



Richard Dennis, et al. v JPMorgan Chase & Co., et al.

ELECTRONIC CLAIMS FILING GUIDELINES



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Overview

Electronic Claims Filing applies to institutions or entities that are filing multiple Proof of Claim and Release forms on behalf of themselves and/or others, as well as individuals or entities that are filing Proof of Claim and Release forms with a large number of transactions (50+).

Electronic Claims Filings are subject to rejection if not prepared in compliance with these Electronic Claims Filing Guidelines.

PLEASE NOTE: No Electronic Claims Filings will be considered to have been properly submitted unless the Claims Administrator issues to the filer a written acknowledgment of receipt and acceptance of electronically submitted data.

Electronic Filing Requirements

I. Complete and Sign a paper Proof of Claim and Release form:

- One executed “paper” master Proof of Claim and Release form should be completed per submission. This Proof of Claim and Release form serves as a master Proof of Claim and Release form for one or all of the accounts included on your file. The Proof of Claim Form is attached hereto as Appendix A.
- Complete the first page of the Proof of Claim and Release form. Be sure to include company name, account name/number, and company address. If submitting an electronic file on behalf of several accounts, enter “Various Accounts” for the account name/number.
- Complete the signature page on the Proof of Claim and Release form. If you are filing on behalf of your clients, you must include a letter or document providing your authorization to sign on behalf of your clients, as set forth in Appendix B.
- A valid email address must be on file with the Claims Administrator. Communication regarding deficiencies and rejections on electronically filed claims may be conducted by email. A valid email address **MUST** be included on the Proof of Claim and Release form, and the email address provided **MUST** be updated in the event the contact person or email address changes; it is the sole responsibility of the filing party to maintain up-to-date, complete contact information with the Claims Administrator.

II. Prepare a cover letter:

- A cover letter **MUST** be included with the master Proof of Claim and Release form. The cover letter must include the total number of accounts; total number of transactions; total number of BBSW products purchased, sold, held or otherwise had any interest; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter as set forth in Appendix C.



III. Prepare a data file:

- An Excel spreadsheet or other electronic file containing account information and transactional data **MUST** be prepared in accordance with A.B. Data, Ltd.'s Electronic Claims Filing Template Mapping Instructions found in Appendix E. The following formats are acceptable: a) MEDIA: CD, DVD, and flash drive and b) DATA: ASCII, MS Excel, and MS Access. For your convenience, an Excel spreadsheet template is available for your use and may be downloaded from the settlement website.
- If you cannot provide the information in the aforementioned formats or you have other requests, questions, concerns, or comments, please email A.B. Data, Ltd., at efiling@abdata.com or you may call 877-308-3241 to speak to an Electronic Claims Filing Specialist.

IV. Mail your executed master Proof of Claim and Release form with a cover letter and media format to:

BBSW Class Action Settlement
Attention: Electronic Claims Department
c/o A.B. Data, Ltd.
3410 West Hopkins Street
PO Box 173031
Milwaukee, WI 53217

Documentation Requirements

A.B. Data, Ltd., reserves the right to request additional documentation at any time after your Proof of Claim and Release form and file have been received and processed. The documentation provided should be sufficient to verify the validity and accuracy of the data provided in the file.

If you provided a letter/affidavit attesting to the truth and accuracy of your data when initially submitting your file, A.B. Data may still require specific documentary evidence (trade confirmations, monthly statement, or equivalent) to verify the details of your transactions and/or holdings.



Appendix A
Proof of Claim and Release Form



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**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

RICHARD DENNIS, *et al.*, on behalf of themselves and all
others similarly situated,

Plaintiffs,

v.

JPMORGAN CHASE & CO., *et al.*

Defendants.

