

Vestima Service Application Form

Please complete all sections of the form. Please complete Appendix I and Appendix IA if "One Account" service was selected.

Service Application Form

Company Name: _____

Address: _____

Postal code _____

Country: _____

Commercial registration _____

Who operates as order Issuer (hereafter "OI");

and Clearstream Fund Centre S.A. (CFCL), 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 261691, who operates as Market Infrastructure Provider (hereafter "MIP"); individually referred to as a "Party" and together "the Parties".

Date: _____

The purpose of this SAF is to define New OI Amendment to the SAF

Vestima participant setup

Who operates as order Issuer (hereafter "OI");

Participant ID¹ _____

Master Participant¹ _____

Subscribe participant to

"One Account" service² _____

Enhanced Cash Sweep for redemption orders³

Portfolios

Portfolio ID⁴ _____ Holding type: All Simple Complex
 _____ Holding type: All Simple Complex
 _____ Holding type: All Simple Complex
 _____ Holding type: All Simple Complex
 _____ Holding type: All Simple Complex

Specify securities account number at
Clearstream Fund Centre Luxembourg "CFCL" _____

Cash account at the CFCL⁵ _____

Automated Settlement⁶ Yes No

Immediate rejection for provision failure⁷ Yes No

Trading limits (This section is only applicable to the mutual funds available via Vestima+)

Enable trading limits service Yes No

Single order calculation basis None Subscriptions only
 Any order

Total orders calculation period None Subscriptions only
 Subscriptions + Subscriptions minus
 Redemptions redemptions

Total orders calculation period Until end of day Until confirmation Until settlement

Reject browser orders after trading limit failed Yes

Reject Swift orders after trading limit failed Yes

Only consider browser orders Yes

Connectivity

Regular connectivity (select only one)⁸

- Swift ISO 20022
- Swift ISO 15022⁹
- Fix Connectivity
- Browser only
- Replies of positive validation is required Yes No

In addition, internet browser access is always provided. In the event that a participant is one account participant two points of Internet Browser entry is in place.

Swift

Swift address (BIC or DN) for messages exchanged with the MIP Participant 1 _____
Participant 2 _____

File Transfer

File Transfer user ID (OU or DN) _____

Variant via Internet
 via Swiftnet FileAct

Format ISO 15022
 ISO 20022

Internet browser access

CFS Portal (OU) _____
CFS Portal organisational unit (OU)

Please note that additional reporting, covering both Vestima and VestimaPRIME is available via CFS Portal. Please submit the CFS Portal service application form to access CFS Portal reporting.

Vestima browser usage

Authorisation levels for order processing

Order entry 2 eyes 4 eyes

Cancellation request entry 2 eyes 4 eyes

Report subscriptions⁹

Preferred method of retrieval Browser File Transfer¹⁰

Multiple choice, please note that some of these services are specified in the MIP's Fee Schedule.

Published Fund List

Daily report

Daily report with delta indicators

VestimaTRACK¹¹

The OI will provide sub-account holdings input

Sub-accounts match the portfolio IDs

Sub-accounts do not match the portfolio IDs¹²

Automated input¹³

Registrar Monitoring Report^{14, 11} PDF CSV

OI statement of holdings¹⁵ Daily Monthly Separate¹⁶ Aggregate¹⁷

OI statement of orders¹⁷ Daily Monthly Separate¹⁶ Aggregate¹⁷

OI statement of transactions Daily Monthly Separate¹⁶ Aggregate¹⁷

Transfer Tracer report Daily Monthly

Billing (This section is only applicable to the mutual funds available via Vestima+)

The OI authorises the MIP to collect fees and charges by debiting the following account held at CFCL

Account number _____

Account owner¹⁸ _____

VAT number _____

Billing address

Company _____

Name _____

Address 1 _____

Address 2 _____

Telephone _____

Use of the MIP's Billing Portal Yes No

Printing and mailing of invoices: The OI is informed that the printing and mailing of invoices will be outsourced by the MIP and the OI hereby gives power of attorney to the service provider appointed by the MIP to collect from the MIP the number of instructions and all other information that is needed for the invoicing, together with our name, address and account number. This power of attorney is granted for the duration of the contractual relationship.

Main contact and mailing address

_____ Contact name

_____ Address _____ Fax

_____ City _____ Post code _____ Country

_____ Telephone _____ Fax

_____ Swift _____

Corporate actions contact

_____ Contact name

_____ Email _____ Fax

Trading contact

Contact name

Email

Fax

Transfers contact

Contact name

Email

Fax

Technology contact

Contact name

Email

Fax

Authorised signature(s)

The OI hereby authorises CFCL, and releases CFCL from any professional secrecy or other confidentiality obligations, as applicable, to use and to share all the reporting-related data with CFCL and other third parties for the performance of any or any part of the services or products chosen / selected to be provided by CFCL and better described in this Vestima Service Application Form.

