

Lehman Brothers Holdings Claims Processing

Creditor Name:

Payment Aggregation Number:**Claim Number(s):**

Please Type or Print in the Boxes Below; Do NOT use Red Ink, Pencil, or Staples

PART I: CONTACT INFORMATION

Contact Last Name														MI		Contact First Name															
Telephone Number (Day)																															
														-																	
Telephone Number (Evening) or (Cell)																															
														-																	
Email Address																															
														@																	
(Username)																(Domain Name)															

Payment Aggregation Number:

Part II: BANK INFORMATION

Account Holder Name (if different than Creditor Name above):

[illegible]

Beneficiary Bank Name:

[illegible]

Country of Bank Account:

[illegible]

IBAN or Account Number (Required):

[illegible]

BIC/SWIFT Code (non-US Banks only):

[illegible]

ABA Routing Code (US Banks Only):

[illegible]

Sort Code (UK/IRL Only):

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Other Banking Instructions - Specify Further Credit (FFC) Information Here:

[illegible]

If you need to use an intermediary bank to transfer money, please complete the below:

Intermediary Bank Name:

[illegible]

Country of Intermediary Bank Account:

[illegible]

Intermediary IBAN or Account Number:

[illegible]

BIC/SWIFT Code (non-US Banks only):

[illegible]

ABA Routing Code (US Banks Only):

[illegible]

Sort Code (UK/IRL Only):

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Intermediary Bank Instructions

[illegible]

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. (If the signatory is not the above-referenced creditor, please provide a copy of the power of attorney, or a letter on company letterhead granting the authority to make the representation on behalf of the creditor, and provide your title below.) I hereby (1) request that distributions made to the above-referenced creditor be made by wire transfer to the above-referenced bank account, (2) confirm that this account is authorized to receive payment for this claim, and (3) acknowledge that a fee of \$20 for transfers to a U.S. bank account or \$35 for transfers to a non-U.S. bank account will be deducted from each wire.

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Signature of Claimant, or Authorized Signatory

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Print Name of Claimant, or Authorized Signatory (and title, if applicable)

Date:

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