Case No.: 1:16-cv-6496 (LAK)

**PROOF OF CLAIM AND
RELEASE**

I. INSTRUCTIONS

1. If you transacted in, purchased, sold, held, traded, or otherwise had any interest in BBSW-Based Derivatives during the period from January 1, 2003, through August 16, 2016 (the “Class Period”), you may be eligible to receive a payment from the settlements reached between Representative Plaintiffs and JPMorgan Chase & Co. and JPMorgan Chase Bank, N.A. (collectively, “JPMorgan”), Westpac Banking Corporation (“Westpac”), Australia and New Zealand Banking Group Ltd. (“ANZ”), Commonwealth Bank of Australia (“CBA”), National Australia Bank Limited (“NAB”), Morgan Stanley and Morgan Stanley Australia Limited (collectively, “Morgan Stanley”), Credit Suisse AG and Credit Suisse Group AG (“Credit Suisse”), BNP Paribas, S.A. (“BNPP”), Deutsche Bank AG (“Deutsche Bank”), Royal Bank of Canada (“RBC”), The Royal Bank of Scotland plc (n/k/a NatWest Markets plc) (“RBS”), and UBS AG (“UBS”), (the “Settling Defendants”) totaling \$185,875,000 in the above-captioned case.

2. “BBSW-Based Derivatives” means any financial derivative instrument that is based or priced in whole or in part in any way on BBSW or in any way includes BBSW as a component of price (whether priced, benchmarked and/or settled by BBSW), entered into by a U.S. Person, or by a person from or through a location within the U.S., including, but not limited to: (i) Australian dollar foreign exchange (“FX”) derivatives, including Australian dollar FX forwards (also known as “outright forwards” or “outrights”), Australian dollar FX swaps (also known as “currency swaps”), Australian dollar currency options, Australian dollar futures contracts (such as the Chicago Mercantile Exchange (“CME”) Australian dollar futures contract) and options on such futures contracts; (ii) BBSW-based interest rate derivatives, including interest rate swaps, swaptions, forward rate agreements (“FRAs”), exchange-traded deliverable swap futures and options on those futures, 90-day bank accepted bill (“BAB”) futures and options on those futures, and other over-the-counter (“OTC”) contracts or publicly traded vehicles that reference BBSW; (iii) Australian dollar cross-currency swaps; and (iv) any other financial derivative instrument or transaction based in whole or in part on BBSW, or that in any way incorporates BBSW as a component of price, or is alleged by Representative Plaintiffs in this Action to be based in whole or in part on BBSW, or to in any way incorporate BBSW as a component of price. For the avoidance of doubt, BBSW-Based Derivatives do not include: (i) any BBSW-Based Deposits or Loans; or (ii) any Prime Bank Bills or Prime Bank eligible securities.

3. “BBSW” means the Bank Bill Swap Reference Rate.

4. Unless otherwise defined herein, all capitalized terms contained in this proof of claim and release (“Claim Form”) have the same meaning as in the accompanying **Notice of Proposed Class Action Settlements, November 1, 2022 Fairness Hearing Thereon, and Class Members’ Rights** (“Notice”) and the Settlement Agreements between Representative Plaintiffs and the respective Settling Defendants, which are available at www.bbswsettlement.com (the “Settlement Website”).

5. It is important that you read the Notice that accompanies this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read the Notice, including the terms of the Release and Covenant Not to Sue described in the Notice under the heading “What Am I Giving Up to Receive a Payment?” and provided for in the Settlement Agreement.

6. To be eligible to receive a payment from the Net Settlement Fund, you must submit a timely and valid Claim Form along with the required data and/or information described in Parts II through IV below. **To be considered**

This Form Must Be Submitted Online OR
Postmarked and Mailed No Later Than
JANUARY 16, 2023.

timely, your Claim Form must be submitted online at www.bbswsettlement.com by 11:59 p.m. Eastern Time on January 16, 2023 OR postmarked and mailed to the Settlement Administrator no later than January 16, 2023, to:

**BBSW Class Action Settlement
c/o A.B. Data, Ltd.
P.O. Box 173031
Milwaukee, WI 53217**

Do not submit your claim to the Court.

If you are unable to submit the required data as described below in Parts II through IV, you should call the Settlement Administrator for further instructions.

