

Carver v. Bank of New York Mellon ERISA ADR FX Settlement

c/o Analytics Consulting LLC

P.O. Box 2003

Chanhassen, MN 55317-2003

Toll-Free Number: 855-773-0250

Email: info@BNYMADRERISASettlement.com

Website: www.BNYMADRERISASettlement.com

PROOF OF CLAIM AND RELEASE FORM

Identified Class Entities:

If you are a fiduciary or other authorized representative of an ERISA Entity that received a Validation Letter in the mail, Your Entity is an Identified Class Entity. This Claim Form has been pre-populated with information from Available Data produced in discovery in this action identifying (i) the name(s) of the BNYM ADR(s) Your Entity held during the Settlement Class Period; (ii) the CUSIPs of the BNYM ADR(s) Your Entity held during the Settlement Class Period; (iii) the Dividend Record Date(s) on which Your Entity held the BNYM ADR(s); and (iv) the number of shares of each BNYM ADR held on each Dividend Record Date. You DO NOT need to complete and submit this Proof of Claim and Release Form ("Claim Form") in order to participate in the Settlement and be eligible to receive a payment from the proceeds of the Settlement. Your Entity's Claim and payment amount will be calculated pursuant to the data in the pre-populated Claim Form. Please refer to the Notice for more information.

On behalf of Your Entity, you should review for accuracy and completeness the pre-populated Claim Form. If the information set forth therein is incorrect or incomplete, you should amend the Claim Form by submitting corrected or supplemental information. You must do so by _____, 2019 to have it considered in connection with the Settlement of this Action.

FAILURE TO SUBMIT YOUR CORRECTED OR SUPPLEMENTED CLAIM FORM BY THE DATE SPECIFIED ABOVE WILL SUBJECT YOUR CORRECTED OR SUPPLEMENTED CLAIM FORM TO REJECTION.

Potential Class Entities:

If Your Entity received Postcard Notice of this Settlement (not a Validation Letter) or if you believe Your Entity held BNYM ADRs that may be covered by this Settlement and this Claim Form is NOT pre-populated with Your Entity's BNYM ADR holdings, you MUST COMPLETE AND SUBMIT A CLAIM FORM by _____, 2019 in order to be eligible to receive a payment from the proceeds of the Settlement. Please refer to the Notice for more information.

FAILURE TO SUBMIT YOUR CLAIM FORM BY THE DATE SPECIFIED ABOVE WILL SUBJECT YOUR CLAIM TO REJECTION AND MAY PRECLUDE YOU FROM BEING ELIGIBLE TO RECEIVE ANY MONEY IN CONNECTION WITH THE SETTLEMENT.

**DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE PARTIES, OR THEIR COUNSEL.
SUBMIT YOUR CLAIM FORM ONLY TO THE CLAIMS ADMINISTRATOR THROUGH THIS WEBSITE.**

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PART I – CLAIMANT INFORMATION

The Claims Administrator will use this information to identify you and for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator using the website. Complete names of all persons and entities must be provided.

ADR CLAIMANT IDENTIFICATION

Authorized Representative's Name

First Name

Last Name

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Capacity of Authorized Representative (e.g., Trustee, Fiduciary, Administrator, Custodian, or Other)

Trustee Fiduciary Administrator Custodian Other _____

Beneficial Owner Record Owner Plan DFE

Plan or DFE Name*

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Plan Number *

Taxpayer Identification Number *

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*As appearing in the most recent Form 5500 filing by your Entity to the U.S. Department of Labor

Authorized Representative's Contact Information

Street Address

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City

State/Province Zip Code

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Foreign Postal Code (*if applicable*)

Foreign Country (*if applicable*)

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Telephone Number (Day)

Telephone Number (Alternate)

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Email Address (Email address is required and if you provide it you authorize the Claims Administrator to use it to provide you with information relevant to this claim.):

