

Electronic Invoice Distribution

We, the undersigned, representing

Note: Form must be filled out typed and not by hand.

Registered Company name (in full)

Name of branch¹

Legal address

City

Post code

Country

Main account number

OR

VAT number²

request Clearstream Fund Centre S.A. ("CFCL") to designate the following accounts previously opened or currently being opened in our name for the Electronic Invoice Distribution service. The service should be eligible for

☐ All existing and future accounts of the Company at CBL and/or CFCL; or

☐ The following account numbers of the Company at CBL and/or CFCL.

(the "Account(s)")

We acknowledge that the setup of the service on the specified account(s) will only be effective upon confirmation from CFCL. With the subscription to the Electronic Invoice Distribution service, paper invoices will no longer be sent.

The Company needs to ensure that the relevant email address is up to date at all times and that emails are received and will set up relevant processes to ensure settlement of the relevant invoices received by the Company on such email account when due. The Company will give at least 15 days prior notice to CFCL if the announced email address changes or becomes void.

1.

If you do not wish to apply for Electronic Invoice Distribution for all branches of your institution, please indicate only your branch (maximum one per application form). To subscribe to Electronic Invoice Distribution only for accounts of the registered company itself and not for any branch, please enter the name of the registered company here. Please consider that Vestima Participant ID(s) must be listed in the designated 'Account(s)' field(s), if you apply for a branch otherwise your application will not be considered for Vestima Participant ID(s) under a specific branch.

2.

Non-European clients who have no VAT number or main account number assigned yet, please enter the local registration number and provide proof of this number (that is, an extract from the company register).

Email recipient (invoice recipient) for Electronic Invoice Distribution³

☐ We request to receive the invoice via email as PDF attachment to the following email address:

Email address of the invoice recipient

Internet access to the Billing Portal⁴ (optional)

☐ We certify to have access to the Billing Portal.

Email address of the central coordinator

Or

☐ We complete and return the attached Billing Portal application form.

Authorised signature(s)

Signature

Signature

Name

Name

Title

Title

Place

Place

Date

Date

Please return the completed form to:

Clearstream Fund Centre S.A., Attn: Account Administration Luxembourg, L-2967 Luxembourg

3. Please complete only one email address in the field "Email address of the invoice recipient".

4. The invoice copies are available in the Billing Portal. In order to get access to the Billing Portal please complete and return the related subscription form (Application form for access to Billing Portal of Deutsche Börse AG).