7. As described in Part III below, you are required to submit additional information about your transactions in BBSW-Based Derivatives as part of your Claim Form to be submitted to the Settlement Administrator.

8. Your payment amount will be determined based on the Settlement Administrator's review of your Claim Form and calculated pursuant to the Distribution Plan that the Court approves. Submission of a Claim Form does not guarantee that you will receive a payment from the Settlement. For more information, please refer to the Notice and Distribution Plan available at the Settlement Website.

9. Separate Claim Forms should be submitted for each separate legal entity. Conversely, a single Claim Form should be submitted on behalf of only one legal entity.

10. If you have questions about submitting a Claim Form or need additional copies of the Claim Form or the Notice, you may contact the Settlement Administrator.

11. **NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request, or may be requested by the Settlement Administrator, to submit information regarding their transactions in electronic files. All such claimants **MUST** also submit a manually signed paper Proof of Claim listing all of their transactions whether or not they also submit electronic copies. If you wish to submit your claim electronically, you must contact the Settlement Administrator at info@bbswsettlement.com or visit www.BBSWSETTLEMENT.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Settlement Administrator issues to the claimant an email of receipt and acceptance of electronically submitted data. **Do not assume that your file has been received until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the Settlement Administrator's electronic filing department at efiling@abdata.com to inquire about your file and confirm it was received.**

This Form Must Be Submitted Online OR
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III. REQUIREMENTS FOR CLAIM SUBMISSION

1. YOU MUST SUBMIT YOUR CLAIM FORM IN THE REQUIRED FORMAT

Claimants must electronically submit their Claim Forms online at www.bbswsettlement.com by **11:59 p.m. Eastern Time on January 16, 2023** OR mail the Claim Forms to the Settlement Administrator at BBSW Class Action Settlement, c/o A.B. Data, Ltd., P.O. Box 173031, Milwaukee, WI 53217 so they **are postmarked and mailed no later than January 16, 2023**. Claim Forms must be submitted in the format specified in this Claim Form or posted by the Settlement Administrator on the Settlement Website.

Along with your Claim Form, you are required to submit the details of your transactions in BBSW-Based Derivatives reflected in Part IV, below. A Data Template, including the information you must provide about your transactions in BBSW-Based Derivatives is below and also available at the Settlement Website. In addition, please provide any of the following types of supporting documentation that verifies the transaction information you provide:

- a. Transaction data from your bank, broker, or internal trade system;
- b. Bank confirmations by individual trade;
- c. Bank transaction reports or statements;
- d. Trading venue transaction reports or statements;
- e. Prime broker reports or statements;
- f. Custodian reports or statements;
- g. Daily or monthly account statements or position reports;
- h. Email confirmations from counterparty evidencing transactions;
- i. Bloomberg confirmations or communications evidencing transactions; and/or
- j. Other documents evidencing transactions in BBSW-Based Derivatives during the Class Period.

Please keep all data and documentation related to your eligible BBSW-Based Derivatives transactions. Having data and documentation may be important to substantiating your Claim Form.

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU IN ADVANCE FOR YOUR PATIENCE.**

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JANUARY 16, 2023.

IV. TABLE OF TRANSACTIONS IN BBSW-BASED DERIVATIVES

Complete this Part IV if and only if you entered into transactions in BBSW-Based Derivatives from January 1, 2003 through August 16, 2016. Do not include information regarding instruments other than BBSW-Based Derivatives and do not include transactions in BBSW-Based Derivatives in which you acquired the instrument as an agent for another individual or entity.

List of Brokers or Nominees

Please list all brokers or nominees at which you maintained accounts in which you traded or held BBSW-Based Derivatives.

List of Account Names and Account Numbers

Please provide a list of all account names and account numbers for each entity you listed in response above in which you traded or held BBSW-Based Derivatives.

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TABLE I-A – PURCHASE(S) AND SALE(S) OF SWAPTIONS, FRAS, AND SWAPS WITH A CONSTANT NOTIONAL VALUE DURING THE CLASS PERIOD

For each purchase or sale of a swaption, FRA, and/or swap with a notional value that remained constant during the contract period, provide the following information for each transaction.