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PART II – GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Final Approval Hearing; and (III) Motion for Attorneys' Fees and Reimbursement of Litigation Expenses (the "Notice") that accompanies this Claim Form, including the proposed Plan of Allocation of Net Settlement Fund attached as Exhibit 1 to the Notice. The Notice describes the proposed Settlement, how Settlement Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed to Authorized Recipients if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and understand the Notice, including the terms of the Releases described therein and provided for herein.
2. **Important - Please Note:** The Claims Administrator has identified from Available Data produced in discovery in this Action that certain ERISA Entities held at least one BNYM ADR during the Settlement Class Period ("Identified Class Entities"). Identified Class Entities do not need to take any action to be eligible to receive a payment from the Settlement. You will know if Your Entity is an Identified Class Entity because you will have received a Validation Letter in the mail identifying Your Entity's known BNYM ADR holdings. The data in the Validation Letter has been pre-populated into a Claim Form on Your Entity's behalf and will be used to calculate Your Entity's Claim, unless you choose to submit an amended Claim Form. ERISA Entities that were not identified through the Available Data as having held at least one BNYM ADR during the Settlement Class Period are "Potential Class Entities." Potential Class Entities **must** submit a Claim Form in order to be eligible to receive a payment from the Settlement. Potential Class Entities will not have received a Validation Letter, but should have received a Postcard Notice. **If you are unsure whether Your Entity is an Identified Class Entity or a Potential Class Entity, please contact the Claims Administrator.**
3. By submitting this Claim Form, Your Entity will be making a request to share in the proceeds of the Settlement described in the Notice. **IF YOUR ENTITY IS NOT A SETTLEMENT ENTITY** (see definition of Settlement Class and Settlement Entity in the Stipulation and on page 9 of the Notice, which sets forth who is included in the Settlement Class), **DO NOT SUBMIT A CLAIM FORM. YOU AND YOUR ENTITY MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOUR ENTITY IS NOT A SETTLEMENT ENTITY.** **THUS, IF YOUR ENTITY DOES NOT MEET THE DEFINITION OF A SETTLEMENT ENTITY, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR ENTITY'S BEHALF, WILL NOT BE ACCEPTED.**
4. **Submission of this Claim Form does not guarantee that Your Entity will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.**
5. Use the Schedule of ADRs and Dividend Record Dates in Part III of this Claim Form to supply all required information regarding Your Entity's BNYM ADR holdings, including (i) the name(s) of the BNYM ADR(s) Your Entity held during the Settlement Class Period; (ii) the CUSIPs of the BNYM ADR(s) Your Entity held during the Settlement Class Period; (iii) the Dividend Record Date(s) on which Your Entity held the BNYM ADR(s); and (iv) the number of shares of each BNYM ADR held on each Dividend Record Date. Please provide all of the requested information.
6. You are required to submit genuine and sufficient documentation to support the information you provided in the Schedule of ADRs and Dividend Record Dates in Part III of this Claim Form. Documentation may consist of copies of Your Entity's applicable account statements, or an authorized statement from Your Entity's trustee, custodian or broker containing the information regarding Your Entity's BNYM ADR holdings that would be found in an applicable account statement. Please Note: If Your Entity is a Potential Class Entity (not an Identified Class Entity), the Parties, Lead Plaintiffs' Counsel, and the Claims Administrator do not independently have information about Your Entity's holdings in the BNYM ADRs covered by this Action, the Dividend Record Date(s) on which Your Entity held the BNYM ADRs, or the number of shares of each BNYM ADR Your Entity held on each Dividend Record Date. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.**
7. Separate Claim Forms should be submitted for each Settlement Entity. If a Settlement Entity invested in a BNYM ADR through a Direct Filing Entity or "DFE," as defined by the U.S. Department of Labor "Instructions for Form 5500, Annual Return/Report of Employee Benefit Plan," the DFE should complete the Claim Form with respect to that BNYM ADR.
8. Fiduciaries, trustees, administrators, custodians, and/or other authorized representatives of a Settlement Entity may

complete a Claim Form on behalf of the Settlement Entity, but if they do, they must sign and:

- (a) expressly state the capacity in which they are acting;
 - (b) identify the Plan or DFE name, Taxpayer Identification Number, and Plan Number for the Settlement Entity on whose behalf they are acting;
 - (c) identify their address, telephone number, and e-mail address; and
 - (d) furnish herewith evidence of their authority to bind to the Claim Form the Settlement Entity on whose behalf they are acting.
9. By submitting a signed Claim Form, you will be swearing that Your Entity owned the number of shares of BNYM ADRs you have listed in the Claim Form on the respective Dividend Record Date(s) provided therein.
 10. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your Claim and may subject you to civil liability or criminal prosecution.
 11. If the Court approves the Settlement, payments to Authorized Recipients pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all Claims processing. The Claims process will take substantial time to complete fully and fairly. Please be patient.
 12. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Recipient shall receive its pro rata share of the Net Settlement Fund. If the prorated payment to any Authorized Recipient calculates to less than \$10.00, it will not be included in the calculation and no distribution will be made to that Authorized Recipient.
 13. If you have questions concerning the Claim Form or the Notice, you may contact the Claims Administrator, Analytics Consulting, LLC, at the above address, by toll-free phone at 1-855-773-0250, or by email at info@BNYMADRERISASettlement.com.
 14. **NOTICE REGARDING ELECTRONIC FILES:** Certain Claimants may request, or may be requested, to submit information regarding their BNYM ADR holdings in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the Settlement website at www.BNYMADRERISASettlement.com or you may email the Claims Administrator at info@BNYMADRERISASettlement.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an e-mail after processing your file with your claim numbers and respective account information. **Do not assume that your file has been received or processed until you receive this e-mail. If you do not receive such an e-mail within 10 days of your submission, you should contact the Claims Administrator to inquire about your file and confirm it was received and acceptable.**

