

# Amaranth Natural Gas Commodities Litigation

GUIDE FOR ELECTRONIC CLAIM FILERS

JANUARY 13, 2012

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## 1. Overview

Rust Consulting has standardized a format for the electronic submission of claims in commodities settlements by institutions filing on behalf of multiple clients or proprietary accounts. Electronic Claim Filing is intended for institutions, brokers and nominees only. This is not used for individual claimants. All Electronic Submissions must follow the Filing Requirements outlined in sections 3, 4 and 5 of these instructions.

## 2. Security and Integrity

Security of systems and applications and confidentiality of data is of utmost importance to Rust. Rust maintains a unified compliance posture including:

- A system Certification & Accreditation under the Federal Information Security Management Act (FISMA and NIST);
- An annual SSAE 16 (formerly SAS 70) Type II audit of our data and system controls and protocols;
- Compliance with and adherence to Safe Harbor Principles; and
- Compliance with Gramm-Leach-Bliley Act (GLBA) and the Health Insurance Portability and Accountability Act (HIPAA).

## 3. Filing Requirements for the Proof of Claim and Release Form

In addition to the instructions contained in the Notice and Proof of Claim and Release form, you must comply with **ALL** of the following or **YOUR FILE WILL BE REJECTED**.

- You **must** complete and sign one copy of the Proof of Claim and Release (the "claim form"). The claim form **must** be signed by an authorized signatory, **must be notarized** and **must** state the capacity of the person signing. The signed claim form is required and **must** be provided with your filing.
- Every trade requires documentation. (*See Item 4 of the Proof of Claim and Release form*). Please also submit documents showing you have authority to file on behalf of your clients and disclose the source of the transactional data contained in the Excel file(s) you are submitting (e.g. "All data was extracted directly from the beneficial owner's proprietary database," or a similar declaration). You must provide a document attesting to the truth and accuracy of the data and the source of your data (e.g. proprietary database).
- Please note that claims must be submitted for each separate legal entity (for example, a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single claim form should be submitted on behalf of one legal entity including all transactions made by that entity, no matter how many separate accounts that entity has (for example, a corporation with multiple brokerage accounts should include all covered transactions made during the Class Period on one claim form, no matter in how many accounts the transactions were made. An accurate beneficial owner name and Tax ID number must be provided for **each** claim.
- You must submit the control form that is attached with these instructions, Appendix A, along with your Proof of Claim and Release form. Please fill in all sections on the validation form including the total number of claims you are filing



and the total number of transactions submitted in your file.

- You must submit your Proof of Claim and Release form to the Settlement Administrator either electronically through the Rust Consulting eData Vault <https://edatavault.rustconsulting.com> or by mailing your filing to Rust Consulting at the address below:

**Amaranth Commodities Litigation**

Attn: Electronic Claim Dept.  
c/o Rust Consulting, Inc.  
P.O. Box 24771  
West Palm Beach, FL 33416

**DO NOT SUBMIT YOUR FILE BY EMAIL OR TO INDIVIDUALS AT RUST CONSULTING. PLEASE ONLY USE THE METHODS ABOVE TO SUBMIT YOUR ELECTRONIC FILE.**

#### **4. Additional Requirements**

- **ELECTRONIC CLAIM TRANSACTION LISTING REPORT:** Upon the completion of processing your file, Rust will provide you with an Electronic Claim Transaction Listing report (“DSK10 report”) which will list all of your claims along with any deficiencies or ineligibilities that have been identified. If you do not receive this report or if the report that you receive is missing information, you must contact Rust immediately. No electronic files will be considered to have been properly submitted unless the Settlement Administrator issues a DSK10 report listing all transactions contained in the electronic file.
- **DOCUMENTATION:** It is required that you provide external documentation such as trade confirmations/monthly statements to verify your claim information, even if you submitted a letter or affidavit attesting to the truth and accuracy of the information provided. If you do not provide the documentation to support your trades or holdings as requested by the date specified, your claim(s) may be rejected. Documentation provided from the same system from which your trade data originated is NOT acceptable documentation. *(See Item 4 of the Proof of Claim and Release form.)*
- Rust Consulting reserves the right to reject your electronic filing and require that you submit a hard copy of your claim with complete documentation.

