

Must be Postmarked
No Later Than
April 4, 2019

ITG Securities Settlement
c/o GCG
P.O. Box 10602
Dublin, OH 43017-9202
www.ITGSecuritiesSettlement.com



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

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Important - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0



SECTION A - GENERAL INSTRUCTIONS & INFORMATION

If you purchased or otherwise acquired the common stock of Investment Technology Group, Inc. ("ITG") between February 28, 2011 and August 3, 2015, inclusive, and were damaged thereby, you are a Class Member, and you may be entitled to share in the Settlement proceeds. The following persons and entities are excluded from the Class: Defendants; Steven Vigliotti and Mats Goebels; ITG's affiliates and subsidiaries; the officers and directors of ITG and its affiliates and subsidiaries at all relevant times; members of the immediate family of any excluded person; heirs, successors, and assigns of any excluded person or entity; and any entity in which any excluded person has or had a controlling interest. If you own shares of a mutual fund that purchased shares of ITG common stock during the Class Period, that alone does not make you a Class Member.

If you filed a request for exclusion from the Class, you are not a Class Member, not eligible for any Settlement benefits, and may not submit this form.

If you are a Class Member, you must complete and submit this form in order to be eligible for any Settlement benefits.

You must complete and sign this Claim and Release Form ("Claim Form") and mail it by First-Class Mail, postmarked no later than April 4, 2019 to the Claims Administrator at the following address:

ITG Securities Settlement
c/o GCG
P.O. Box 10602
Dublin, OH 43017-9202

However, such filing is not a guarantee that you will share in the proceeds of the Settlement in the Action. Failure to submit your claim postmarked by April 4, 2019 will subject your claim to rejection and preclude your receiving any money in connection with the Settlement of this litigation. Do not mail or deliver your claim to the Court or to any of the parties or their counsel, as any such claim will be deemed not to have been submitted. Submit your claim only to the Claims Administrator.

If you are a Class Member and you do not timely request exclusion, you will be bound by the terms of any judgment entered in the Action. If you are **not** a Class Member, **do not** submit a Claim Form. If you need assistance filling out this Claim Form, please contact the Claims Administrator by phone at (888) 312-0818 or by email to: Info@ITGSecuritiesSettlement.com.

SECTION B - INSTRUCTIONS FOR FILLING OUT THE CLAIM FORM

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represents the claimant(s) certifies (certify) as follows:

1. I purchased or otherwise acquired common stock of Investment Technology Group, Inc. during the period February 28, 2011, through and including August 3, 2015, and was damaged as to shares so purchased or acquired.
2. By submitting this Claim Form, I state that I believe in good faith (a) that I am a Class Member as defined above and in the Notice, or am acting for such person, (b) that I am not a Defendant in the Action or otherwise excluded from the Class, (c) that I have read and understand the Notice, (d) that I believe that I am entitled to receive a share of the Net Settlement Fund, (e) that I elect to participate in the proposed Settlement described in the Notice, and (f) that I have not filed a Request for Exclusion. If you are acting in a representative capacity on behalf of a Class Member (e.g., as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, a copy of the trust documents, or a copy of a power of attorney.
3. I have set forth where requested below all relevant information with respect to transactions and shareholdings of ITG common stock. I understand that the information contained in this Claim Form is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification.
4. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, acquisition, sale, or retention of ITG common stock listed below in support of my claim. **IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.**
5. My signature on this Claim Form will constitute confirmation of a full and complete release, remise, and discharge by me or, if I am submitting this Claim Form on behalf of a corporation, a partnership, estate, or one or more other persons, by it, him, her, or them, and by my, its, his, her, or their heirs, executors, administrators, predecessors, successors, and assigns of each of the "Defendant Released Parties" as defined in the Notice.