IMPORTANT: PLEASE NOTE

YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT E-MAIL. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT E-MAIL WITHIN 10 DAYS OF SUBMISSION OF YOUR CLAIM FORM, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-855-773-0250.

PART III – SCHEDULE OF ADRS AND DIVIDEND RECORD DATES

Please be sure to include proper documentation with your Claim Form as described in detail in Part II – General Instructions, ¶ 6, above.

A list of BNYM ADRs, CUSIPs, and Dividend Record Dates is set forth below. If Your Entity held, directly or indirectly, any BNYM ADR on one or more of the Dividend Record Dates identified below, please identify in the corresponding box the number of shares of the BNYM ADR Your Entity held or beneficially held on each respective Dividend Record Date, to the extent the number of shares is not already pre-populated. In addition, blank rows are available at the end of this list if you wish to add additional ADRs that you believe were BNYM ADRs and that you owned from January 1, 1997 to [_____, 2019], inclusive.

DR Name (CUSIP)	Dividend Record Date 1	Dividend Record Date 2	Dividend Record Date 3	Dividend Record Date 4	Dividend Record Date 5	Dividend Record Date 6	Dividend Record Date 7	Dividend Record Date 8	Confirm Proper Documen- tation
ABSA GROUP LIMITED (CUSIP: 00077C309)	12/23/2003								Y/N
	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	
AKBANK 144A (CUSIP: 009719303)	3/26/2003								Y/N
	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	
ALCATEL-LUCENT (CUSIP: 013904305)	6/27/1997	6/30/1998	6/30/1999	5/18/2000	5/7/2001	4/22/2002			Y/N
	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	
AMER SPORTS CORPORATION (CUSIP: 023512205)	3/16/1999	3/13/2000	3/12/2001	3/26/2002	3/25/2003				Y/N
	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	
AMVESCAP (CUSIP: 03235E100)	4/6/1999	9/3/1999	4/7/2000	9/8/2000	3/30/2001	9/7/2001	4/5/2002	8/30/2002	Y/N
	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	
AUSTRALIA AND NEW ZEALAND BA (CUSIP: 052528304)	6/12/1997	12/11/1997	6/11/1998	11/19/1998	6/10/1999	11/18/1999	5/25/2000	11/8/2000	Y/N
	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	
BA HOLDING - 144A (CUSIP: 060587508)	5/30/2000								Y/N
	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	
BA HOLDING AG (CUSIP: 060593100)	6/24/1997	6/15/1998	7/22/1998	5/24/1999	5/30/2000				Y/N
	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	
BANCO BILBAO VIZCAYA (CUSIP: 059458208)	1/9/1997	4/9/1997	7/17/1997	7/18/1997	10/10/1997	1/9/1998	4/8/1998	7/10/1998	Y/N
	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	
BANKINTER S.A. (CUSIP: 066460106)	7/9/1998								Y/N
	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	
BARCLAYS PLC (CUSIP: 06738E204)	8/16/2002	2/28/2003	8/18/2003						Y/N
	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	
BBV PREFERENCE - SERIES B (CUSIP: 059456202)	3/14/1997	6/13/1997	9/15/1997	12/15/1997	6/15/1998	9/15/1998	12/15/1998	3/15/1999	Y/N
	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	
Fill in Name of ADR Missing From Above	Fill Record Date	Fill Record Date	Fill Record Date	Fill Record Date	Fill Record Date	Fill Record Date	Fill Record Date	Fill Record Date	Y/N
Fill in CUSIP of ADR	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	Fill # of ADRs	

PART IV - RELEASE OF CLAIMS AND SIGNATURE**YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND ELECTRONICALLY SIGN.**