Transaction Type (e.g., swap, swaption, FRA)	Trade Date (mm/dd/yyyy)	Applicable Rate and Duration (Tenor)	Notional Value (in AUD) for Interest Payment	Frequency of Reset Dates	Exit Date (if applicable)	Location of Transaction	Counterparty Name	Broker Name (if applicable)

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TABLE I-B – PURCHASE(S) AND SALE(S) OF SWAPS WITH A VARIABLE NOTIONAL VALUE DURING THE CLASS PERIOD

For each purchase or sale of a swap whose notional value fluctuated during the contract period, provide the following information for each interest payment for each transaction. **If necessary, please add additional columns to reflect all interest payments associated with the transaction. For example, if there were ten interest payments for a particular transaction, list the dates of all ten interest payments, the notional value (in AUD) on which each interest payment was calculated, and the amount of each interest payment:**

Swap Transaction Type	Swap Trade Date (mm/dd/yyyy)	Date of Interest Payment (mm/dd/yyyy)	Amount of Interest Payment (in AUD)	Notional Value (in AUD) for Interest Payment	Reference Interest Rate and Tenor	Location of Transaction	Counterparty Name	Broker Name (if applicable)

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TABLE II – PURCHASE(S) AND SALE(S) OF FX FORWARDS AND FX SWAPS DURING THE CLASS PERIOD

For a purchase or sale of a foreign exchange (“FX”) forward or FX swap, provide the following information for each transaction:

Transaction Type (e.g., FX forward, FX swap)	Trade Date	Notional Value (in AUD)	Date Position Opened (mm/dd/yyyy)	Date Position Closed (mm/dd/yyyy)	Notional Amount of Corresponding Currency	Day-Count Convention	Location of Transaction	Counterparty Name	Broker Name (if applicable)

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TABLE III – PURCHASE(S) AND SALE(S) OF 90-Day Bank Accepted Bill (“BAB”) or Australian Dollar Futures DURING THE CLASS PERIOD

For a purchase or sale of a BAB futures or Australian Dollar futures contract, provide the following information for each transaction:

Open/Close Transaction Type	Number of Contracts Traded	Futures Identifier or Expiry Month	Date Position Opened (mm/dd/yyyy)	Date Position Closed (mm/dd/yyyy)	Number of Contracts Held Before Class Period	Number of Contracts Held After Class Period

This Form Must Be Submitted Online OR
 Postmarked and Mailed No Later Than
 JANUARY 16, 2023.

TABLE IV – PURCHASE(S) AND SALE(S) OF Options on 90-Day Bank Accepted Bill (“BAB”) or Australian Dollar Futures DURING THE CLASS PERIOD

Open/Close Transaction Type	Call (C) or Put (P)	Number of Options Traded	Contract Code	Date Position Opened (mm/dd/yyyy)	Date Position Closed (mm/dd/yyyy)	Contract Month/Year	Strike Price

This Form Must Be Submitted Online OR
Postmarked and Mailed No Later Than
JANUARY 16, 2023.

If you have any additional BBSW-Based Derivatives transactions that you believe do not fit in any of the above categories, please list below and supply supporting documentation:

It is important that you accurately disclose all transactions in BBSW-Based Derivatives during the Class Period. Plaintiffs' Counsel and the Settlement Administrator reserve the right to seek further information from you regarding your Proof of Claim and Release.

