

In Re European Govenment Bonds Antitrust Litigation

ELECTRONIC CLAIMS FILING GUIDELINES

Table of Contents

Overview	1
Electronic Filing Requirements	1
Documentation Requirements	2
Claim Balancing	

Appendixes:

Appendix A: Case Specific Information

Appendix B: Proof of Claim and Release

Appendix C: Authorization Requirements

Appendix D: Sample Cover Letter

Appendix E: Electronic Claims Filing Template Mapping Instructions

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 Settlement Administrator issues to the filer a written acknowledgment of receipt and acceptance of electronically submitted data.

Electronic Filing Requirements

I. Prepare a cover letter:

• A cover letter MUST be included with the Electronic Claims Filing Template for Third Party Filers, Brokers and Nominees. The cover letter must include an Affidavit attesting your entity has the legal right and authorization. Please see the Authorization Requirements as set forth in Appendix A.

II. 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 B. 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 877-883-7336 to speak to an Electronic Claims Filing Specialist.

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

European Government Bonds Settlement Attention: Electronic Claims Department



c/o A.B. Data, Ltd. 3410 West Hopkins Street PO Box 173119 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

Case Specific Information

CLASS DEFINITION:	All Persons or entities who or which purchased or sold one or more European Government Bond(s) in the United States directly with a Defendant or a direct or indirect parent, subsidiary, affiliate, or a division of a Defendant, or any of their alleged co-conspirators, during the Settlement Class Period.
CLAIM FILING DEADLINE:	November 28, 2023

Transactions for each account should include:

Transaction Type	Definition	Valid Dates
P	Purchases/acquisitions during the Class Period.	January 1, 2005 through December 31, 2016, inclusive
S	Sales during the Class Period.	January 1, 2005 through December 31, 2016, inclusive

^{***}Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.

Appendix B

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

IN RE EUROPEAN GOVERNMENT BONDS ANTITRUST LITIGATION

Lead Case No. 1:19-cv-2601

PROOF OF CLAIM AND RELEASE

I. INSTRUCTIONS

- 1. If you entered into a European Government Bond transaction from January 1, 2007 through and including December 31, 2012 ("JPMorgan Settlement Class Period"), you may be eligible to receive a payment from the \$13 million settlement with JPMorgan Chase Bank, N.A., J.P. Morgan Securities PLC (f/k/a J.P. Morgan Securities Ltd.), and J.P. Morgan Securities LtC (f/k/a J.P. Morgan Securities Inc.) together with their affiliates and subsidiaries (collectively, "JPMorgan") reached in *In re European Government Bonds Antitrust Litigation*, No. 1:19-cv-2601 (S.D.N.Y), and if you entered into European Government Bond transaction from January 1, 2005 through and including December 31, 2016 ("UniCredit and Natixis Settlement Class Period"), you may be eligible to receive a payment from the \$13 million settlement with UniCredit Bank AG together with its affiliates and subsidiaries (collectively, "UniCredit") and the \$14 million settlement with Natixis S.A. together with its affiliates and subsidiaries (collectively, "Natixis").
- 2. "European Government Bond" or "EGBs" means euro-denominated sovereign debt or bonds issued by European governments (*e.g.*, Austria, Belgium, Cyprus, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, the Netherlands, Portugal, Slovakia, Slovenia, and Spain).
- 3. Unless otherwise defined herein, all capitalized terms contained in this proof of claim and release ("Claim Form") have the same meaning as defined in the accompanying Notice of Pendency of Class Action Hearing on Proposed Settlements and Attorneys' Fee Petition, and Right to Share in Net Settlement Fund ("Notice"), the Stipulation and Agreement of Settlement with JPMorgan, the Stipulation and Agreement of Settlement with State Street Corporation and State Street Bank and Trust Company, the Stipulation and Agreement of Settlement with UniCredit Bank AG, and the Stipulation and Agreement of Settlement with Natixis S.A. (collectively, "Settlement Agreements"), which are available at www.EuropeanGovernmentBondsSettlement.com.
- 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 Releases described in the Notice and provided for in the Settlement Agreements.
- 5. To be eligible to receive a payment from the Net Settlement Fund, you must submit a Claim Form along with the required data and/or information described in Parts III and IV below. To be considered timely, your Claim Form must be submitted online at www.EuropeanGovernmentBondsSettlement.com by 11:59 p.m. Eastern Time on January 29, 2024 OR received by mail no later than January 29, 2024. If you are unable to submit the required data as described below at Parts III and IV, you should call the Claims Administrator for further instructions.
- 6. As described in Part III below, you may be required to submit additional information about the European Government Bond transactions that you submit as part of your Claim Form, but only if you are contacted and instructed to do so by the Claims Administrator.
- 7. Your payment amount will be determined based on the Claims Administrator's review of your Claim Form and calculated pursuant to the Distribution Plan. Submission of a Claim Form does not guarantee that you will receive a payment from the Net Settlement Fund. For more information, please refer to the Notice and Distribution Plan available at www.EuropeanGovernmentBondsSettlement.com.
- 8. Separate Claim Forms must be submitted for each separate legal entity. Correspondingly, a single Claim Form should be submitted on behalf of only one legal entity.

