

IMPORTANT NOTE: THE WINDING-UP BOARD TAKES NO POSITION AS TO THE VALIDITY OF A CLAIM TO BE TRANSFERRED. CONFIRMATION THAT A CLAIM HAS BEEN TRADED IN ACCORDANCE WITH THE PROCEDURES PROMULGATED BY THE WINDING-UP BOARD DOES NOT CONSTITUTE EVIDENCE OF A VALID CLAIM. THE PARTIES TO THE TRANSFER ACCEPT THE RISK THAT THE CLAIM BEING TRADED MAY ULTIMATELY BE REJECTED IN WHOLE OR IN PART BY THE WINDING-UP BOARD. THE WINDING-UP BOARD RESERVES ALL RIGHTS WITH RESPECT TO ANY TRADED CLAIMS, INCLUDING THE RIGHT TO REJECT SUCH CLAIMS IN WHOLE OR IN PART.

Glitnir Request to Amend a Successful Claim Transfer (Partial Transfers Only)

This Request to Amend a Successful Claim Transfer Form is required for creditors wishing to amend the amount they have previously transferred. The Winding-Up Board has established certain non-refundable fees to defray the cost associated with administering claim transfers. The fee for this process is **\$2,000**. Before completing this form, please review the attachments starting on page 3. These attachments provide instructions for completing the form and the payment of the corresponding fees. For additional information relating to claim transfers please review the transfer-specific FAQs posted at www.glitnirbank.com, or contact the Transfer Agent, Epiq Bankruptcy Solutions LLC, at Glitnir@epiqsystems.com.

SECTION A. TRANSFER & CLAIM INFORMATION

*THE CLAIM REFERENCE NUMBER ON THE FORM SHOULD CONTAIN THE "-T#" SUFFIX. THIS SUFFIX INDICATES THE NEW CLAIM THAT WAS CREATED AS A RESULT OF THE SUCCESSFUL TRANSFER AND IS NOW HELD BY THE TRANSFEREE. THE FULL CLAIM REFERENCE NUMBER IS INDICATED IN THE SECOND SENTENCE ON THE NOTICE OF SUCCESSFUL TRANSFER THAT WAS ISSUED TO BOTH TRANSFER PARTIES AS LISTED ON THE CLAIM TRANSFER REQUEST FORM.

Claim reference number*:

CHECK THE APPROPRIATE BOXES:

IF YOU DO NOT KNOW THE RELATED TRANSFER NUMBER IT IS OK TO LEAVE THE "AMENDMENT" FIELD BLANK. PLEASE INCLUDE THE DATE OF THE NOTICE OF SUCCESSFUL TRANSFER IN THE CORRESPONDING FIELD BELOW.

AMENDMENT Optional
Related Transfer Number:

Notice of Successful Transfer Issued:
Date:

PAYMENT TYPE: WIRE CHECK
If paying by wire transfer, please list the Federal Reference No., SWIFT Code or other Confirmation No.

PARTIAL TRANSFER AMOUNT *REQUIRED FOR ALL AMENDING TRANSFERS*

Below is only for partial transfers, you must provide the amounts requested below **in the currency of the original claim (ISK will not be accepted):**

*The amount for this field is the one indicated in "Claimed Amount to be Transferred" on the Notice of Successful Transfer.

Current Transfer Amount*:

Amended Amount to be Transferred:

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SECTION B. CONTACT INFORMATION FOR THE TRANSFEROR AND TRANSFEREE

Name of Transferor:

Email Address:

Name of Transferee:

Email Address:

Transferor Initials

Transferee Initials

SECTION C. DISCLAIMER / DECLARATION / SIGNATURES

DISCLAIMER

The information appearing in this Request to Amend a Successful Transfer Form is for general informational purposes only and is NOT intended to provide any accounting, legal or tax advice to any individual or entity and does not create a fiduciary or attorney-client relationship. We urge you to consult with your own accounting, legal, and tax advisors before taking any action based on information appearing in this Request to Amend a Successful Transfer Form.

Information in this Request to Amend a Successful Transfer Form is provided "as is" without warranty of any kind, either express or implied, including, but not limited to, the implied warranties of merchantability, fitness for a particular purpose, or non-infringement. Information in this Request to Amend a Successful Transfer Form may contain technical inaccuracies or typographical errors. The Request to Amend a Successful Transfer Form may be changed or updated without notice. The Winding-Up Board and its agents, including Epiq Bankruptcy Solutions, LLC, may also make improvements and/or changes to the claim transfer process at any time without notice.

