

Note: This is a PDF form that can be filled in electronically.

Before signing, the party being "the Client" is hereby requested to print it out on their corporate letter head paper.

POWER OF ATTORNEY

Attention: Clearstream Fund Centre S.A., a société anonyme incorporated under the laws of the Grand Duchy of Luxembourg, having its registered office at 42 Avenue J.F. Kennedy, L-1855 Luxembourg, and registered with the Trade and Companies Register of Luxembourg under number B 261691 (hereafter the "Bank" or "CFCL")

Client name

Address

Postal code and town

Country

Commercial registration authority and number

(hereafter the "Client")

hereby appoints:

Attorney name

Address

Postal code and town

Country

Commercial registration authority and number

(the "Attorney")

as its Attorney issuing order routing instructions relating to investment funds (the "OR Instructions") to CFCL as follows:

Connectivity access to the Bank's online resources

The Client hereby authorises the Attorney to request or receive information concerning OR Instructions to or from the Bank via email and via telephone in accordance with the identification procedures of the Bank as amended.

The Client hereby authorises the Attorney to access the Bank's connectivity services ClearstreamXact, VestimaPRIME (CFN) and Vestima (hereafter the "Online Resources") in relation to the services provided by the Bank to the Client under the Governing Documents of the Bank. Electronic access shall be made in accordance with the Governing Documents of the Bank as amended from time to time. To this end, the Client authorises the Bank to allow the Attorney to access said services on behalf of the Client using the following, electronic identifier(s) (given as applicable and relevant to the ownership of the identifier(s)):

Type of identifier	Client	Attorney
Organisational unit (OU) setup by the Bank	_____	_____
Swift ISO 20022 network address (DN)	_____	_____
Swift ISO 15022 network address (BIC)	_____	_____
Vestima participant identifier setup by the Bank	_____	_____

This Power of Attorney is specific and strictly limited to the:

[Tick only the applicable box/es]

(the "Accounts") to:

Vestima Access¹

Transmission and receipt of messages

The Client hereby authorises the Attorney to:

Transmit, in the name and on behalf of the Client, any instructions, confirmations, reports and/or information accepted by the Bank's Online Resources;

Receive, in the name and on behalf of the Client, any instructions, confirmations, reports and/or information relating to the activities of the Client through the Bank's Online Resources.

Receipt of information and reports on the OR Instructions

For the OR Instructions service, the Client hereby authorises the Attorney to:

- Request and receive, in the name and on behalf of the Client, information on the OR Instructions and
- Request and receive, in the name and on behalf of the Client, for any investment fund shares in which the Client holds a position, reports on the OR Instructions.

Reports will be sent to the Attorney via a secure means of communication to be agreed between the Attorney and the Bank.

General provisions

This Power of Attorney is exclusively limited to the service(s) and activity(ies) the Attorney has been appointed to.

All communication given by the Attorney to the Bank shall comply with the format, modes of communication and procedures as specified by the Bank.

In case of use of the Attorney's electronic access to the Online Resources, the Client acknowledges that its Attorney is solely responsible for the configuration of its computer systems and the setup of its electronic access in compliance with this Power of Attorney. The Attorney expressly agrees to comply with the rules governing the Online Resources, at all times during the validity of this Power of Attorney.

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

1. The Client acknowledges that it is solely responsible for the configuration and set-up of its Vestima Access, as well as restrictions to this access.

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

The Client and the Attorney hereby agree to hold harmless and not make any claim against the Bank 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 OR Instructions or the Client, unless such loss, claim, liability, damage, cost or expense is directly due to the Bank's negligence, fraud or wilful misconduct.

This Power of Attorney is irrevocable and shall remain valid until notice of termination or amendment is received by the Bank by registered letter. Any such termination or amendment shall take effect on the second business day in Luxembourg after receipt of the notice by the Bank or such other later date specified in the notice. Notwithstanding the above, this Power of Attorney shall automatically be terminated on the date of termination of the contractual relationship of the Client with the Bank.

This Power of Attorney shall remain valid until notice of termination or amendment is received by the Bank by registered letter or authenticated message from the Client. Any such termination or amendment shall take effect on the second business day in Luxembourg after receipt of the notice by the Bank 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. Any litigation raised in relation thereto shall be subject to the exclusive jurisdiction of the competent courts of Luxembourg City.

This Power of Attorney will become effective from: _____

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

Signed for and on behalf of the Client:

Place: _____

Date: _____

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Signed for and on behalf of the Attorney:

Place: _____

Date: _____

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____