I hereby acknowledge that, pursuant to the terms set forth in the Stipulation, without further action by anyone, upon the Effective Date of the Settlement, I, on behalf of myself and the Settlement Entity of which I am a participant, beneficiary, trustee, or fiduciary and each of its respective predecessors, successors, beneficiaries, and assigns, direct and indirect parents, subsidiaries, and affiliates, its current and former administrators, officers, directors, named fiduciaries, trustees, investment managers, investment advisors, employees, agents, and legal representatives, and the predecessors, successors, heirs, executors, administrators, beneficiaries, and assigns of each of the foregoing shall be deemed to have, and by operation of law and of the Order and Final Judgment shall have, finally, fully, and forever compromised, settled, released, resolved, relinquished, waived, and discharged each and every Released Claim against any of the Released Parties, and shall forever be barred and enjoined from prosecuting any or all of the Released Claims against any of the Released Parties. I also hereby acknowledge that on behalf of myself and the Settlement Entity of which I am a participant, beneficiary, trustee, or fiduciary that I and it shall be bound by the terms of the Releases set forth in the Stipulation whether or not the Settlement Entity obtains a recovery from the Settlement Fund, or seeks, or actually receives a distribution from the Net Settlement Fund.

CERTIFICATION

By signing and submitting this Claim Form, the Claimant or the person who represents the Claimant certifies as follows:

1. that I have read and understand the contents of the Notice and this Claim Form, including the Releases provided for in the Settlement and the terms of the Plan of Allocation;
2. that the Claimant is a Settlement Entity, as defined in the Notice and Stipulation;
3. that the Claimant owned the number of shares of BNYM ADRs identified in this Claim Form on the respective Dividend Record Date(s) provided therein and have not assigned the claim against the Defendant or any of the other Released Parties to another, or that, in signing and submitting this Claim Form, I have the authority to act on behalf of the owner thereof;
4. that the Claimant submits to the jurisdiction of the Court with respect to the Claimant's claim and for purposes of enforcing the Releases set forth herein;
5. that I agree to furnish such additional information with respect to this Claim Form as Lead Plaintiffs' Counsel, the Claims Administrator, or the Court may require;
6. that the Claimant waives the right to trial by jury, to the extent it exists, and agrees to the Court's summary disposition of the determination of the validity or amount of the Claim made by this Claim Form;
7. that I acknowledge that the Claimant will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and
8. By submitting this Claim Form, the Claimant consents to the disclosure of, waives any protections provided by applicable bank secrecy law, data privacy law, or any similar confidentiality protections with respect to, and instructs the applicable Defendant(s) to disclose Claimant's information and transaction data relating to Claimant's ADR FX performed by Defendants during the Settlement Class Period, for use in the claims administration process. If applicable, Claimant waives any protections provided by applicable bank secrecy law, data privacy law, or any similar confidentiality protections with respect to, and consents to the disclosure of any and all information and documentation pertaining to Claimant's ADR FX performed by Defendants during the Class Period which may be obtained from third parties, including but not limited to bank(s) or brokerage firm(s), Depository Trust Company participant(s), third-party money manager(s), trustee(s), custodian(s), or others, for use in the claims administration process.

UNDER THE PENALTIES OF PERJURY, I CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Person Signing on Behalf of Claimant

Date Signed

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Print Your Name Here

Capacity of person signing on behalf of Claimant, e.g., fiduciary, administrator, trustee, etc. *(Must provide evidence of authority to act on behalf of Claimant - see paragraph 8 on page 4 of this Claim Form.)*

REMINDER CHECKLIST

1. Please sign the above release and certification.
2. Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.
3. Please do not highlight any portion of the Claim Form or any supporting documents.
4. Keep copies of the completed Claim Form and documentation for your own records.
5. The Claims Administrator will acknowledge receipt of your Claim Form only by e-mail within 10 days. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL WITHIN 10 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-855-773-0250.**
6. If your address changes in the future, or if this Claim Form is populated with an old or incorrect address, please update your new address on the Settlement Website.
7. If you have any questions or concerns regarding your Claim, please contact the Claims Administrator at the above address, by toll-free phone at 1-855-773-0250, by email at info@BNYMADRERISASettlement.com or visit www.BNYMADRERISASettlement.com. Please DO NOT call Defendants or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE ELECTRONICALLY SUBMITTED **NO LATER THAN** _____, **2019**.

A Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Claims Administrator of any change of address.