

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 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.

Claim Transfer Request Form

This form is required for creditors wishing to TRANSFER an already filed claim. The Winding-Up Board has established certain fees to defray the cost associated with administering claim transfers. The fee: (a) **\$500** for the proposed transfer of the full amount of a claim; or (b) **\$1,000** for the proposed transfer of a partial amount of a claim. Please see the FAQs posted at www.glitnirbank.com (question 3.2 through 3.4) for additional information on claim transfers, including details for payment of the required fees by check or wire transfer and periods in which claim transfer request forms will not be accepted by the Winding-Up Board.

Type of Claim, Amount for Which Transfer is Requested, and Payment

A

Check the appropriate boxes.

Bond claim Other type of claim (describe) _____

Claim reference number*: _____

<input type="checkbox"/> Full amount of claim to be transferred	<input type="checkbox"/> Partial amount of claim to be transferred
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By checking the full transfer box, the purchaser assumes the risk that the Winding-Up Board may have already rejected this claim in whole or in part. Transfers for the full amount of the claim include interest, penalties, fees, and/or other associated costs. .

Amount to be transferred: _____

Total amount of claim: _____

Payment type:

Wire Transfer Check

If paying by wire transfer, Federal Reference Number or Confirmation Number: _____

*If requesting a transfer of a previously transferred claim, ensure the "-T" suffix is indicated (available on the Glitnir Online Claims Database at <https://claimsweb.core2.is/accounts/login?next=>)

1. INFORMATION ABOUT THE CLAIM AND CLAIM TRANSFEROR

Information about the original claimant

Name of Transferor

Name of the individual or entity that submitted the claim (the "Transferor"), including company registration number (if available).

Address

B

Registered address of the Transferor. If the Transferor operates from another address, please also enter this address and clarify which address should be used for correspondence

Email

Email address of one or more individuals at the Transferor which can be used for queries about this claim transfer request.

Initials: ____ Transferor ____ Transferee

THE TRANSFEROR MUST COMPLETE Section "A" OR "B" BELOW, DEPENDING ON THE TYPE OF CLAIM.

For a bond claim, complete Section "A." For any other type of claim, complete Section "B."

A. If for a BOND claim, Include the following:

ISIN/CUSIP of Bond

The International Securities Identification Number (ISIN) or the Committee on Uniform Security Identification Procedures number (CUSIP), or other identification number, for each Glitnir Bond issue to which this claim relates. If you are filing this claim with respect to more than one Glitnir Bond issue, you may attach a schedule with the ISINs and/or CUSIPs for the Glitnir Bonds issue to which this claim relates.

Principal amount claimed (in currency of bond)

Set out the principal amount on the Glitnir Bonds to which this claim relates.

Blocking Number or VOI Number as appropriate

Blocking Number:

The Clearstream Bank Blocking Number, Euroclear Bank Electronic Reference Number, DTC VOI Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Glitnir Bond issue for the claim relates. **(Mandatory for ISINS beginning in "XS" or "US")**

B. If for any other type of claim, Include the following

Amount claimed (in currency of claim)

Signed by the TRANSFEROR

The signature of the person submitting this Claim Transfer Request Form for the Transferor who warrants that he or she agrees to the declaration and gives the consents noted at the bottom of this form.

Position \ Title of Signor

The position of the person submitting the Claim Transfer Request Form on behalf of the Transferor

Date

Initials: ____ Transferor ____ Transferee

2. INFORMATION ABOUT THE TRANSFEREE

Information about the proposed NEW holder of the claim.

Name of Transferee

Address



Name of the individual or entity that would like to purchase the claim (the "Transferee"), including company registration number (if available).

Email

Registered address of the Transferee. If the Transferee operates from another address, please also enter this address and clarify which address should be used for correspondence.

Email address of one or more individuals at the Transferee, which can be used for queries about this claim transfer request.

Name of Representative
(optional)

Name of the individual or entity that represents the claimant. **If this section is completed, a power of attorney is required.**

Address of Representative
(optional)

Address of Representative where correspondence should be sent.

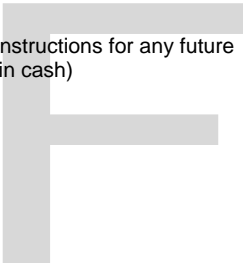
Email of Representative
(optional)

Email address of one or more individuals at the representative, which can be used for queries about this claim transfer request.