V. CLAIMANT'S CERTIFICATION & SIGNATURE

SECTION A: CERTIFICATION

BY SIGNING AND SUBMITTING THIS CLAIM FORM, CLAIMANT OR CLAIMANT'S AUTHORIZED REPRESENTATIVE CERTIFIES ON CLAIMANT'S BEHALF AS FOLLOWS:

1. I (we) have read the Notice and Claim Form, including the descriptions of the Release and Covenant Not to Sue provided for in the Settlement Agreements;
2. I (we) am (are) a Class Member and am (are) not one of the individuals or entities excluded from the Settlement Class;
3. I (we) have not submitted a Request for Exclusion;
4. I (we) have made the transactions submitted with this Claim Form for myself (ourselves) and not as agents of another, and have not assigned my (our) Released Claims to another;
5. I (we) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to the release or any other part or portion thereof;
6. I (we) have not submitted any other claim in this Action covering the same transactions and know of no other person having done so on his/her/its/their behalf;
7. I (we) hereby consent to the disclosure of, waive any protections provided by any applicable bank secrecy or data privacy laws (whether foreign or domestic), or any similar confidentiality protections with respect to, and instruct Settling Defendants or any authorized third party to disclose my (our) information and transaction data relating to my (our) trades for use in the claims administration process;
8. I (we) submit to the jurisdiction of the Court with respect to my (our) claim and for purposes of enforcing the releases set forth in any Final Judgment that may be entered in the Action;
9. I (we) agree to furnish such additional information with respect to this Claim Form as the Settlement Administrator or the Court may require; and
10. I (we) acknowledge that I (we) will be bound by and subject to the terms of the Judgment that will be entered in the Action if the Settlement is approved.
11. I (we) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

SECTION B: SIGNATURE

PLEASE READ THE RELEASE, CONSENT TO DISCLOSURE AND CERTIFICATION, AND SIGN BELOW.

I (we) acknowledge that, as of the Effective Date of the Settlement, pursuant to the terms set forth in the Settlement Agreement, and by operation of law and the Final Judgment, I (we) shall be deemed to release and forever discharge and shall be forever enjoined from prosecuting the Released Claims against the Released Parties (as defined in the Settlement Agreement and/or Final Judgment).

By signing and submitting this Claim Form, I (we) consent to the disclosure of information relating to my (our) transactions in BBSW-Based Derivatives during the Class Period, and waive any protections provided by any applicable bank secrecy or data privacy laws (whether foreign or domestic), or any similar confidentiality protections with respect to information and transaction data relating to my (our) trades, for use in the claims administration process.

If signing as an Authorized Representative on behalf of an entity, I (we) certify that I (we) have legal rights and authorization from the entity to file this Claim Form on the entity's behalf.

UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I (WE) CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE AND THAT THE DATA SUBMITTED IN CONNECTION WITH THIS CLAIM FORM ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Claimant (if Claimant is an individual filing on his or her own behalf)

Date: _____
MM/DD/YY

Print Name of Claimant (if Claimant is an individual filing on his or her own behalf)

Authorized Representative Completing Claim Form (if any)

Date: _____
MM/DD/YY

Print name of Authorized Representative Completing Claim Form (if any)

Capacity of Authorized Representative (if other than an individual (e.g., trustee, executor, administrator, custodian, or other nominee))

REMINDER: YOUR CLAIM FORM AND REQUIRED DATA MUST BE SUBMITTED ONLINE BY 11:59 P.M. EASTERN TIME ON JANUARY 16, 2023 OR POSTMARKED AND MAILED NO LATER THAN JANUARY 16, 2023, TO:

