

**MUST BE
POSTMARKED BY
NO LATER THAN
MAY 19, 2017**

**Axiom Investment Advisors LLC, by and through its Trustee,
Gildor Management LLC v. Barclays Bank PLC**

AXM



c/o GCG
P.O. Box 9349
Dublin, OH 43017-4249
Toll-Free: (800) 231-1815
Outside U.S. and Canada: (614) 553-1610
WWW.BARXLASTLOOKSETTLEMENT.COM



Claimant ID:

Control Number:

CLAIM FORM

This Claim Form relates to *Axiom Investment Advisors LLC, by and through its Trustee, Gildor Management LLC v. Barclays Bank PLC*, No. 15-cv-9323 (LGS) (S.D.N.Y.). Please be advised that if the entity receiving this Claim Form is a parent company, the parent company may be receiving this Claim Form on behalf of one of its subsidiaries or other related entries.

To be eligible to submit a claim, you must have, between June 1, 2008 and April 21, 2016, submitted a trade or trade instruction for an FX Instrument to Barclays over BARX (whether submitted on BARX or via an electronic communications network (“ECN”) or any other connection to BARX) to which Barclays applied Last Look, or as to which Barclays engaged in any other conduct that is the subject of a Released Claim and were either (i) domiciled in the United States, or (ii) (a) domiciled outside the United States and (b) had such trade or trade instruction routed over a Barclays server in the United States. However, certain exclusions apply. If you are an entity (i) that operates an electronic platform for FX Trading through which you act as a market maker (a “Platform”), or (ii) in which Barclays or a Platform has a controlling interest, you are excluded from the Settlement Class and are not eligible to make a claim. For a full list of exclusions, please review the enclosed Notice.

Claim Forms may be mailed via first-class mail to the Claims Administrator at the address above or may be submitted online at WWW.BARXLASTLOOKSETTLEMENT.COM. If sent by mail, the Claim Form must be postmarked no later than **May 19, 2017** for your claim to be considered for payment. If submitted online, the Claim Form must be submitted on or before **11:59 p.m. Eastern Time on May 19, 2017**.

Before completing this Claim Form or submitting your Claim Form online via WWW.BARXLASTLOOKSETTLEMENT.COM, please carefully read the enclosed Notice. As the Notice describes at Question 9, the Claims Administrator will make your available transaction records accessible to you (“Covered Transactions”) on a secure portal accessible at WWW.BARXLASTLOOKSETTLEMENT.COM. Your Covered Transactions will be available for review on the secure portal beginning on January 9, 2017. On January 9, 2017, you can log in to the secure portal with the Claimant ID and Control Number printed in the upper right corner of this Claim Form to review your Covered Transactions.

******If you choose to submit a claim, you are consenting to the Court-appointed Claims Administrator matching your identity to your Covered Transactions.******

If the Class Member Entity Name listed below is incorrect, or if you have additional questions, you may contact the Claims Administrator at (800) 231-1815 (if dialing from outside the United States or Canada, call (614) 553-1610) or via email at info@barxlastlooksettlement.com.

FOR MORE INFORMATION, CALL (800) 231-1815 (IF DIALING FROM OUTSIDE THE UNITED STATES OR CANADA, CALL (614) 553-1610) OR VISIT WWW.BARXLASTLOOKSETTLEMENT.COM

To view Garden City Group, LLC's Privacy Notice, please visit <http://www.gardencitygroup.com/privacy>



PART I - CLAIMANT IDENTIFICATION

Class Member Entity Name:

Representative or Contact Name:

Representative or Contact Title:

Street Address:

City:

State:

Zip Code / Postal Code:

Country (if Other than U.S.):

Daytime Telephone Number:

Evening Telephone Number:

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

PART II - PAYMENT ELECTION AND CERTIFICATION

Please select one option:

I elect to be paid by check. If you elect this payment method and your claim is valid and timely, a check will be mailed to the address you've provided on page 1.

I elect to be paid by wire transfer to a bank in the United States. If you elect this payment method, a Payment Election Form will be mailed (or emailed) to you at the address you've provided on page 1.

I elect to be paid by wire transfer to a bank outside of the United States located in _____ (country). If you elect this payment method, a Payment Election Form will be mailed (or emailed) to you at the address you've provided on page 1.

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 and/or to contest some portion of the Covered Transactions compiled by the Claims Administrator (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 is appealable to the Court.



PART II - PAYMENT ELECTION AND CERTIFICATION (CONTINUED)

By signing below, I certify the following:

- 1) I acknowledge and agree that I have read and understand the Notice;
- 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 act 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:	Date:
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Print Name:	Title:
<input type="text"/>	<input type="text"/>
Class Member Entity Name:	
<input type="text"/>	