In no event will the Winding-Up Board and its agents, including Epiq Bankruptcy Solutions, LLC, be liable to any party for any direct, indirect, special or other consequential damages for any use of this Request to Amend a Successful Transfer Form, even if we are expressly advised of the possibility of such damages.

The Winding-Up Board and its agents, including Epiq Bankruptcy Solutions, LLC, takes no position as to the validity of a claim to be transferred. Confirmation that a claim has been traded in accordance with the procedures promulgated by the Winding-Up Board does not constitute evidence of a valid claim. The parties to the transfer accept the risk that the claim being traded may ultimately be rejected by the Winding-Up Board. The Winding-Up Board reserves all rights with respect to any traded claims, including the right to reject such claim in whole or in part.

The non-refundable Administrative Fee is intended to absorb entirely the costs incurred by the Winding-Up Board and Epiq Bankruptcy Solutions, LLC associated with receipt, registration, review, noticing, scanning, reporting and communication with parties to the transfer regarding the preparation or status of transfers. If the requested transfer is cancelled and withdrawn for any reason other than manifest error (**as determined by the Winding-Up Board at its sole discretion**), the Administrative Fee will not be returned or credited to the sender. Any costs charged by an additional party in connection with this transfer will be borne by the parties to the transfer and will be separate from the Administrative Fee.

TRANSFER OF CLAIM

Under Icelandic law a Claimant is permitted to sell its claim. However, the Winding-Up Board will only recognize such a transfer and accordingly make any future payment to the transferee if the Winding-Up Board is notified of the transfer and the transfer is perfected in accordance with the procedures set out in the FAQs at <http://www.glitnirbank.com>, and by using this Request to Amend a Successful Transfer Form. Under Icelandic law, all claims were converted into Icelandic Krona (ISK) as at 22 April 2009. However, in completing the Request to Amend a Successful Transfer Form you must insert the amounts of the claim in its original currency. The Winding-Up Board reserves the right to make any payment to the original Claimant notwithstanding any purported transfer of a claim, if the Winding-Up Board is not satisfied that the procedures set forth in the FAQs have been complied with and / or the submitted documentation does not provide satisfactory evidence of the transfer or new ownership.

DISPUTES

This Request to Amend a Successful Transfer Form shall be governed by and construed in accordance with Icelandic law. The parties hereto irrevocably agree that the courts of Iceland are to have exclusive jurisdiction to address any dispute which may arise out of or in connection with this Request to Amend a Successful Transfer Form.

DECLARATION OF THE TRANSFEROR

I/we declare that, to the best of my/our knowledge and belief, the information in this form (and any attachments thereto) is complete, accurate and not false or misleading. I/we am/are duly authorised to request this transfer on behalf of the Transferor.

I/we consent to the information provided herein and any other information relating to this claim being made available to any part of Glitnir hf and its Winding-Up Board, their staff, advisors, and agents, including Epiq Bankruptcy Solutions, LLC.

I/we acknowledge that details of creditors' claims are made available to all creditors under Icelandic law. Accordingly, I/we consent to the extent reasonably necessary to waive rights under banking secrecy or other confidentiality or data protection rules or laws whether in Iceland or elsewhere. Without prejudice to the generality of this waiver, I/we consent to the details of my/our claim being verified with my/our agent/nominee/custodian.

I/we request that the claim or, as applicable, a part thereof, to which this Request to Amend a Successful Transfer Form pertains be transferred to the Transferee in accordance with the instructions provided herein.

DECLARATION OF THE TRANSFEREE

I/we declare that, to the best of my/our knowledge and belief, the information in this form (and any attachments thereto) is complete, accurate and not false or misleading. I/we am/are duly authorised to request this transfer on behalf of the Transferee.

I/we consent to the information provided herein and any other information relating to this claim being made available to any part of Glitnir hf and its Winding-Up Board, their staff, advisors, and agents, including Epiq Bankruptcy Solutions, LLC.

I/we acknowledge that details of creditors' claims are made available to all creditors under Icelandic law. Accordingly, I/we consent to the extent reasonably necessary to waive rights under banking secrecy or other confidentiality or data protection rules or laws whether in Iceland or elsewhere. Without prejudice to the generality of this waiver, I/we consent to the details of my/our claim being verified with my/our agent/nominee/custodian.

I/we request that the claim or, as applicable, a part thereof, to which this Request to Amend a Successful Transfer Form pertains be transferred to the Transferee in accordance with the instructions provided herein.

Signed by the Transferor
(Print Name & Position of Signatory)

Date :

Signed by the Transferee
(Print Name & Position of Signatory)

Date :

How to Complete the Request to Amend a Successful Claim Transfer Form

Note: The form is divided into three (3) sections indicated by letters A-C. These instructions are set out using the letters that correspond to the relevant sections of the Amending Successful Partial Transfer Form.