## APPENDIX A Control Chart

### Amaranth Natural Gas Commodities Litigation (8294)

**Electronic Claim Filers - Please print, complete, and return this form along with: (1) a completed Proof of Claim and Release form as your "Umbrella Claim" for this filing, (2) a Letter of Authorization for you to file on behalf of the beneficial owner(s) included in your data file (if other than yourself), (3) a statement that discloses the source of the data you are submitting, (4) your complete documentation, and (5) your data file(s). If you are submitting files via the eData Vault, please complete this form and upload a PDF copy of it when you upload your data file.**

#### Filer and Payment Information

<b>Filing Entity Name:</b>			
<b>Filing Entity Type:</b>	<input type="checkbox"/> Broker/Bank/Nominee <input type="checkbox"/> Filing Service <input type="checkbox"/> Attorney <input type="checkbox"/> Other: _____		
<b>Filing Entity Contact:</b> Person able to resolve questions regarding this filing	Contact Name: _____ Street Address: _____ <small style="text-align: center;">(not a PO Box – must be a street address)</small> City: _____ State/Province: _____      Postal/Zip Code: _____ Country: _____ Phone Number: _____ Email Address: _____		
<b>Payment Address:</b> Indicate where payments should be sent	<input type="checkbox"/> Use addresses provided in the attached data file <input type="checkbox"/> Same address as above <input type="checkbox"/> Wire Transfer - ONE payment to the above named Filing Entity (please attach transfer instructions)		
<b>Beneficial Owner:</b> Who you are filing for?	Are you filing for any foreign-owned accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, are any from the European Union (EU)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are these proprietary accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Various Beneficial Owners    or    _____ <small style="text-align: center;">(Single Beneficial Owner Name)</small>		

#### Data File Information

<b>Total Number of Distinct Claims (refer to pg. 3):</b>		<b>Total Number of Transactions:</b>	
<b>Total Number of Contracts PURCHASED:</b>		<b>Total Number of Contracts SOLD:</b>	
<b>Total Price of Contracts PURCHASED:</b>		<b>Total Price of Contracts SOLD:</b>	

<b>Data File Name(s):</b>			
<b>Replacement Data:</b> Does this data replace a previous filing? If yes, please indicate the reference number of the previous filing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Reference number of previous filing:</b> (if applicable)	

#### Additional Documents

<b>Additional Paper Claims:</b> Are you submitting "Paper" claims for accounts that are not included on your data file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>W8 Documents:</b> Are you including any W8 tax documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Signature:</b>			<b>Date:</b>	
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## APPENDIX B

### AMARANTH COMMODITIES TEMPLATE FILE LAYOUT

Column	Element/Attribute	Description	Format
A	Beneficial Owner Last Name (Individual or IRA Accounts Only)	Last name of the beneficial owner. Prints on letters and/or checks. If IRA and you want the check made out to IRA, use the following format: JONES IRA	Char 50
B	First Name Beneficial Owner	First name of the beneficial owner. Prints on letters and/or checks.	Char 50
C	Last Name of Co-Owner, if applicable	The joint individual owner of the account. Last name of Co-Owner (if applicable). Prints on letters and/or checks.	Char 50
D	First Name of Co-Owner, if applicable	The joint individual owner of the account. First name of Co-Owner (if applicable). Prints on letters and/or checks.	Char 50
E	Entity Name (Corporation, Estate, Trust, etc)	Identifies the entity name, if the submitter is not an individual (e.g. if Beneficial Owner is a Company, Trust, Estate, etc.). Will print on letters and/or checks. If Beneficial Owner is a Company, Trust, Estate, etc. <b>This column should never be populated if any of the Beneficial Owner/Co-Owner fields (Columns A through D) are populated.</b>	Char 50
F	Representative Name	Representative Name, if applicable (e.g. executor, custodian, trustee, administrator, nominee, etc.). Identifies a person to contact if submitter was an entity. Used for correspondence, but not included on the check instrument.	Char 50
G	Addr1	The address line 1 field is used in the mail address block for checks and/or letters.	Char 50
H	Addr2	The address line 2 field is used in the mail address block for checks and/or letters.	Char 50
I	City	The city field is used in the mail address block for checks and/or letters. (DO NOT USE THIS FIELD FOR FOREIGN ADDRESSES)	Char 30
J	State	The state field is used in the mail address block for checks and/or letters. (DO NOT USE THIS FIELD FOR FOREIGN ADDRESSES)	Char 2
K	Zip5	Zip5 (DO NOT USE THIS FIELD FOR FOREIGN ADDRESSES)	Char 5
L	Zip4	Zip4 (DO NOT USE THIS FIELD FOR FOREIGN ADDRESSES)	Char 4
M	Country	The country field is for foreign addresses and is used in the mail address block for checks and/or letters. (DO NOT USE FOR DOMESTIC ADDRESSES, i.e. U.S.A., Puerto Rico, Virgin Islands, or APO)	Char 25
N	Account Number	<b>Required</b> – Account number	Char 20
O	Taxpayer ID #	Taxpayer Social Security Number or Employer Identification Number	Char 11
P	Taxpayer ID type	Social Security Number or Employer Identification Number	Valid Values: E = EIN, S = SSN

