (our) Claim are waived.

SECTION B: SIGNATURE

PLEASE READ THE RELEASE, CONSENT TO DISCLOSURE, AND CERTIFICATION, AND SIGN BELOW.

I (we) acknowledge that, as of the Effective Date of the Settlement, pursuant to the terms set forth in the Stipulation, and by operation of law and any Judgments, I (we) shall be deemed to release and forever discharge and shall be forever enjoined from prosecuting the Released Claims against the Released Defendant Persons (as defined in the Stipulation and/or Judgment(s)).

If signing as an Authorized Representative on behalf of an entity, I (we) certify that I (we) have legal rights and authorization from the entity to file this Claim Form on the entity's behalf.

UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I (WE) CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM

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**IS TRUE, CORRECT, AND COMPLETE AND THE DATA SUBMITTED IN CONNECTION WITH
THIS CLAIM FORM ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.**

Date: _____
MM/DD/YY

Signature of Claimant (if Claimant is an individual filing on his or her
own behalf)

Print Name of Claimant (if Claimant is an individual filing on his or her
own behalf)

Date: _____
MM/DD/YY

Print name of Authorized Representative Completing Claim Form (if
any)

Capacity of Authorized Representative (if other than an individual (e.g.,
trustee, executor, administrator, custodian, or other nominee))

**REMINDER: YOUR CLAIM FORM MUST BE SUBMITTED ONLINE BY 11:59 P.M. EASTERN TIME ON
DECEMBER 23, 2025 OR RECEIVED BY MAIL NO LATER THAN DECEMBER 23, 2025.**