- 9. If you previously filed a Claim Form for this Action, you may want to submit an additional Claim Form to seek relief for transactions not previously covered by the JPMorgan Settlement Class. The UniCredit and Natixis Settlement Class includes European Government Bond transactions with Defendants, in addition to Deutsche Bank and Rabobank, from January 1, 2005 through December 31, 2016.
- 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 Claims Administrator.

II. CLAIMANT IDENTIFICATION

The Claims Administrator will use this information to verify eligibility and for all communications relevant to this Claim Form. If this information changes, please notify the Claims 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.

Se	cti	on A	1 –	Clai	ma	nt II	nfor	ma	tior	1																								
Cla	ima	nt's	Firs	st Na	me							_	MI		Cla	aima	ant's	Las	t Na	me														
Co-	Cla	iima	nt's	Firs	t Na	me			· ·				MI	1	Co	-Cla	ima	nt's	Las	t Na	me			-										
Ent	ity	Nan	ne (i	f Cla	ima	nt is	not	an ii	ndiv	idua	1)	J		J		ı	1	1			1	1	ı	I			ı							
	Ť		T								ĺ																							
			<u>.</u>			1.	N.T.			. cc		<u> </u>	Cl		<u> </u>	1 1 2	. 1	1	<u> </u>				<u> </u>	<u> </u>			<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Ke	res	enta	liive 	or C	usic	ogran	l Na	me (11 01	liter	ent i	rom	Cla	ıma	nijs I	11151	led a	lbov	e) 	Г		1	Π				Г							
																													<u> </u>			oxdot		
Ad	ddress 1 (street name and number)																																	
Ad	dres	ss 2	(ana	rtme	nt. u	ınit,	or b	ox n	uml	oer)												•												
	T		(<u>F</u>	T	T	T	1	T	Ι	Τ	1	ı	1		Т	T	1	Т	1	Т	Τ	1	1	Т	Ι	l	1	$\overline{}$	_	$\overline{}$		$\overline{}$	$\overline{}$	$\overline{}$
																														\perp		<u></u>	\perp	
Cit	у					_						1	1				1	_				7	Stat	te	7	ZIP	Coo	le/Po	osta	ıl Co	de			
]									
Pro	vin	ce/R	legic	on (if	out	side	U.S	.)					1				1					_			_									
Co	untı	у																																
Cla	ima	nt 7	_i Γax i	ID (I	For t	nost	US	C1	aim	ants	thi	s is	their	·inc	livid	lual	Soc	ial S	Secu	rity	num	her	em	nlos	zer i	deni	tifica	ation	1 nii	ımbe	r 01	r tax	nav	er
													ter a																				.p.u.j	
Tel	eph	one	Nui	mbei	· (ho	me o	or ce	:11)			•							Tel	epho	one i	Nun	ıber	(wc	ork)					-				-	
	T	Т	٦_		Ì		1_	ŕ				1]_			Ĺ]_					1				
Em	 	 	recc	(If y	 	ovide	9 02 4		l adá	Iracc	NO!] . aut1	horiz	a th a	. Cla	ime	۸dm	L	rator	r to 11] ISA it	 in n:	ovid	lings] /OU V	vith i	infor	mati	on r] eleva	int to	thic	وأمان	m)
	all	Auu	1688	(11 ye	Ju pi	Viu	and		lauc	11688	, you	lauu	IOHZ			11118	Aun			10 u	ISCIL	Прі	IOVIC		Ou v	VIIII		That is		Teva	11110		Tian	II.)
Ļ					<u> </u>		<u> </u>			<u> </u>	Щ	<u> </u>		<u> </u>				<u> </u>			<u> </u>									<u> </u>		<u> </u>		
Lo	Location(s) from which Claimant entered into European Government Bond transactions:																																	
	U.S. or its territories Other (please specify):																																	
Fo	For Brokers filing this Claim Form for its own account(s): Have you included European Government Bond transactions in which you acted as																																	
		nt?	11	5	-1110	~1WI	1 \	C1111	101		., 11		(- j. 1	. 141	, , 0	111V	-144			- Cuil	50	. •111						. 110	-11 11		. , 5		a
						7		Γ																										
						JYes	S]	No																								

