

Application for single matching account service

We, the undersigned, representing,

Registered Company name (in full)

Address

City

Post code

Country

Telephone

Fax

Email

request LuxCSD S.A. to designate the following accounts previously opened or currently being opened in our name for the single matching account service.

Account designated as the group matching account (GMA): _____

Account numbers to be designated as members of the single matching account group:

We acknowledge that the setup of the service on the specified account(s) will only be effective upon confirmation from LuxCSD S.A.

We acknowledge that the Sub-Matching Accounts (SMAs) are not used for investment funds activities and do not maintain any holdings of investment fund shares.

Authorised signature(s)

Signature

Signature

Name

Name

Title

Title

Place

Place

Date

Date

Please return the completed form to:

LuxCSD S.A.

c/o Clearstream Banking S.A.

Attention: Account Administration Luxembourg

L-2967 Luxembourg