## APPENDIX B

### AMARANTH COMMODITIES TEMPLATE FILE LAYOUT

Column	Element/Attribute	Description	Format
Q	Foreign Entity Flag	If the Beneficial Owner is a foreign entity, populate this field with "Y". Otherwise use "N"	Y/N
R	Table Number from POC	<b>Required:</b> Table number from Item 6 of Proof of Claim, i.e. II or IX	Char 5
S	Date of Transaction	Indicate the date of transaction	DD/MM/YYYY
T	Time of Transaction (EST)	Tables VIII and IX – Identifies the time in hours and minutes in Eastern Standard Time	HH:MM
U	Contract Month & Year	The NYMEX-designated symbol for the month and year of the transacted contract (i.e., H07 for March 2007)	<b>Refer to contract code tables in Appendix C.</b>
V	Transaction Type	B – Balance at the beginning of trading on 2/16/06 P – Purchases/acquisitions during Class Period S – Sales during Class period U – Unsold shares at the end of Class Period on 9/28/06	Char 1
W	Number of Contracts in Transaction	Number of contracts transacted	Char 6
X	Transaction Price	Price of contracts transacted	Decimal (19,4)
Y	Net Open Position in Contract Month	Net resulting number of contracts held at the conclusion of a particular transaction (i.e., open purchases of Contract Month plus open sales of Contract Month). Please represent short positions as negative and long positions as positive.	Char 6
Z	Futures Commission Merchant ("FCM")	Name of entity executing transaction order	Char 50
AA	Brokerage Firm	Name of Brokerage Firm	Char 50
AB	Broker Account Number	Broker Account number under which transaction was executed	Char 10
AC	Hedging Transaction? Y/N	Is the reported transaction made for the purpose of offsetting another transaction of the same Contract Month?	Y/N
AD	Holding 2006 Contract during relevant time period? (Y/N) *Section 6(d) ONLY*	Did you hold an open position in a 2006 Contract at any of the times indicated in section 6(d) of the Proof of Claim form?	Y/N

## APPENDIX C CONTRACT CODE TABLES

**Transaction Type Table:**

TranType	Definition	Transactions per contract	Acceptable Values In Quantity Column	Valid Date Range
B	Open positions in contracts held immediately prior to February 16, 2006	one	<b>Positive</b> for long positions; <b>negative</b> for short positions	
P	Purchases/acquisitions during Class Period	multiple	Absolute Values Only	2/16/06 – 9/28/06, inclusive
S	Sales during Class Period	multiple	Absolute Values Only	2/16/06 – 9/28/06, inclusive
U	Open positions held as of the close of trading on September 28, 2006	one	<b>Positive</b> for long positions; <b>negative</b> for short positions	

**NYMEX Natural Gas and E-mini Natural Gas Futures Contracts included:**

NYMEX Natural Gas Futures		
Month	Year	Code
March	2006	NG H06
April	2006	NG J06
May	2006	NG K06
June	2006	NG M06
July	2006	NG N06
August	2006	NG Q06
September	2006	NG U06
October	2006	NG V06
November	2006	NG X06
December	2006	NG Z06
January	2007	NG F07
February	2007	NG G07
March	2007	NG H07
April	2007	NG J07

NYMEX E-mini Natural Gas Futures		
Month	Year	Code
March	2006	QG H06
April	2006	QG J06
May	2006	QG K06
June	2006	QG M06
July	2006	QG N06
August	2006	QG Q06
September	2006	QG U06
October	2006	QG V06
November	2006	QG X06
December	2006	QG Z06
January	2007	QG F07
February	2007	QG G07
March	2007	QG H07
April	2007	QG J07