Section B – Authorized Representative Information

Naı	ne o	of th	e pe	rson	you	wo	uld	like	the	Clai	ms A	Adn	ninis	trato	or to	con	tact	reg	ardir	ng th	nis cl	laim	(if o	liffe	rent	froi	n th	e Cl	aima	ant r	ame	e list	ed a	bove
First	Na	me											ΜI		Las	t Na	me																	
Tele	pho	ne N	luml	er (hom	ie or	cel	l)										Tele	epho	ne N	Jum	ber ((wor	k)										
			_				-] –				_									
Add	ress	s 1 (s	tree	t na	me a	nd 1	num	ber)																										
Add	Address 2 (apartment, unit, or box number)																																	
City		•		•										•			•						State	e	•	ZIP Code/Postal Code								
Prov	inc	e/Re	gior	ı (if	outs	ide 1	U.S.)														•			•									
				Ì																														
Ema	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.)											1.)																						

III. REQUIREMENTS FOR CLAIM SUBMISSION

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

Claimants <u>must</u> electronically submit their Claim Forms online at www.EuropeanGovernmentBondsSettlement.com by 11:59 p.m. Eastern Time on January 29, 2024 OR mail the Claim Forms such that they are received no later than January 29, 2024 by the Claims Administrator at European Government Bonds Settlement, c/o A.B. Data, Ltd., P.O. Box 173119, Milwaukee, WI 53217.

Instructions related to Claim submissions ("Claim Submission Instructions"), including the information you must provide about your European Government Bond transactions, are available at www.EuropeanGovernmentBondsSettlement.com. Claim Forms must be submitted in the format specified by the Claim Submission Instructions.

Along with your Claim Form, you may be later required to submit the details of your European Government Bond transactions reflected in the Summary Price Table in Part IV, below.

2. YOU DO NOT NEED TO SUBMIT ANY ADDITIONAL DATA OR DOCUMENTATION OF TRANSACTIONS AT THIS TIME BUT MUST DO SO IF CONTACTED BY THE CLAIMS ADMINISTRATOR.

The Claims Administrator may request that Claimants submit additional data or documentation of their European Government Bond transactions. The EGB Transaction Data Template, including the information you must provide about your European Government Bond transactions, if requested, is available at www.EuropeanGovernmentBondsSettlement.com.

If supplemental documentation is required, it must be from one or more of the following sources:

- 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 European Government Bond transactions during the Class Period.

Claimants are advised to retain such documentation and information, as it may be required to substantiate a Claim Form.

Further information about these requirements is included in the Claim Submission Instructions, which are available at www.EuropeanGovernmentBondsSettlement.com.

IV. SUMMARY PRICE TABLE OF EUROPEAN GOVERNMENT BOND TRANSACTIONS

Complete this Part IV if and only if you entered into European Government Bond transactions from January 1, 2005 through and including December 31, 2016. Do not include information regarding instruments other than European Government Bond transactions with a Defendant, Deutsche Bank, or Rabobank (or a direct or indirect parent, subsidiary, affiliate, or division of a Defendant, Deutsche Bank, or Rabobank or any of their alleged co-conspirators), and do not include European Government Bond transactions in which you acquired the bonds as an agent for another individual or entity. For detailed instructions on how to fill out this table, please refer to the Claim Submission Instructions, which is available at www.EuropeanGovernmentBondsSettlement.com.

