

Access Coordinator Form for DTCC Systems & Applications EPIM Workstation Registration – Clearstream Users

This Form reflects

_____’s (“Organization”) acknowledgement of its responsibilities, and of the roles and responsibilities of our Organization’s Access Coordinators designated below, related to the use of the EPIM Workstation operated by DTCC.

DTCC provides services at the request of Clearstream Banking S.A. References to DTCC in this Form refer, as the circumstances dictate, either to: (a) The Depository Trust & Clearing Corporation; and/or (b) the applicable DTCC subsidiary or other DTCC affiliate (including, without limitation, DTC, NSCC, FICC, EMCC, DTCC Solutions, Deriv/SERV, LoanSERV and Omgeo). Our Organization and its Access Coordinators are responsible for:

- **Authorizing access** by workers of our Organization to DTCC systems;
- Administering (including without limitation establishing, protecting maintaining, and revoking), the **credentials** (*e.g.*, user IDs, passwords, digital certificates, etc.) issued to workers of our Organization that may be required by DTCC for authentication purposes;
- Administering (including without limitation establishing, protecting maintaining, and revoking) the associated **entitlements** (*i.e.*, function eligibility) in connection with the workers’ communications with DTCC relating to use of DTCC products and services;
- **Monitoring** and reviewing credentials, entitlements, security breaches, access violations, and inactive accounts to ensure accuracy, and taking any appropriate follow-up action (*e.g.*, notifying DTCC’s Corporate Information Security Office and Relationship Management if potential security exposures are identified);
- **Overseeing** our Organization’s workers’ **use of DTCC’s systems**, and ensuring that each worker appropriately protects his/her access privileges (*e.g.*, by safeguarding his/her credentials) and provides up-to-date accurate information to DTCC that can be used to verify his/her identity (*e.g.*, in the event that a password must be reset);
- **Informing all workers of changes**, such as modifications to password syntax rules, that affect access or that may impact their ability to access DTCC systems;
- Immediately **modifying or disabling/revoking access privileges** where appropriate (*e.g.*, for any worker who leaves our Organization or changes responsibilities), and initiating the deletion and/or deactivation of associated credentials, and promptly notifying DTCC’s Corporate Information Security Office and Relationship Management of the same; and
- Providing DTCC with up-to-date **information about themselves** (*e.g.*, name, mail & email addresses, and telephone number).

Our Organization will have at least two designated Access Coordinators at all times. A submitted Form purporting to be signed by an authorized officer of the Organization will be conclusively presumed to have been signed by an authorized officer of Organization. If an Access Coordinator leaves our Organization or changes responsibilities, our Organization will notify DTCC immediately following the standard procedures which can be obtained from the contact person listed below. Our Organization recognizes that access to DTCC systems and applications is further subject to the applicable DTCC rules and procedures, and DTCC agreements with our Organization, and could be suspended or revoked at any time. Our Organization agrees not to knowingly conduct any transaction or activity through DTCC that violates sanctions administered and enforced by OFAC. *To the extent liability is not governed by such rules or agreements, the following shall apply: In no event shall DTCC be liable for: (1) any loss resulting directly or indirectly from mistakes, errors or omissions, other than those caused directly by DTCC’s gross negligence or willful misconduct; and/or (2) any special, consequential, exemplary incidental or punitive damages.*

Authorized Signor's
Initials- _____

Organization certifies that the individuals designated on this form have been informed that their personal contact information has been provided to Clearstream Banking S.A, acting as a data controller in the meaning of the General Data Protection Regulation (EU) 2016/679, for purposes in connection with their role as an Access Coordinator for the Organization and for the performance of a contract between the data controller Clearstream Banking S.A. and its designated data processor DTCC. Individuals designated on this form have been informed that such information may be used by Clearstream Banking S.A. and DTCC to (A) provide services for Organization, (B) to market and offer related products and services to Organization and its affiliates, (C) as permitted under DTCC's privacy policy (available at www.dtcc.com), and (D) as required to satisfy legal and regulatory obligations. Clearstream Banking S.A. may transfer personal contact information to DTCC, its subsidiaries, its affiliates, its joint ventures, and their service providers who may store, process, and/or transfer personal contact information to countries outside of the individual's home country and which may have data protection standards different than those of the origin country. Other than these designated individuals, for all other purposes, Clearstream Banking S.A is acting as a data processor on behalf of the Organization for any personal data processed under the relationship between the parties.

Our Organization must ensure that our information is kept accurate and up-to-date and inform DTCC of any changes to our information. By signing this document, the Organization represents and warrants to DTCC that the signatory to this document is vested with actual authority to sign this document on behalf of the Organization.

New/Update/Deletion Request	Access Coordinators:	Business phone Number:	Business E-Mail Address:	EPIM Workstation Access Required
New <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="checkbox"/>	NAME:			Test <input type="checkbox"/> Inquiry <input type="checkbox"/> Update <input type="checkbox"/> Production <input type="checkbox"/> Inquiry <input type="checkbox"/> Update <input type="checkbox"/>
New <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="checkbox"/>	NAME:			Test <input type="checkbox"/> Inquiry <input type="checkbox"/> Update <input type="checkbox"/> Production <input type="checkbox"/> Inquiry <input type="checkbox"/> Update <input type="checkbox"/>
New <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="checkbox"/>	NAME:			Test <input type="checkbox"/> Inquiry <input type="checkbox"/> Update <input type="checkbox"/> Production <input type="checkbox"/> Inquiry <input type="checkbox"/> Update <input type="checkbox"/>
New <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="checkbox"/>	NAME:			Test <input type="checkbox"/> Inquiry <input type="checkbox"/> Update <input type="checkbox"/> Production <input type="checkbox"/> Inquiry <input type="checkbox"/> Update <input type="checkbox"/>

Authorized Signor's
Initials- _____

DTCC may rely on this document, which we are providing to DTCC so that DTCC will afford our Organization the contemplated systems and applications access. If an Access Coordinator or our Organization fails to fulfill any of the above responsibilities, DTCC shall not have any liability or other responsibility for any related losses, costs, or causes of action that may arise.

The signer of this Form represents he/she is an officer authorized to sign this form on behalf of the Organization, and is not an Access Coordinator.

Organization Name:

Organization's EPIM Account Number(s):

Organization Country:

Print Signing Authorized Officer's Name:

Print Signing Authorized Officer's Name:

Print Signing Authorized Officer's Title:

Print Signing Authorized Officer's Title:

By (signature):

Date:

By (signature):

Date:

This Access Coordinator Authorization Form is an Applicable Publication containing security arrangements, as described in Section 2 of the EPIM Workstation operated by DTCC.

[Access Coordinator Form Instructions for the EPIM Workstation](#)

Step 1 Page 1: Organization Name: Please type your legal firm name.

Step 2 Page 1: Authorized Signor's Initials: Please write your initials in the dedicated space.

Step 3 Page 2: Access Coordinators: Please type the Name, Phone, Email and Business Address of the designated persons to be Access Coordinators.

Step 4 Page 2: Service: Indicate the environment(s) and access types(s) that required for the designated Access Coordinators.

Step 5 Page 3: Signatures: Two authorized persons at firm should print and sign name, fill in firm's name, account and country, fill in title and date.

[DTCC contact: piprequests@dtcc.com](mailto:piprequests@dtcc.com)