

EXHIBIT B

STANFORD RECEIVERSHIP CERTIFICATION NOTICE

You are receiving this Certification Notice because the Receiver has identified you as an Investor CD Claimant¹ under the Receivership's Interim Distribution Plan (the "Interim Plan"). Investor CD Claimants are eligible for distribution payments from the Receivership under the Interim Plan.

Before making distribution payments under the Interim Plan, the Receiver is required to send a Certification Notice to the Investor CD Claimants. This Certification Notice must ask each Investor CD Claimant for certification regarding whether they have applied for or received compensation for their claimed losses from sources other than the Receivership and, if so, the amount of such compensation. **Investor CD Claimants must timely respond to this Certification Notice as a condition of receiving payment under the Interim Plan.**

Instructions

You must respond to this Certification Notice by fully and accurately completing the Certification Form attached to this notice.

You must submit the completed Certification Form and any necessary attachments to the Receivership within **SIXTY (60) DAYS** of the date you receive the Certification Notice.

Failure to timely submit the completed Certification Form and any necessary attachments will disqualify you from receiving a distribution payment under the Interim Plan.

You may submit your completed Certification Form and any necessary attachments (1) by email at info@stanfordfinancialclaims.com; (2) by mail to Stanford Financial Claims, P.O. Box 990, Corte Madera, CA 94976-0990; (3) by courier service or hand delivery to Stanford Financial Claims, 3301 Kerner Blvd., San Rafael, CA 94912; or (4) by facsimile or telecopy to 415-258-9639.

¹ "Investor CD Claimants" means all holders of Stanford International Bank, Ltd. CD Claims or Other Stanford International Bank, Ltd. Claims (a) who have not been sued by the Receiver or the Official Stanford Investors Committee to recover funds they received from the Stanford Ponzi scheme and (b) who have never been a Stanford employee, independent contractor, or insider, provided that the Receiver retains the right to compensate former Stanford employees for CD losses as Investor CD Claimants if the former employees have, in the Receiver's discretion, materially assisted the Receiver and were not involved in sales or marketing of SIB CDs.

Unless otherwise indicated, all capitalized terms have the same meaning as in the Receivership's Interim Distribution Plan.

CERTIFICATION FORM

Claimant Name

Claim Number

1. Please check ALL of the following blanks that apply to you:

- a. _____ I have not applied for, asserted a claim for, or received compensation for any part of my Total Claimed Amount¹ from any source other than the Receivership.
- b. _____ I have applied or asserted a claim for compensation for at least some part of my Total Claimed Amount from one or more sources other than the Receivership.
- c. _____ I have received compensation for all or part of my Total Claimed Amount from one or more sources other than the Receivership.

2. If you checked blank 1(a), you may proceed to step 5.

3. If you checked blank 1(b), provide the following information on a separate page, attach the page to this Certification Form, and submit all attachments to the Receivership along with the Certification Form: the identity of all sources other than the Receivership from which you have applied for compensation; the amount of compensation you applied for from each such source; and if you asserted a claim for compensation in a lawsuit or other legal proceeding, the identity of the proceeding (including name, case number, and court) and the amount of the claim.

4. If you checked blank 1(c), provide the following information on a separate page, attach the page to this Certification Form, and submit all attachments to the Receivership along with the Certification Form: the identity of all sources other than the Receivership from which you have received compensation; and the amount of compensation you have received from each source.

[Continued on next page.]

¹ Your "Total Claimed Amount" is the amount you claimed in the Proof of Claim submitted to the Receivership.

5. Sign the certification below:

By signing this Certification Form, I declare under penalty of perjury under the laws of the United States of America that I am providing the Receivership with complete and accurate answers to the requests for information contained in this Certification Form.

Signature of Claimant