Date Trans	e of action	Transaction Type (Purchase/Sale)	Name of Counterparty	Notional Amount (Expressed in Euros)	Maturity Date
/	/				
/	/				
/	/				
/	/				
/	/				
/	/				

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 Releases provided for in the Settlement Agreements;
- 2. I (we) am (are) a Settlement 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) Settled 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 (other than a Claim Form to seek relief for transactions in the JPMorgan Settlement Class) and know of no other person having done so on his/her/its/their behalf;
- 7. 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 Judgment(s) that may be entered in the Action;

- 8. I (we) agree to furnish such additional information with respect to this Claim Form as the Claims Administrator or the Court may require;
- 9. I (we) acknowledge that I (we) will be bound by and subject to the terms of the Judgments that will be entered in the Action if the Settlements are approved; and
- 10. I (we) understand that any trial by jury (to the extent any such right may exist) and any right of appeal or review of the Court's determination with respect to my (our Claim) are waived.

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 Settlements, pursuant to the terms set forth in the Settlement Agreements, and by operation of law and the Judgments, I (we) shall be deemed to release and forever discharge and shall be forever enjoined from prosecuting the Settled Claims against the Released Parties (as defined in the Settlement Agreements and/or Judgment(s)).

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))		

<u>REMINDER</u>: YOUR CLAIM FORM AND REQUIRED DATA MUST BE SUBMITTED ONLINE BY 11:59 P.M. EASTERN TIME ON JANUARY 29, 2024 <u>OR</u> RECEIVED BY MAIL NO LATER THAN NOVEMBER 28, 2024.

Appendix C

Authorization Requirements

- 1 **If you are a nominee** filing on behalf of your account holders, you **must** include the following documentation:
 - Affidavit attesting that your entity has legal rights and authorization from your account holders to file a Claim Form 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 these Settlements, 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 Claim 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 Claim 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 *European Government Bonds Antitrust Litigation*.
- 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 Claim 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 *European Government Bonds Antitrust Litigation*.

Appendix D

Sample Cover Letter

LETTERHEAD

Re: European Government Bond Settlement

Date:

Enclosed is a fully executed master Proof of Claim and Release 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 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 European Government Bonds. Each transaction contains corresponding account information for which the claims are being filed.

The total number of European Government Bonds purchased [##.##] for the amount of [\$0.0000] and European Government Bonds sold [##.##] for the amount of [\$0.0000]¹ can 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.

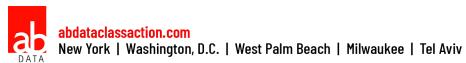
Signature

Company Name

Job Title

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

¹ Please list all other transactions, if applicable, including free receipts and free deliveries.



Appendix E
Template Mapping Instructions – Transaction Detail Available

	2 222 21000 1110	ping I	nstructions – Transaction Detail Available
Column	Field Name	Max Lengt	European Government Bonds FIELD DESCRIPTION
		h	TIELD DESCRIPTION
A	Account Identifier	40	Account identifier from cover page of filing.
			Short Name of Beneficial Owner, for printing/mailing purposes
В	Beneficial Owner Account Name	40	You MUST also provide the correct, complete, unabbreviated name of the beneficial owner in Column C of your submission
			Full Name of Beneficial Owner MUST be the correct, complete, unabbreviated name of the beneficial owner. Do not include honorifics, e.g., Mr., Mrs., Ms., Dr., Capt., Sgt.
С	Full Name of the Beneficial Owner	40	Please note: A trustee, in that capacity, is not the beneficial owner of the security; the full name of the trust should be entered followed by the name(s) of the trustee(s). A comma should separate the name of the trust and the name(s) of the trustee(s). YOUR SUBMISSION MAY BE REJECTED IF THIS INFORMATION IS NOT INCLUDED
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
Е	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.
Н	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.
О	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant (if Claimant is not Beneficial Owner), no spaces and no dashes.
P	ISIN	20	The security identifier
Q	EGB Issuer	20	List who issued the bond
R	Transaction Type (P/S)	2	P = Purchase; S = Sale
S	Trade Date (MM/DD/YYYY)	10	(MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year
Т	Maturity Date (MM/DD/YYYY)	10	The final date of the bond. (MM/DD/YYYY) MM = Month; DD = Day; YYYY = Year.
U	Notional Amount/Face Value (Euro)	40	List the Notional Value/Face Value of the EGB
V	Price/Par Value Per Unit (Euro)	40	List the price that applied to the Bond Transaction.
W	Name of Counterparty	20	List the Claimant's counterparty (i.e., Defendant).
. X	Trade Location	20	List the Country from where Claimant's counterparty entered into the European Government Bond Transaction.
Y	Total Price for Transaction	20	List the total price paid for the bond.