

**EXHIBIT 2**

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# Axiom v. Barclays

www.barxlastlooksettlement.com

Claimant Portal Class Member: [Entity Name]

### ONLINE CLAIM FILING AND CDS TRANSACTION INFORMATION

Welcome to the Barclays Last Look Settlement Claimant Portal. This portal will allow you to view and download information about your individual Covered Transactions, submit your Claim online, and provide the Claims Administrator with instructions for your payment.

Please sign in below, using the Claimant ID and Control Number located on the top right of the first page of the Claim Form that was mailed to you. If you do not have your Claimant ID and Control Number, please contact the Claims Administrator at (800) 231-1815. Once you have submitted your claim, you may only log in to view or download your Covered Transactions. In order to update any claim information once you've submitted your claim, you'll need to contact the Claims Administrator.

Claimant ID

Control Number

Verification Code



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**Claimant Portal** Class Member: [Entity Name]

**CONFIRM OR UPDATE CONTACT INFORMATION**

Please confirm or update your contact information below. The address listed below will be used for future correspondence, and may be used for payment, so please ensure it is accurate. If the information listed below is inaccurate or incorrect, please contact the Claims Administrator at (800) 231-1815 or by email at info@barxlastlooksettlement.com.

The contact information on file for you is listed below. The address listed below will be used for future correspondence, and may be used for payment, so please ensure it is accurate. Because you have already submitted your claim, in order to update any claim information, you must contact the Claims Administrator toll-free at (800) 231-1815 or by email at info@barxlastlooksettlement.com.

**NAME AND ADDRESS**

Class Member Entity Name\*

Representative or Contact Name\*

Representative or Contact Title\*

Street Address \*

City \*

State \*   Zip \*

Country \*

**EMAIL ADDRESS AND PHONE NUMBER**

Email

Phone Number\*

Previous: [Log In](#) Next: [View Covered Transactions;](#)  
[Transaction Data Unavailable;](#)  
[Already Filed;](#) or [Already Filed No Transactions.](#)

**A** If a claim has not been filed, only this paragraph will be displayed.

**B** If a claim has been filed, only this paragraph will be displayed.

**C** If a claim has not been filed, the Entity Name will be read only, and the other fields can be entered or updated from what is currently in our System by the claimant. If a claim has been filed, the fields will all be read only and the claimant must contact us to update their address or other contact info.

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## Axiom v. Barclays

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Claimant Portal
Class Member: [Entity Name]

**REVIEW YOUR COVERED TRANSACTIONS**

The table below lists all of your transactions that have been determined to be Covered Transactions. Specifically, a trade or trade instruction for an FX Instrument submitted over BARX (whether submitted on BARX or via an electronic communications network ("ECN") or any other connection to BARX) between June 1, 2008 and April 21, 2016, by persons who were either (i) domiciled in the United States, or (ii) domiciled outside the United States and had such trade or trade instruction routed over a Barclays server in the United States.

You may download the below Covered Transaction information to Excel by clicking on the "Download to Excel" button below. A description of the information provided in each column of the below listing is at the bottom of this page.

The only transactions listed below are those that have been determined to be Covered Transactions.

On the following page, before submitting your Claim, you will be required to either certify that the transactions listed below represent all transactions for which you are submitting a Claim, or to indicate that you intend to submit additional transactions for consideration and/or contest some portion of the Covered Transactions compiled by the Claims Administrator. All challenges will require documentary proof. For more information on how to submit a Challenge, please see the Challenge Process section of this website.

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**COVERED TRANSACTIONS**

Client	Time (GMT)	Currency Pair	Client Side	GBP Notional	Status
XXX	2013-01-02 15:49:42	AUD/JPY	BUY	12,898.69	Rejected
XXX	2013-01-02 12:29:26	EUR/GBP	SELL	407,375	Rejected

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Download to Excel

C Next  
*Next:[See below]*

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**A** This paragraph will only be displayed if a claim has not yet been filed for the claimant.

**B** The transaction listing can be opened in its own window to make scrolling easier.

**C** Claimants who have already filed a claim will be taken to the "Claim Already Filed" page when they click "Next." Those who have not yet submitted a claim will be taken to the "Certify Transactions" page.

