

**Must be Received  
No Later Than  
October 6, 2010**

**SEC v. Zurich Financial Services Fair Fund  
c/o The Garden City Group, Inc.  
P.O. Box 9547  
Dublin, OH 43017-4847  
(For telephone numbers  
please see last page)**

**ZRC**



Claim Number:

Control Number:

## **PROOF OF CLAIM AND RELEASE**

IF YOU PURCHASED CONVERIUM COMMON STOCK FROM DECEMBER 11, 2001 UNTIL THE OPEN OF THE SWISS MARKETS ON NOVEMBER 4, 2005, AND/OR IF YOU PURCHASED CONVERIUM ADSs FROM DECEMBER 11, 2001 UNTIL THE OPEN OF THE UNITED STATES MARKETS ON NOVEMBER 4, 2005, AND IF YOU HELD CONVERIUM COMMON STOCK AS OF THE OPEN OF THE SWISS MARKETS ON NOVEMBER 4, 2005, AND/OR HELD CONVERIUM ADSs AS OF THE OPEN OF THE UNITED STATES MARKETS ON NOVEMBER 4, 2005, YOU MAY BE ELIGIBLE TO SHARE IN THE ZURICH SEC FAIR FUND.

**YOUR CLAIM FORM MUST BE COMPLETED AND RECEIVED BY OCTOBER 6, 2010  
TO BE ELIGIBLE TO SHARE IN THE FAIR FUND.**

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**YOU MAY ALSO FILE YOUR CLAIM ONLINE.  
TO DO SO, PLEASE VISIT [WWW.ZURICHSECSETTLEMENT.COM](http://WWW.ZURICHSECSETTLEMENT.COM)**



**SECTION A - CLAIMANT INFORMATION**

**Claimant Full Name(s)** (as you would like the name(s) to appear on the check, if eligible for payment):

**Claimant Social Security Number/Taxpayer ID Number:**

**Name of the Person You Would Like the Claims Administrator to Contact Regarding This Claim** (if different from the Claimant name(s) listed above):

**Claimant or Representative Contact Information:**

The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Claims Administrator in writing at the address above.

**Street Address:**



**City:**

**Account Number:** (not required)



**State and Zip Code:**

**Country:**

**Daytime Telephone Number:** (     )

**Evening Telephone Number:** (     )

**Email Address:**

(PRINT ONLY)

*(Email address is not required, but if you provide it, you authorize the Claims Administrator to use it to send you information relevant to this claim.)*



**Electronic Payment:** Check this box if you wish to receive payment (if you are eligible for a cash award under the Court-approved Plan of Allocation) via electronic transfer. Please note: GCG will request your banking information at the appropriate time. If you check this box, you **MUST** provide your email address above.

**IF YOU FAIL TO SUBMIT A COMPLETE CLAIM FORM SO IT IS RECEIVED BY OCTOBER 6, 2010, YOUR CLAIM IS SUBJECT TO REJECTION OR YOUR PAYMENT MAY BE DELAYED.**

**NOTICE REGARDING ELECTRONIC FILES:** Claims with 100 or more transactions, or on behalf of 20 or more different accounts should be submitted electronically and in the required format. To obtain the electronic filing requirements and file layout, you may visit the website at [www.ZurichSECsettlement.com](http://www.ZurichSECsettlement.com) or you may e-mail the Claims Administrator at [eClaim@gardencitygroup.com](mailto:eClaim@gardencitygroup.com). No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at [eClaim@gardencitygroup.com](mailto:eClaim@gardencitygroup.com) to inquire about your file and confirm it was received.



**SECTION B - TRANSACTIONS**

1. **BEGINNING HOLDINGS OF COMMON STOCK:** Number of common stock shares held at the close of trading on **December 10, 2001**. (If none, write 0).

**BEGINNING HOLDINGS OF AMERICAN DEPOSITARY SHARES ("ADSs"):** Number of ADSs held at the close of trading on **December 10, 2001**. (If none, write 0).

2. **PURCHASES:** List all purchases of Converium common stock from **December 11, 2001** to the open of the Swiss markets on **November 4, 2005** and purchases of Converium ADSs from **December 11, 2001** to the open of the U.S.A. markets on **November 4, 2005**. *(Must be documented. See last page of claim form for acceptable forms of documentation).*

Common Stock	ADSs	Date(s) of Purchase (Month/Day/Year)	Number of Common Stock Shares or ADSs Purchased
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
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<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	

**AGGREGATED ACCOUNTS:** If you aggregated separate accounts, check here.



**SECTION B - TRANSACTIONS (CONTINUED)**

3. **SALES:** List all sales of Converium common stock from **December 11, 2001** to the open of the Swiss markets on **November 4, 2005** and sales of Converium ADSs from **December 11, 2001** to the open of the U.S.A. markets on **November 4, 2005**. *(Must be documented. See last page of claim form for acceptable forms of documentation).*

Common Stock	ADSs	Date(s) of Sale (Month/Day/Year)	Number of Common Stock Shares or ADSs Sold
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	

4. **UNSOLD HOLDINGS OF COMMON STOCK:** Number of common stock shares held as of the open of the Swiss markets on **November 4, 2005**. *(Must be documented. See last page of claim form for acceptable forms of documentation).*