Payment information for the Transferee

This section is required for ALL transferred claims

Payment Instructions for any future payment (in cash)



SWIFT Code: _____

Account number: _____

Name: _____

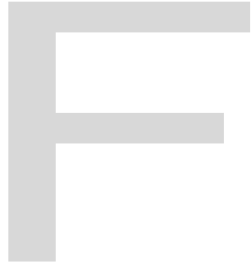
Other Details: _____

Details of the account into which any future payment (in cash) in relation to this claim should be made. Include full details, including name, account number, sort code and IBAN number, if appropriate. Icelandic law states that the payment must be made to an Account that the Claimant is the beneficial owner of, unless various formalities are complied with, as specified in the FAQs on <http://www.glitnirbank.com>. You will have the option of updating this information should you wish to do so at a later date. Your account number will not be publicly disclosed by the Winding-Up Board.

Initials: ____ Transferor ____ Transferee

This section is required for ALL transferred claims

Payment instructions for any future payment (in kind)



continued

Insert your Accountholder's Depository:

Depository: _____

Participant number of the Accountholder to RECEIVE the future payment (in kind): _____

Contact person at your Accountholder:

Name: _____

Telephone Number: _____

Email Address: _____

YOUR Account number to receive any future payment (in kind): _____

Details of the account into which any future payment (in kind) consisting of securities will be deposited. Include the name of the depository, the depository participant account number into which any future payment (in kind) consisting of securities in relation to this claim should be made. You must acquire the relevant participant account number from your Accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Icelandic law states that the payment must be made to an account that the Claimant is the beneficial owner of, unless various formalities are complied with, as specified in the FAQs on <http://www.glitnirbank.com>. You will have the option of updating this information should you wish to do so at a later date. Your account number will not be publicly disclosed by the Winding-Up Board.

Signed by the TRANSFEREE

The signature of the person submitting this Claim Transfer Request Form for the Transferee who warrants that he or she agrees to the declaration and gives the consents noted at the bottom of this form.

Position

The position of the person submitting the Claim Transfer Request Form on behalf of the Transferee.

Date

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 and its Winding-Up Board, their staff and advisors.

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 claim being verified with my agent/nominee/custodian.

I/we request that the claim to which this Claim Transfer Request Form pertains be transferred to the Transferee in accordance with the instructions provided herein.

Initials: ____ Transferor ____ Transferee

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 and its Winding-Up Board, their staff and advisors.

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 claim being verified with my agent/nominee/custodian.

I/we request that the claim to which this Claim Transfer Request Form pertains be transferred to the Transferee in accordance with the instructions provided herein.

SIGNATURES / INITIALS

Both the Transferor and Transferee must execute their signature in the appropriate location and initial each page of the Claim Transfer Request Form. The Claim Transfer Request Form may be executed and initialed in separate counterparts, each of which is deemed to be an original and all of which taken together constitute one and the same form.

SIGNATURE VERIFICATION

Parties submitting a Claim Transfer Request Form must include evidence for signature verification purposes as follows: (a) for corporate entities, board resolutions or equivalent resolutions based on corporate form, with stamp of notary public, medallion or other form of certification deemed acceptable in writing by the Winding Up Board; and (b) for individuals, photocopy of a passport of other state or national identification card or other form of evidence deemed acceptable in writing by the Winding-Up Board. Parties are additionally required to submit evidence of signature verification in English or Icelandic.

DISCLAIMER

The information appearing in this Claim Transfer Request 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 Claim Transfer Request Form.

Information in this Claim Transfer Request 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 Claim Transfer Request Form may contain technical inaccuracies or typographical errors. The Claim Transfer Request Form may be changed or updated without notice. The Winding-Up Board may also make improvements and/or changes in the products and/or the programs described in this Claim Transfer Request Form at any time without notice. This Claim Transfer Request Form may contain other proprietary notices and copyright information, the terms of which must be observed and followed.

In no event will the Winding-Up Board be liable to any party for any direct, indirect, special or other consequential damages for any use of this Claim Transfer Request Form, even if we are expressly advised of the possibility of such damages.

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 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.

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 on <http://www.glitnirbank.com>, and by using this Claim Transfer Request Form. 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 Claim Transfer Request 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 Claim Transfer Request Form.

Initials: ____ Transferor ____ Transferee

Consent of Winding Up Board of Glitnir Bank

Date _____



Initials: ____ Transferor ____ Transferee