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**Claimant Portal** Class Member: [Entity Name]

### CERTIFY YOUR TRANSACTIONS

Please select one option:

- I accept the Covered Transactions compiled by the Claims Administrator and do not intend to submit additional transactions for consideration or otherwise challenge the data compiled by the Claims Administrator.
- I intend to submit additional transactions for consideration, or to challenge some portion of the transactions listed on the previous page (a "Challenge"). I understand that my Challenge may be denied in whole or in part by the Claims Administrator, and that the Claims Administrator's determination with respect to my Challenge is appealable to the Court. For more information on how to submit a Challenge, please see the Challenge Process section of this website.

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**Claimant Portal** Class Member: [Entity Name]

**PAYMENT METHOD**

Please select the method by which you'd like to receive your settlement payment. Please note that all payments will be made in U.S. Dollars.

- Payment by Check**  
Your payment will be sent to the address you provided earlier.
- Electronic Payment (U.S. Bank)—My Bank Account is in the United States**  
You will be asked to provide payment information on the next page.
- Electronic Payment (non-U.S. Bank)—My Bank Account is NOT in the United States**  
You will be asked to provide payment information on the next page.

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**Claimant Portal** **Class Member: [Entity Name]**

**WIRE INSTRUCTIONS—PAYMENT TO U.S. BANK**

Please provide your wiring instructions below. You should only provide the information requested on this page if you would like your payment sent to an account at a bank located in the United States. If your account is at a bank outside the United States, please click the "Previous" button below and select the "Non-U.S. Bank" option to provide wiring instructions for an account at a bank outside the United States.

Please ensure the information you provide below is correct. Failure to provide accurate information may result in delay in your payment.

Does your bank require an intermediary bank?

Yes       No

Intermediary Bank Name:\*

Bank Address \*

City \*

State \*   Zip \*

ABA/Routing Number:\*

Bank Phone Number:\*

Please provide the information below for the beneficiary bank. If the name on the bank account is different than the name of the Class Member on whose behalf the trades were made, you will be required to provide additional documentation. You must provide all information requested below.

Beneficiary Bank Name:\*

Name on Account:\*

Account Number:\*

Bank Address \*

City \*

State \*   Zip \*

ABA/Routing Number:\*

Bank Phone Number:\*

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Claimant Portal

Class Member: [Entity Name]

### WIRE INSTRUCTIONS—PAYMENT TO NON-U.S. BANK

Please provide your wiring instructions below. You should only provide the information requested on this page if you would like your payment sent to an account at a bank located outside the United States. If your account is at a bank located in the United States, please click the "Previous" button below and select the "U.S. Bank" option to provide wiring instructions for an account at a bank in the United States.

Please ensure the information you provide below is correct. Failure to provide accurate information may result in delay in your payment.

Does your bank require an intermediary bank?

Yes  No

Intermediary Bank Name:\*

Country:\*

Bank Address \*

Province/Postal Code \*

ABA:

Swift Code:

CHIPS Code:

BIC Code:

Bank Phone Number\*:

Please provide the information below for the beneficiary bank. If the name on the bank account is different than the name of the Class Member on whose behalf the trades were made, you will be required to provide additional documentation. You must provide either the ABA number, SWIFT code, CHIPS code, or BIC code below.

Beneficiary Bank Name:\*

Name on Account:\*

IBAN Number:\*

Country:\*

Bank Address \*

Province/Postal Code \*

ABA:

Swift Code:

CHIPS Code:

BIC Code:

Bank Phone Number\*:

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**Claimant Portal** Class Member: [Entity Name]

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**CERTIFICATION UNDER OATH**

By typing your name and title below, you certify the following on behalf of the Class Member entity named above:

- 1) I acknowledge and agree that I have read and understand the notices;
- 2) I acknowledge and agree to the release of all Released Claims against Barclays and all Released Parties, as those terms are defined in the Settlement Agreement;
- 3) I certify that I am authorized to submit this claim on behalf of the Class Member Entity named above;
- 4) I certify that to the best of my knowledge, the entity named above did not operate an electronic platform for FX Trading through which the entity acted as a market maker (a "Platform");
- 5) I certify that to the best of my knowledge that neither Barclays nor a Platform owned a controlling interest in the entity named above;
- 6) I have not submitted any other claim covering the same transactions and know of no other person having done so on behalf of the entity named above; and
- 7) I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature:

Title:

(Must have authority to sign Claim Form on behalf of the entity listed above.)