Signature

Signature

Name

Name

Title

Title

Place

Place

Date

Date

1. This simplifies on-line access to multiple Vestima participants, and requires special arrangement with the MIP.
2. One Account service allows clients to trade VestimaPRIME (alternative) funds in addition to Vestima+ (mutual) funds.
3. Cash Sweep service only available to OI Cash Correspondent Bank Network.
4. Maximum 35 characters.
5. Only to be specified if different to the securities account.
6. Choose whether Vestima shall generate settlement instructions.
7. Choose whether Vestima shall immediately reject a redemption or switch-from if it fails provision checking, if not then such an order will be placed in a queue and retested for a period of one week (five Business Days).
8. Please provide additional documentation if the regular connectivity option does not apply to all OI participants.
9. Any reports provided by MIP are for the OI's exclusive use and the OI shall keep such reports confidential. The OI may disclose the reports if required by law or regulation provided that the OI will notify MIP as soon as possible and practicable of such disclosure. The OI may only transfer the reports to its employees, advisers, affiliates, agents and/or service providers when such transfer is required for the OI's benefit on a need to know basis to the extent the transferee is bound by law, regulation or contract to keep such reports confidential. Disclosure of the reports, other than as permitted herein, may only be made with the express written permission of the respective MIP.
10. Report retrieval using File Transfer is offered as a supplement and internet browser retrieval is always possible.
11. Please see the CFCL Client Handbook regarding disclosure conditions for VestimaTRACK as well as the VestimaTRACK User Guide.
12. Mapping between the reported sub-accounts and the OI's portfolio IDs is to be provided in additional documentation. A portfolio id can be shared across multiple sub-accounts.
13. Only applicable when no account breakdown is required, and each securities account is referenced by a single OI portfolio id.
14. By default, the registrar monitoring reporting covers the TAs related to holdings on the OI's securities account at CFCL as identified in the Portfolio section of this SAF. For other requirements, please provide additional documentation.
15. Reports cover settled holdings respectively transactions at the close of business of the last day of the period, with a daily granularity.
16. Separated reports for Vestima and VestimaPRIME funds.
17. Aggregates Vestima and VestimaPRIME funds in one report.
18. Please provide a Power of Attorney if the OI is not the owner of the account.

Vestima Service Application Form - Appendix I

Services applicable only for VestimaPRIME funds
Please complete all sections of the form. The following clauses only apply for funds with Fund Processing Group = VestimaPRIME. Please refer to the Published Fund List report on the website.

This Appendix is mandatory only for One Vestima Service Applicants.

Application

Registered Company name _____

We, the undersigned, representing, hereby request Clearstream Fund Centre S.A. ("Clearstream") to designate the following accounts previously opened or currently being opened in our name as eligible for VestimaPRIME Service.

Account location _____

Account numbers (if already opened) _____

Suffix to the name of the registered account at the fund admin/transfer agent¹ _____

(default is your account number, if customised 50 characters is the maximum).
For compliance reasons, further documents will have to be provided, even for existing accounts.

Dividend

Cash

Reinvest

Communication methods

(please select one option per activity)

Trading (Front office):

– Cancellation ack. to Client

– Cancellation rejection to Client

– Cancellation acceptance

– Order received to Client (RECE)

– Order to client (STNP)

– Order to client (Intra)*

* only applies to clients instructing via Swift

– Rejection to Client

	Swift 15022	Swift 20022	Fax	Email
Corporate Actions:				
- Corp. action cancellation	<input type="checkbox"/>			
- Corp. action confirmation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Corp. action entitlement	<input type="checkbox"/>			
- Corp. action preliminary confirmation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Corp. action notification (ISIN change)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Corp. action notification	<input type="checkbox"/>			
- Corp. action notification (voluntary)			<input type="checkbox"/>	<input type="checkbox"/>
- Corp. action notification (IS1.0)	<input type="checkbox"/>			<input type="checkbox"/>
Transfers:				
- Transfer ack.1 to Client (immediate)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Transfer ack.2 to Client (after sent to the market)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Transfer cancellation to Client	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Transfer confirmation to Client	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Transfer info from Client			<input type="checkbox"/>	<input type="checkbox"/>
- Transfer order rejection to Client	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Transfer tracer to Client	<input type="checkbox"/>			
- Transfer IFC rejection to Client			<input type="checkbox"/>	<input type="checkbox"/>
Middle/Back office:				
- Information from Client				<input type="checkbox"/>
- Advise confirmation to Client	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Estimate Confirmation to Client	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Final Confirmation to Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Order acceptance to Client (PACK)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Payment advice to Client (CPST/SETT)		<input type="checkbox"/>		
Statement of Holdings:				
- Statement of Holdings	<input type="checkbox"/>		<input type="checkbox"/>	
- Statement of Pending Transactions	<input type="checkbox"/>		<input type="checkbox"/>	
- Statement of Transactions	<input type="checkbox"/>		<input type="checkbox"/>	

Please return this form and the following documents (as relevant) to your Relationship Officer:

- Backup withholding tax documentation
- Income tax documentation

1. Default is Clearstream Banking S.A AFS Ref (new account number to be assigned).

Vestima Service Application Form - Appendix IA

Services applicable only for VestimaPRIME funds
Please complete all sections of the form. The following clauses only apply for funds with Fund Processing Group = VestimaPRIME. Please refer to the Published Fund List report on the website.

Please confirm you have completed and submitted the VestimaPRIME Client Declaration Form. This is mandatory at the account opening stage.

Special conditions

(please select one condition per event)

	Elective ¹	Yes	No
New issue eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefit plan investor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subject to ERISA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political exposed person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclosure of client identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorised signature(s)

Signature	Signature
Name	Name
Title	Title
Date	Date