This form is available in editable PDF format on the Glitnir website using the following link: <http://www.glitnirbank.com/the-winding-up-proceedings.html>. For more detailed information about the amending transfer process, transfer FAQs are also available at the above link.

TRANSFEROR AND TRANSFEREE INITIALS

- Both the Transferor and Transferee must **INITIAL THE FIRST PAGE** of the form in the space provided at the bottom in their corners. There are only two pages in total. The second page of the form provides for the Transferor and Transferee signatures and does not need to be initialed.
- Transfer forms will not be processed until both original counterparts have been received by the transfer agent, Epiq Bankruptcy Solutions, LLC ("Epiq") in hard copy form at either of the following addresses:

The 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

The 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 - PAGE 1 - TRANSFER AND CLAIM INFORMATION

CLAIM REFERENCE NUMBER

- Provide the claim reference number (i.e. CL2009xxxx-xxxx) of the claim being amended. If you are unsure about the claim reference number of a transferred claim, this information is available on the Glitnir secure website at www.glitnirbank.com, under the *My Claim* section.
- The claim reference number on the form should contain the "-T#" suffix. This suffix indicates the new claim that was created as a result of the successful transfer and is now held by the Transferee. The full claim reference number is indicated in the second sentence on the Notice of Successful Transfer that was issued to both transfer parties as listed on the Claim Transfer Request Form.

PAYMENT TYPE

- Indicate whether payment of the USD 2,000 fee is to be made by check or wire transfer. If payment is to be made by wire transfer, then you **MUST** include the Federal Reference Number, SWIFT Code, or other Confirmation number in the space provided.
- If paying by wire transfer, please contact Epiq at Glitnir@epiqsystems.com for specific instructions.

PARTIAL TRANSFER TYPE

- Under "*Current Transferred Amount*", this field should contain the amount that the Transferee is currently holding as a result of the successful transfer. This amount is listed on the Notice of Successful Transfer as the "Claimed Amount to be Transferred". You must list the amounts in the same currency as the amount listed on the original claim form. Under Icelandic law, all claims were converted into Icelandic Krona (ISK) as at 22 April 2009. However, in completing the Request to Amend a Successful Transfer Form you must insert amounts of the claim in its original currency.
- A transfer of the amount listed in the "*Amending Amount to be Transferred*" section of this form should reflect the **corrected amount** that both transfer parties wish to amend. This amount will be effectuated **in proportion** (i.e. pro-rata) to the amount of claim in its original currency **as originally filed** including a proportion of interest, penalties, fees or other costs associated with the claim.

SECTION B - CONTACT INFORMATION FOR THE TRANSFEROR AND TRANSFEE

INFORMATION ABOUT THE TRANSFEROR - FOR CORRESPONDENCE

- Provide the name and e-mail address(es) for the notices should be sent, of the Transferor, i.e. the claimant on the original claim form, or if the claim has been transferred, the most recent Transferee. The Transferor on this Request to Amend a Successful Claim Transfer Form should be same as the one indicated on the Claim Transfer Request Form.
- If the Transferor's name and/or address has changed since the successful transfer of the claim, you **MUST** provide documented proof of the said change along with this form in order for the transfer to be considered valid.

INFORMATION ABOUT THE TRANSFEREE - FOR CORRESPONDENCE

- Provide the name and e-mail address(es) for the notices should be sent of the Transferee, i.e. the party that is purchasing the claim. The Transferee on this Request to Amend a Successful Claim Transfer Form should be same as the one indicated on the Claim Transfer Request Form.

SECTION C - PAGE 2 - DISCLAIMER/DECLARATION/SIGNATURES

Please read the information set out on page 2 of the Request to Amend a Successful Claim Transfer Form carefully.

SIGNATURES

Transferor

- The party submitting the form on behalf of the Transferor should sign in the space provided, giving his/her name in full and indicating his/her position/title, then date in the space provided.
- The person signing the Request to Amend a Successful Claim Transfer Form must be an authorized signatory of the Transferor as evidenced by a valid Glitnir Signature Verification Form.

Transferee

- The party submitting the form on behalf of the Transferee should sign in the space provided, giving his/her name in full and indicating his/her position/title, then date in the space provided.
- The person signing the Request to Amend a Successful Claim Transfer Form must be an authorized signatory of the Transferee as evidenced by a valid Glitnir Signature Verification Form.

CONTACT INFORMATION

If you have any questions regarding completion of the Request to Amend a Successful Claim Transfer Form please contact Epiq at glitnir@epiqsystems.com.