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Class Notice	<p><b>REVIEW CLAIM AND SUBMIT</b></p>	
Claimant Portal	<p>Please carefully review the below claim information. If you need to change anything, please use the "Previous" button to navigate to the information you wish to change. When you are sure the information you have entered is correct, click the "Submit" button to submit your claim. You will be able to print a confirmation page on the next screen. If you need to change any of your information once you have submitted your claim, please contact the Claims Administrator at info@Barxlastlooksettlement.com or by phone at (800) 231-1815.</p>	
Challenge Process	<hr/> <p>CLAIMANT ID INFORMATION</p> <p style="margin-left: 150px;"><b>Claimant ID Number:</b> A45Tr98753  <b>Control Number:</b> A45Tr98753  <b>Claim Filed Date:</b> DD/MM/YYYY</p>	
Frequently Asked Questions	<hr/> <p>CONTACT INFORMATION</p> <p style="margin-left: 150px;"><b>Class Member Entity Name:</b> XXX  <b>Representative or Contact Name:</b> John Doe  <b>Street Address:</b> 123 Main Street  <b>City:</b> Seattle  <b>State:</b> WA  <b>Country:</b> United States  <b>Email:</b> John.doe@hotmail.com  <b>Phone Number:</b> (123) 234-2343</p>	
Court Documents	<hr/> <p>TRANSACTION CERTIFICATION</p> <p style="text-align: center;"><b>Claimant Certifies All Listed Covered Transactions</b></p>	
Contact Information	<hr/> <p>PAYMENT INFORMATION</p> <p style="text-align: center;"><b>Electronic Payment—U.S. Bank</b></p> <p style="margin-left: 150px;"><b>Beneficiary Bank Name:</b>  <b>Name on Account:</b>  <b>Account Number:</b>  <b>Bank Address:</b>  <b>City:</b>  <b>State:</b>  <b>ABA/Routing Number:</b>  <b>Bank Phone Number:</b></p>	
	<p style="text-align: center;">If you choose to submit a claim, you are consenting to the Court-appointed Claims Administrator matching your identity to your Covered Transactions.</p> <p style="display: flex; justify-content: space-between; margin-top: 20px;"> <span data-bbox="321 1732 427 1766" style="border: 1px solid #4F81BD; padding: 2px 10px;">Previous</span> <span data-bbox="1149 1732 1260 1766" style="background-color: #4F81BD; color: white; padding: 2px 10px;">Submit</span> </p> <p style="margin-top: 10px;"><i>Previous: Claim Certification</i></p>	

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Claimant Portal	<p><b>CONFIRMATION OF CLAIM SUBMITTAL</b></p> <p>Please click the "Print" button below to print and save a copy of your claim information for your records. If you need to change any of your claim information, you may contact the Claims Administrator toll-free at (800) 231-1815 or via email at info@Barxlastlooksettlement.com.</p>
Challenge Process	<hr/> <p>CLAIMANT ID INFORMATION</p> <p style="text-align: center;"> <b>Claimant ID Number:</b> A45Tr98753  <b>Control Number:</b> A45Tr98753  <b>Claim Filed Date:</b> DD/MM/YYYY </p>
Frequently Asked Questions	<hr/> <p>CONTACT INFORMATION</p> <p style="text-align: center;"> <b>Class Member Entity Name:</b> XXX  <b>Representative or Contact Name:</b> John Doe  <b>Street Address:</b> 123 Main Street  <b>City:</b> Seattle  <b>State:</b> WA  <b>Country:</b> United States  <b>Email:</b> John.doe@hotmail.com  <b>Phone Number:</b> (123) 234-2343 </p>
Court Documents	<hr/> <p>TRANSACTION CERTIFICATION</p> <p style="text-align: center;"><b>Claimant Certifies All Listed Covered Transactions</b></p>
Contact Information	<hr/> <p>PAYMENT INFORMATION</p> <p style="text-align: center;"><b>Electronic Payment—U.S. Bank</b></p> <p style="text-align: center;"> <b>Beneficiary Bank Name:</b>  <b>Name on Account:</b>  <b>Account Number:</b>  <b>Bank Address:</b>  <b>City:</b>  <b>State:</b>  <b>ABA/Routing Number:</b>  <b>Bank Phone Number:</b> </p>
<div style="border: 1px solid #4F81BD; padding: 2px 10px; display: inline-block;">Print</div>	