SECTION D - SCHEDULE OF TRANSACTIONS IN ITG COMMON STOCK

A. BEGINNING HOLDINGS: State the total number of shares of ITG common stock owned at the opening of trading on **February 28, 2011** (if none, enter "0"; if other than zero, must be stated):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares					

B. PURCHASES/ACQUISITIONS: Separately list each and every **purchase or other acquisition** of ITG common stock during the period **February 28, 2011, through August 3, 2015, inclusive** (must be documented):

Trade Date List Chronologically (Month/Day/Year)	Number of Shares Purchased or Acquired	Purchase Price Per Share	Aggregate Cost (Excluding commissions, taxes and other fees)
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. PURCHASES/ACQUISITIONS DURING "90-DAY LOOKBACK PERIOD": State the total number of shares of ITG common stock **purchased or otherwise acquired** during the period **August 4, 2015, through October 30, 2015, inclusive** (if none, enter "0"; if other than zero, must be stated):²

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares					

D. SALES: Separately list each and every **sale** of ITG common stock during the period **February 28, 2011, through October 30, 2015, inclusive** (must be documented):

Trade Date List Chronologically (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Amount Received (Excluding commissions, taxes and other fees)
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. ENDING HOLDINGS: State the total number of shares of ITG common stock **owned** at the close of trading on **October 30, 2015** (if none, enter "0"; if other than zero, must be documented):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares					

² **Please note:** Trade dates and purchase prices are not required for any purchases/acquisitions made during the period August 4, 2015, through October 30, 2015, inclusive; only the sum of the shares purchased. Further, while documentation is not required for these purchases, it is important that this figure is accurately reported. Failure to accurately report this figure may result in the rejection of your claim.

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS
YOU **MUST** PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL **NOT** BE REVIEWED



YOU MUST ALSO READ THE RELEASE AND SIGN THE CERTIFICATION BELOW

SECTION E - SUBMISSION TO JURISDICTION OF COURT

By submitting this Claim Form, I/we, and every Class Member I/we represent, submit to the jurisdiction of the United States District Court for the Southern District of New York for purposes of this Action and the Settlement of the Action, as reflected in the Amended Stipulation and Agreement of Settlement (the "Settlement"). I/We further agree to be bound by the orders of the Court, agree that this Claim Form, my/our status or the status of the Class Member I/we represent as a Claimant and the allowable amount of this claim will be subject to review and further inquiry, and that I/we will furnish such additional documentation with respect to this Claim Form as may be required.

SECTION F - RELEASE

By signing this Claim Form, and in consideration of the establishment of the Settlement Fund, as of the Effective Date thereof, the undersigned claimant ("Claimant"), on behalf of Claimant and Claimant's past and present subsidiaries, affiliates, parents, employees, assigns, successors and predecessors, estates, heirs, executors, issue, administrators, and their respective officers, directors, shareholders, general or limited partners, managers, members, agents, attorneys and legal representatives, spouses, representatives, and any persons they represent hereby release and forever discharge all Settled Claims against the Defendant Released Parties.

SECTION G - REPRESENTATIONS

I/We acknowledge that I/we have read the Notice, and that pursuant thereto I/we file this claim to participate in the Settlement.

I/We hereby warrant and represent that neither I/we, nor any person I/we represent, is excluded from the Class as set forth in the Notice.

I/We hereby warrant and represent that I am/we are authorized to execute and deliver this Claim Form.

SECTION H - CERTIFICATION

I/We certify that I am/we are not subject to backup withholding. **(If you have been notified by the IRS that you are subject to backup withholding, strike out the previous sentence.)**

I/We declare and affirm under penalties of perjury that the foregoing information and the documents attached hereto, including the last four digits of Social Security or Taxpayer Identification Number shown on this Claim Form, are true, correct and complete to the best of my/our knowledge, information and belief, and that this Claim Form was executed

this _____ day of _____ in _____, _____.

(Month/Year) (City) (State/Country)

Signature of Claimant

Print Name of Claimant

Date

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

Date

If claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of Person Completing Form

Print Name of Person Completing Form

Date

Capacity of person(s) signing, e.g., Beneficial Purchaser,
Executor or Administrator

REMINDER CHECKLIST

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

1. Remember to sign the above Release and Certification.
2. Remember to attach only **copies** of acceptable supporting documentation; not originals (especially stock certificates).
3. Keep copies of the completed Claim Form and documentation for your own records.
4. The Claims Administrator will acknowledge the receipt of your Claim Form by postcard within 60 days of receipt. If you do not receive such acknowledgment within 60 days, please contact the Claims Administrator. **Your claim is not deemed filed unless a postcard is received.**
5. If your address changes in the future, or if these documents were sent to an old or incorrect address, please send us written notification of your new address.
6. If you have any questions or concerns regarding your claim, you can contact the Claims Administrator by phone: (888) 312-0818, email to: Info@ITGSecuritiesSettlement.com, or by mail at:

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