

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

GREGORY BOUTCHARD and SYNOVA  
ASSET MANAGEMENT, LLC, individually and  
on behalf of all others similarly situated,

Plaintiffs,

v.

KAMALDEEP GANDHI, YUCHUN MAO  
a/k/a BRUCE MAO, KRISHNA MOHAN,  
TOWER RESEARCH CAPITAL LLC, and  
JOHN DOE Nos. 1 – 5,

Defendants.

Case No. 1:18-cv-07041

Hon. John J. Tharp, Jr.

**PROOF OF CLAIM AND RELEASE**

**I. INSTRUCTIONS**

1. If you transacted in E-Mini Index Futures and/or Option(s) on E-Mini Index Futures on the Chicago Mercantile Exchange (“CME”) and/or the Chicago Board of Trade (“CBOT”) from March 1, 2012, through October 31, 2014 (the “Class Period”), you may be eligible to receive a payment from the \$15 million settlement reached between Class Plaintiffs and Defendant Tower Research Capital LLC (“Tower”) in *Boutchard et al. v. Gandhi et al.*, No. 18-cv-7041 (N.D. Ill.).

2. “E-Mini Index Futures” means E-mini Dow Futures contract(s), E-mini S&P 500 Futures contract(s), or E-mini NASDAQ 100 Futures contract(s) and “Options on E-Mini Index Futures” means any option on any E-Mini Index Futures.

3. 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 Settlement, July 30, 2021, Fairness Hearing Thereon, And Class Members’ Rights** (“Notice”) and the Stipulation and Agreement of Settlement between Class Plaintiffs and Tower, which are available at [www.eminifuturesclassactionsettlement.com](http://www.eminifuturesclassactionsettlement.com) (the “Settlement Website”).

4. 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.

5. 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 timely, your Claim Form must be submitted online at [www.eminifuturesclassactionsettlement.com](http://www.eminifuturesclassactionsettlement.com) by 11:59 p.m. Eastern Time on August 12, 2021, OR mailed and received by the Settlement Administrator no later than August 12, 2021.** If you are unable to submit the required data as described below at Parts II through IV, you should call the Settlement Administrator for further instructions.

6. As described in Part III below, you are required to submit additional information about your transactions in E-Mini Index Futures and/or Option(s) on E-Mini Index Futures as part of your Claim Form to be submitted to the Settlement Administrator.

7. 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.

8. 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.

This Form Must Be Electronically Submitted OR Mailed AND Received No Later Than August 12, 2021.

9. 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.

**II. CLAIMANT IDENTIFICATION**

The Settlement Administrator will use this information for all communications relevant to this Claim Form. If this information changes, please notify the Settlement Administrator in writing. If you are a trustee, executor, administrator, custodian, or other nominee and are completing and signing this Claim Form on behalf of the Claimant, you must attach documentation showing your authority to act on behalf of Claimant.

**Section A – Claimant Information**

Claimant's First Name	MI	Claimant's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Claimant's First Name	MI	Co-Claimant's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if Claimant is not an individual)

Representative or Custodian Name (if different from Claimant[s] listed above)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City	State	ZIP Code/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province/Region (if outside U.S.)

Country

Claimant Tax ID (For most U.S. Claimants, this is their individual Social Security Number, Employer Identification Number, or Taxpayer Identification Number. For non-U.S. Claimants, enter a comparable government-issued identification number.)

Telephone Number (home or cell)	Telephone Number (work)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address (If you provide an email address, you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

This Form Must Be Electronically Submitted OR Mailed AND Received No Later Than August 12, 2021.

**Section B – Authorized Representative Information**

Name of the person you would like the Settlement Administrator to contact regarding this claim (if different from the Claimant name listed above)

First Name [grid] MI [grid] Last Name [grid]

Telephone Number (home or cell) [grid] Telephone Number (work) [grid]

Address 1 (street name and number) [grid]

Address 2 (apartment, unit, or box number) [grid]

City [grid] State [grid] ZIP Code/Postal Code [grid]

Province/Region (if outside U.S.) [grid]

Email Address (If you provide an email address, you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

[grid]

**III. REQUIREMENTS FOR CLAIM SUBMISSION**

**1. YOU MUST SUBMIT YOUR CLAIM FORM ELECTRONICALLY OR ON PAPER IN THE REQUIRED FORMAT**

Claimants must electronically submit their Claim Forms online at [www.eminifuturesclassactionsettlement.com](http://www.eminifuturesclassactionsettlement.com) by **11:59 p.m. Eastern Time on August 12, 2021, OR** mail the Claim Forms to the Settlement Administrator at E-Mini Futures Class Action Settlement, c/o A.B. Data, Ltd., P.O. Box 173122, Milwaukee, WI 53217 so they **are received no later than August 12, 2021.** 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 E-Mini Index Futures and/or Option(s) on E-Mini Index Futures reflected in Part IV, below. A Data Template, including the information you must provide about your transactions in E-Mini Index Futures and/or Option(s) on E-Mini Index Futures 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 E-Mini Index Futures and/or Option(s) on E-Mini Index Futures during the Class Period.

**IV. TABLE OF TRANSACTIONS IN E-MINI INDEX FUTURES AND/OR OPTIONS ON E-MINI INDEX FUTURES**

Complete this Part IV if and only if you entered into transactions in E-Mini Index Futures and/or Options on E-Mini Index Futures from March 1, 2012, through October 31, 2014. Do not include information regarding instruments other than E-Mini Index Futures and/or Options on E-Mini Index Futures and do not include transactions in E-Mini Index Futures and/or Options on E-Mini Index Futures in which you acquired the instrument as an agent for another individual or entity.

**List of Brokers or Futures Commission Merchants**

Please list all brokers or futures commission merchants (“FCMs”) at which you maintained accounts in which you traded or held in E-Mini Index Futures and/or Options on E-Mini Index Futures.


**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 E-Mini Index Futures and/or Options on E-Mini Index Futures.




**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 Agreement;
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.

**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 E-Mini Index Futures and/or Options on E-Mini Index Futures 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.**

Date:

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

\_\_\_\_\_  
MM/DD/YY

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

Date:

\_\_\_\_\_  
Authorized Representative completing Claim Form (if any)

\_\_\_\_\_  
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 AUGUST 12, 2021, OR MAILED AND RECEIVED NO LATER THAN AUGUST 12, 2021.**