

[Letterhead of the Company]

POWER OF ATTORNEY

Attention:

LuxCSD S.A. ("LuxCSD")

42, avenue J.F. Kennedy – L-1855 Luxembourg

This Power of Attorney will become effective from *[insert date]*.

[Insert name of company that is giving a power of attorney],

(the "Company") whose registered office is at *[insert address]*

Registered address :

City _____ Postcode _____ Country _____

hereby appoints *[insert name of company that is receiving a power of attorney - only one company for each power of attorney]*

(the "Attorney"), whose registered office is at *[insert address]*

Registered address :

City _____ Postcode _____ Country _____

as its attorney to register and/or maintain, in the name and on behalf of the Company, the Company's Legal Entity Identifier codes (the "LEI"), and more particularly:

1. To register and/or annually renew the LEI, amend reference data, confirm challenges and manage porting requests with LuxCSD on behalf of the Company. In case the Company is an investment fund with compartments or subfunds the relevant details are listed in Appendix 1 hereto;
2. To access systems and portals offered by LuxCSD in relation to the LEI;
3. To ensure prompt payment of the invoices issued by LuxCSD to register and/or renew the LEIs, as well as in connection with any other related services of LuxCSD.

The Attorney hereby acknowledges to have read and understood the terms and conditions as provided in the "LuxCSD LEI Services Terms and Conditions" available on the LuxCSD website and agree to all of the terms thereof. All communication given by the Attorney to LuxCSD shall comply with the format, modes of communication and procedures as specified by LuxCSD.

Initials - Company & Attorney

The Company and the Attorney acknowledge that LuxCSD will provide the invoice to the contact inserted in the billing details on the LuxCSD LEI Platform, who must ensure prompt payment.

The Company hereby agrees that it shall be fully liable to LuxCSD for any and all obligations created on its behalf pursuant to the authority or purported authority of this proxy and undertakes to ratify whatever the Attorney causes to be done under the authority or purported authority of this proxy.

Each of the Company and the Attorney hereby agree that LuxCSD shall not be held liable for any action or omission whatsoever, whether taken or omitted to be taken, erroneously or not, by the Company or the Attorney.

The Company and the Attorney hereby agree to hold harmless and not make any claim against LuxCSD for any loss, claim, liability, damage, cost or any expense whatsoever due to the disclosure to the Attorney of all or any part of information related to the LEI.

This power of attorney shall remain valid until notice of termination is received by LuxCSD by registered letter or authenticated message. Any termination shall take effect on the second business day in Luxembourg after receipt of the notice by LuxCSD or such other later date specified in the notice accordingly.

This power of attorney is governed by and shall be construed in accordance with the laws of the Grand Duchy of Luxembourg.

On behalf of the Company,

Done in: *[insert place]*

On: *[insert date]*

Name: *[insert name]*

Name: *[insert name]*

Title: *[insert title]*

Title: *[insert title]*

Signature:

Signature:

The Attorney hereby certifies that he accepts this power of attorney and all obligations and responsibilities provided in this power of attorney.

On behalf of the Attorney,

Done in: *[insert place]*

On: *[insert date]*

Name: *[insert name]*

Name: *[insert name]*

Title: *[insert title]*

Title: *[insert title]*

Signature:

Signature:

APPENDIX 1 TO POWER OF ATTORNEY

FUND	COMPARTMENT/SUB FUND	LEI
<i>[insert name]</i>	<i>[insert name]</i>	<i>[insert number]</i>
<i>[insert name]</i>	<i>[insert name]</i>	<i>[insert number]</i>
<i>[insert name]</i>	<i>[insert name]</i>	<i>[insert number]</i>
<i>[insert name]</i>	<i>[insert name]</i>	<i>[insert number]</i>