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Class Notice	<p style="text-align: center;"><b>Claimant Portal</b> <span style="float: right;">Class Member: [Entity Name]</span></p>
Claimant Portal	<p><b>CLAIM PREVIOUSLY SUBMITTED</b></p> <p>Our records indicate you submitted a claim previously. Because you have already submitted a claim, you may only view and download your Covered Transaction information from this website. A summary of your claim information is below. If you would like to change any of the below claim information, please contact the Claims Administrator toll-free at (800) 231-1815 or via email at info@Barxlastlooksettlement.com.</p>
Challenge Process	<hr/> <p>CLAIMANT ID INFORMATION</p> <p style="text-align: center;"> <b>Claimant ID Number:</b> A45Tr98753  <b>Control Number:</b> A45Tr98753  <b>Claim Filed Date:</b> DD/MM/YYYY </p>
Frequently Asked Questions	<hr/> <p>CONTACT INFORMATION</p> <p style="text-align: center;"> <b>Class Member Entity Name:</b> XXX  <b>Representative or Contact Name:</b> John Doe  <b>Street Address:</b> 123 Main Street  <b>City:</b> Seattle  <b>State:</b> WA  <b>Country:</b> United States  <b>Email:</b> John.doe@hotmail.com  <b>Phone Number:</b> (123) 234-2343 </p>
Court Documents	<hr/> <p>TRANSACTION CERTIFICATION</p> <p style="text-align: center;"><b>Claimant Certifies All Listed Covered Transactions</b></p>
Contact Information	<hr/> <p>PAYMENT INFORMATION</p> <p style="text-align: center;"><b>Electronic Payment—U.S. Bank</b></p> <p style="text-align: center;"> <b>Beneficiary Bank Name:</b>  <b>Name on Account:</b>  <b>Account Number:</b>  <b>Bank Address:</b>  <b>City:</b>  <b>State:</b>  <b>ABA/Routing Number:</b>  <b>Bank Phone Number:</b> </p>
<div style="border: 1px solid #4F81BD; padding: 2px 10px; display: inline-block;">Sign Out</div>	

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Claimant Portal	<p>To facilitate the claims submission process, Class Counsel and their experts have identified and compiled the Covered Transactions applicable to each individual class member based on records maintained by Barclays. These records capture information about each trade or trade instruction for an FX Instrument submitted to Barclays via BARX. Class Counsels' experts undertook an extensive analysis of the data, as directed by Class Counsel, to identify those records that qualify as Covered Transactions.</p>
Challenge Process	<p>If, after reviewing your Covered Transactions in detail, you believe that you engaged in additional Covered Transactions qualifying for claims under the Settlement that are not included in the list on the Claimant Portal, or that information provided in the Claimant Portal about one or more of your Covered Transactions is incorrect, you may contact the Claims Administrator at <a href="mailto:info@barxlastlooksettlement.com">info@barxlastlooksettlement.com</a>. The Claims Administrator will guide you through the procedure for submitting a Challenge.</p>
Frequently Asked Questions	<p>If your Challenge includes additional transactions not included in your list of Covered Transactions, your submission must include a description of why you believe the transaction(s) qualifies as a Covered Transaction. In order for a transaction to be a Covered Transaction, either (i) the Person on whose behalf the trade or trade instruction was made must be domiciled in the United States or its territories at the time of the transaction; or (ii) the Person was domiciled outside of the United States at the time of the transaction and had such a trade or trade instruction routed over a Barclays server in the United States.</p>
Court Documents	<p>If the purpose of your Challenge is to contest the Covered Transactions listed in the Claimant Portal, you must provide documentary proof of the transaction. If you intend to challenge any other aspect of a listed Covered Transaction, please discuss your concern with the Claims Administrator prior to submitting your Challenge.</p>
Contact Information	<p>Your submission will need to include specific data points that the Claims Administrator will instruct you to provide, as well as additional documentation. The more information you are able to provide, the greater the Claims Administrator's ability to review and make an accurate determination on your Challenge. Challenges with too few data points may be rejected. Please do not submit your challenge without first contacting the Claims Administrator at <a href="mailto:info@barxlastlooksettlement.com">info@barxlastlooksettlement.com</a>.</p>
	<p><b>Class Members are reminded that the deadline for submission of additional claims information is the same as the claim filing deadline. Additional claims information must be submitted electronically by [_____, 2017]. In order for such a submission to be considered timely, it must be submitted by this date, in the format requested by the Claims Administrator, so please contact the Claims Administrator at the above email address in advance of the deadline.</b></p>