**UNSOLD HOLDINGS OF ADSs:** Number of ADSs held as of the open of the United States markets on **November 4, 2005**. *(Must be documented. See last page of claim form for acceptable forms of documentation).*



**SECTION C - CERTIFICATION AND SIGNATURE**

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am (we are) not:

(a) A director or officer, or former director or officer, of Zurich or any of its past or present affiliates (or any of his or her assigns, heirs, distributees, spouses, parents, children, or controlled entities) who served in such capacity during the Recovery Period;

(b) A director or officer, or former director or officer, of Converium or any of its past or present affiliates (or any of his or her affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities) who served in such capacity during the Recovery Period;

(c) An employee of Zurich or of any of its past or present affiliates who has been terminated for cause in connection with the violations alleged in the Commission's Complaint in this action or any related Commission action, or who was otherwise terminated or has resigned in connection with the violations alleged in the Commission's Complaint in this action or any related Commission action (or any of such employee's affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities);

(d) An employee of Converium or of any of its past or present affiliates who has been terminated for cause in connection with the violations alleged in the Commission's Complaint in this action or any related Commission action, or who was otherwise terminated or has resigned in connection with the violations alleged in the Commission's Complaint in this action or any related Commission action (or any of such employee's affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities);

(e) A defendant in any class action lawsuit related to the violations alleged in the Commission's Complaint in this action or any related Commission action (or any of such defendant's affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities), unless and until such defendant is found not liable in all such civil suits prior to the Claims Bar Date, and proof of the finding(s) is included with this Proof of Claim;

(f) A person who, as of the Claims Bar Date, has been the subject of criminal charges related to the violations alleged in the Commission's Complaint in this action, or any related Commission action (or any of his or her affiliates, assigns, heirs, distributees, spouses, parents, children, or controlled entities);

(g) The Claims Administrator, its employees, and those persons assisting the Claims Administrator in its role as Claims Administrator.

2. If signing this Proof of Claim Form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Proof of Claim Form;

3. I agree to submit to the jurisdiction of the United States District Court for the Southern District of New York for all purposes relating to this claim;

4. I understand that the Claims Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Claims Administrator for those purposes. If necessary, I authorize the Claims Administrator to obtain and review any and all trading records relevant to my transactions in Converium Common Stock from any brokerage firm or other entity that has possession of such records, and further consent to the release of such records by such brokerage firm or other entity to the Claims Administrator;

5. The number shown on this form is my correct Social Security Number or Taxpayer Identification Number;

6. I agree that under no circumstances shall the Claims Administrator or its agents incur any liability to me or to any other person if it makes a distribution in accordance with the list of all Eligible Claimants and their Approved Claims as approved by the Court and that I am enjoined from taking any action in contravention of this provision; and

7. I agree that upon receipt and acceptance by me of a distribution from the Fair Fund, I shall be deemed to have released all claims that I may have against the Claims Administrator and its agents and shall be deemed enjoined from prosecuting or asserting any such claims.

8. If I am a custodian, trustee, or professional investing on behalf of and representing more than one potentially eligible claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim Form by the undersigned is true and correct and that the documents submitted herewith are true and genuine.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_.  
(Month/Year) (City) (State/Country)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Joint owner sign your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Joint owner type or print your name here)

\_\_\_\_\_  
(Capacity of persons signing, e.g., Beneficial Purchaser, Executor or Administrator)



<b>REMINDER CHECKLIST</b>
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1. Please sign the Certification section of the Claim Form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents. Supporting documents include trade confirmations, official monthly, quarterly or annual brokerage statements or stock certificates.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. If you aggregated accounts, be sure to include supporting documents for all accounts.
6. Keep a copy of your Claim Form and all documentation submitted for your records.
7. The Claims Administrator will acknowledge receipt of your Claim Form by regular or electronic mail within 60 days. Your claim is not deemed filed until you receive an acknowledgment postcard or e-mail. If you do not receive an acknowledgment postcard or e-mail within 60 days, please call one of the numbers below.
8. If you move, please send us your new address.
9. **Do not use highlighter on the Claim Form or supporting documentation.**
10. YOU WILL NOT BE CHARGED FOR PARTICIPATING IN THE FAIR FUND.

THIS CLAIM FORM MUST BE RECEIVED BY THE CLAIMS ADMINISTRATOR NO LATER THAN  
OCTOBER 6, 2010 AND MUST BE MAILED TO:

**SEC v. Zurich Financial Services Fair Fund**  
**c/o The Garden City Group, Inc.**  
**P.O. Box 9547**  
**Dublin, OH 43017-4847**

<u>Country</u>	<u>Toll-Free Number</u>
Canada	1.866.621.7018
Germany	00 800 776 86269
Luxembourg	00 800 776 86269
Netherlands	00 800 776 86269
Switzerland	00 800 776 86269
United Kingdom	00 800 776 86269
United States	1.866.621.7018
United States Territories	1.866.621.7018
All countries outside the U.S.A., Canada and Puerto Rico	1.941.906.4758 <b>(Not Toll-Free)</b>