**BBSW Class Action Settlement
c/o A.B. Data, Ltd.
P.O. Box 173031
Milwaukee, WI 53217**

Appendix B

Authorization Requirements

- 1 **If you are a nominee** filing on behalf of your account holders, you **must** include the following documentation:
 - 1.1. Affidavit attesting that your entity has legal rights and authorization from your account holders to file Proof of Claim and Release forms on their behalf **and** that your account holders understand that they are bound by and subject to the terms of all releases that may be entered in this Settlement, etc.; **and**
 - 1.1.1 Authorization to sign on your account holders' behalf.
 - 1.2 **If you are a third party** filing on behalf of a nominee, you **must** include an Affidavit attesting to the following:
 - 1.2.1 Your entity has the legal right and authorization from the nominee to file and sign any Proof of Claim and Release forms on their behalf; **and**
 - 1.2.2 Your entity has the legal right and authorization from the nominee's account holders to file and sign any Proof of Claim and Release forms on their behalf; **and**
 - 1.2.3 The account holders understand they are bound by and subject to the terms of all releases that may be entered in the *BBSW Settlement*.
 - 1.3 **If you are a third party** filing on behalf of another party, you **must** include an Affidavit attesting to the following:
 - 1.3.1 Your entity has the legal right and authorization from the other party to file and sign any Proof of Claim and Release forms on its behalf; **and**
 - 1.3.2 The other party understands it is bound by and subject to the terms of all releases that may be entered in the *BBSW Settlement*.
 - 1.4 **IF YOU ARE NOT A NOMINEE OR A THIRD PARTY AND WOULD LIKE TO FILE CLAIMS ELECTRONICALLY, YOU MUST INCLUDE DOCUMENTATION SUPPORTING ALL TRANSACTIONAL DATA OF YOUR CLAIM.**

You must submit supporting documentation with your Proof of Claim and Release form that will support the transactions provided in your file. These documents may include, but are not limited to, a) photocopies of confirmation slips; b) photocopies of monthly statements reflecting ALL transactional data and how it was compiled for the opening of the Class Period through the end of the Class Period; or c) a signed letter from your broker, on their letterhead, providing all of the information that would be found on a confirmation slip and/or other aforementioned documents.



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Appendix C

Sample Cover Letter

LETTERHEAD

Re: *BBSW Settlement*

Date:

Enclosed is a fully executed master Proof of Claim and Release form with required authorizations and affidavits as well as an electronic media attachment, which is being filed in connection with the above-referenced matter on behalf of [COMPANY NAME(S) OR INDIVIDUAL NAME(S)] for the proprietary accounts of [ENTITY].

We, [ENTITY], hereby agree that further communication from the Claims Administrator may be conducted by email, and we accept sole responsibility to ensure the email address for [ENTITY] is updated in the event the email address provided on the master Proof of Claim and Release form should change.

The attachment consists of a [CD, DVD, OR FLASH DRIVE] containing [NUMBER] accounts/claims in [ASCII, MS EXCEL, OR MS ACCESS] format with [NUMBER OF TRANSACTIONS] transactions for BBSW Products. Each transaction contains corresponding account information for which the claims are being filed. A complete listing of all account names and numbers can be found on the next page.

The total number of BBSW Based Derivatives purchased, sold, held, or traded [###.###] be found on the enclosed [CD, DVD, OR FLASH DRIVE].

We, [ENTITY], attest that the data provided on the media attachment corresponds to [ENTITY]'s internal records.

I attest that the above information is true and correct.

Signature

Company Name

Job Title

Contact Information (including telephone number, fax number, and email address)



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Appendix D

Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	BBSW BASED SWAP FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
T	Date of Interest Payment (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Effective Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
V	Maturity/Tenor Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
W	Notional Amount	20	Expressed in AUD
X	Applicable Rate	15	List the BBSW rate (Ex. 1M BBSW, 3M BBSW, 6M BBSW)
Y	Duration (Tenor)	2	Number of Years
Z	Frequency of Reset Dates	3	List the frequency of reset dates
AA	Exit Date (if applicable) (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
AA	Location of Transaction	20	Location of Transaction

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix A for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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Appendix D

Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	BBSW BASED SWAP WITH VARIABLE NOTIONAL FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
T	Date of Interest Payment (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Amount of Interest Payment (in AUD)	20	Expressed in AUD *All interest payments must be listed
V	Notional Value	20	Expressed in AUD
W	Applicable Rate	15	List the BBSW rate ((Ex. 1M BBSW, 3M BBSW, 6M BBSW)
X	Duration (Tenor)	2	Number of Years
Y	Location of Transaction	20	Location of Transaction

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix A for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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Appendix D

Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	BBSW FORWARD RATE AGREEMENT FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
T	Effective Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Maturity Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
V	Notional Amount	20	Expressed in AUD
W	Applicable Rate	15	List the BBSW rate (ex. 1M BBSW, 3M BBSW, 6M BBSW)
X	Duration (Tenor)	2	Number of Years
Y	Frequency of Reset Dates	3	List the frequency of reset dates
Z	Exit Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
AA	Location of Transaction	20	Location of Transaction

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix A for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	BBSW FX FORWARDS FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
T	Date Position Opened (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Date Position Closed (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
V	Notional Amount	20	Expressed in AUD
W	Notional Amount in Corresponding Currency	20	Expressed in Currency
X	Day Count Convention	3	Number of Days (360 or 365)
Y	Location of Transaction	20	Location of Transaction

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix A for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	BBSW FX SWAPS FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
T	Date Position Opened (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Date Position Closed (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
V	Notional Amount	20	Expressed in AUD
W	Notional Amount in Corresponding Currency	20	Expressed in Currency
X	Day Count Convention	3	Number of Days (360 or 365)
Y	Location of Transaction	20	Location of Transaction

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix A for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	BBSW FUTURES FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Transaction Type	2	P = Purchase; S = Sale, O = Open, C = Close
S	Number of Contracts	19	The total number of contracts involved in the particular transaction.
T	Contract Code	2	The two letter code.
U	Contract Month	3	The three letter abbreviation for the delivery month of the contract. (Mar, Jun, Sep, Dec)
V	Contract Year (YYYY)	4	The four digit year for the delivery of the contract.
W	Date Position Opened (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
X	Date Position Closed (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix A for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	BBSW SWAPTIONS FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Name of Counterparty	40	Name the Counterparty
S	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
T	Notional Amount	20	Expressed in AUD
U	Applicable Rate	15	List the BBSW rate (Ex. 1M BBSW, 3M BBSW, 6M BBSW)
V	Duration (Tenor)	2	Number of Years
W	Frequency of Reset Dates	3	List the frequency of reset dates
X	Exit Date (if applicable) (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
Y	Location of Transaction	20	Location of Transaction

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix A for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	BBSW FUTURES OPTIONS FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Transaction Type	2	P = Purchase; S = Sale, O = Open, C = Close
S	Call or Put	1	Call (C) or Put (P)
T	Number of Contracts	19	The total number of contracts involved in the particular transaction.
U	Contract Code	2	The two letter code.
V	Contract Month	3	The three letter abbreviation for the delivery month of the contract. (Mar, Jun, Sep, Dec)
W	Contract Year (YYYY)	4	The four digit year for the delivery of the contract.
X	Date Position Opened (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
Y	Date Position Closed (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
Z	Strike Price	10	Option Strike Price

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix A for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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Template Mapping Instructions – Transaction Detail Available

Column	Field Name	Max Length	BBSW OTC FX OPTIONS FIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
B	Beneficial Owner Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence and distributions should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence and distributions should be mailed.
H	Street 1	40	Street Address 1 for correspondence and distributions mailing.
I	Street 2	40	Street Address 2 for correspondence and distributions mailing.
J	City	25	City for correspondence and distributions mailing.
K	State	2	State for correspondence and distributions mailing.
L	Zip Code	5	Zip code for correspondence and distributions mailing.
M	Province	40	Province for correspondence and distributions mailing.
N	Country	40	Country for correspondence and distributions mailing.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	Brokerage Firm	40	Name of Brokerage firm executing the transaction.
Q	Brokerage Account Number	40	The brokerage account number in which the transaction was made.
R	Transaction Type	2	P = Purchase; S = Sale
S	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year
T	Call or Put	1	Call (C) or Put (P)
U	Maturity Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year
V	Strike Price	10	Option Strike Price
W	Notional Amount (AUD)	20	Notional Amount in Australian Dollars
X	Base Currency	3	The three letter abbreviation for the currency.
Y	Term Currency	2	The three letter abbreviation for the currency.
Z	Option Price	10	Price option traded.
AA	Disposition	10	Assigned, Exercised or Expired
AB	Disposition Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year

*** You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix A for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.



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