

Set-U	p Form
-------	--------

This Vestima Set-Up Form (hereafter "SUF") is entered into between:

who operates as Order Handling Agent (hereafter "OHA");

and 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 who operates as Market Infrastructure Provider (hereafter "MIP"); individually referred to as a "Party" and together "the Parties".

Date

The purpose of this SUF is to define

New OHA

Amendment to the SUF dated

Vestima participant set-up

The MIP shall set-up the following Vestima participants:

Participant id 1 (assigned by the MIP)

Function/funds covered

Participant id 2 (assigned by the MIP)

Function/funds covered

Master participant¹ id (assigned by the MIP)

MIP internal reference (assigned by the MIP)

¹ This simplifies on-line access to multiple Vestima participants and requires special arrangement with the MIP.

	Coverage an	d processing
The OHA will accept orders for the following investment funds ²		
Automated settlement instructions ³	Yes	No
Standard reply time for confirmations [hou	urs] ⁴	

	Accepted order types ⁵		
			<u>Connectivity</u>
Subscription by quantity	Yes	No	Selected
Subscription by amount	Yes	No	Selected
Redemption by quantity	Yes	No	Selected
Redemption by amount	Yes	No	Selected
Switch by quantity	Yes	No	Selected
Switch by amount	Yes	No	Selected
Cancellation requests	Yes	No	

 $^{^{\}rm 2}\,$ Please list fund families here and attach list of supported share classes.

³ Choose whether Vestima shall generate settlement instructions.

⁴ Usual number of hours after fund deadline when confirmations are issued.

⁵ When using 'Selected', please provide separate document with details of which order types and/or settlement options are accepted for the selected group(s) of funds.

	Settlement options ⁶		
DvP at the MIP on account ⁷	Yes	No	Selected
DvP at another place of settlement	Yes	No	Selected
Place of settlement BIC			
Account			
FoP at the MIP on account ⁸	Yes	No	Selected
FoP at another place of settlement	Yes	No	Selected
Place of settlement BIC			
Account			
FoP type	Prepaid		
Settlement currencies ⁸			
Max. number of decimal places ⁹		As per prospe	ctus
Special settlement conditions			

Connectivity

Regular connectivity¹⁰

Swift ISO 20022

Swift ISO 15022

File Transfer ISO 15022

Replies of positive validation is required Yes

Νo

In addition, Internet browser access is always provided.

Swift

Swift address (BIC or DN) for messages exchanged with the MIP

⁶ When using 'Selected', please provide separate document with details of which order types and/or settlement options are accepted for the selected group(s) of funds.

⁷ Please provide a Power of Attorney if the OHA is not the owner of the account.

⁸ Please list all relevant currencies, conditions for individual funds may still apply.

Yestima allows up to 6 decimal places.

¹⁰ Please provide additional documentation if the regular connectivity option doesn't apply to all funds.

File Transfer

Type of File Transfer installation

New installation, information from the File Transfer application form¹¹

Company name

Date of signature

Existing installation

File Transfer user id (ou or DN)

Variant via Internet

via Swiftnet FileAct

via VPN

CFC Portal access via internet browserType of Internet browser log-in

CFC Portal common access¹²

New installation, information from the CFC Portal application form¹³

Company name

Date of signature

Existing installation

Existing Organisational Unit (OU)

Internet browser usage		
Authorisation levels for order processing		
Acknowledgement	2 eyes	4 eyes
Confirmation	2 eyes	4 eyes
Cancellation of confirmation	2 eyes	4 eyes
Order cancellation request	2 eyes	4 eyes

¹¹ For new installations of CFC Portal and/or File Transfer via Internet, application forms are available on the MIP's website.

¹² Please provide names and addresses of the CFC Portal Initial Administrators in the technology contacts section.

Fax

For contingency handling

Fax number for messages sent by the MIP

Fax number for messages sent by the OHA, if different

For exceptional order handling

Applies to fund(s)

Fax number for messages sent by the MIP

Fax number for messages sent by the OHA, if different

Reporting

Vestima participant id for reports (assigned by the MIP)

Report direct to appointed fund agent Yes No¹³

Preferred method of retrieval Browser File Transfer¹⁴

Swift address (BIC) for transparency of transactions report¹⁵

Include CEU accounts in reporting Yes¹⁶ No

Report request(s), please note that some of the following services are specified in the MIP's fee schedule.

Transparency of holdings¹⁷ for institution (Dep/TA) (assigned by the MIP)

Version XML Express (CSV)

To be generated on the 5th 10th last business day(s) each month

Transparency of transactions¹⁸, select one or more transaction types

Secondary market

Primary market, transactions settled against the FIA

Corporate actions related

Fund management reporting service (FMRS)¹⁹, with daily and monthly frequencies and daily granularity

Standard package:

- Statement of holdings including Zero Position
- Statement of transactions including Euroclear Bank accounts

Statement of holdings

Statement of transactions

Other subscription options as specified in attached documentation

¹³ When selecting No, an officially appointed agent shall provide a Power of Attorney. Not relevant to the published fund list.

¹⁴ Report retrieval using File Transfer is offered as a supplement and browser retrieval is always possible.

¹⁵ The alternative retrieval method is File Transfer.

¹⁶ Include Clearstream Europe AG (CEU) positions held on CEU's CASCADE settlement platform.

¹⁷ Transparency of holdings reports may include information supplied by the MIP's clients and/or other third parties ("Subaccount Information"). The MIP shall ensure that any Subaccount Information is accurately reproduced. The MIP is otherwise not responsible for any Subaccount Information.

¹⁸ Requires CFF documentation.

¹⁹ Requires either CFF documentation or FMRS contract.

Billing ²⁰				
The OHA authorises the MIP to collect fees and charges by debiting the following account held at the MIP				
Account number				
Account owner ²¹				
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 OHA is informed that the printing and mailing of invoices will be outsourced by the MIP. The OHA 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.

OHA operational contacts First operational contact for day-to-day operations, enquiries on individual orders Company, if not OHA Name Telephone Email Second operational contact for day-to-day operations, enquiries on individual orders Company, if not OHA Name Telephone Email Operational management, first-level escalation Company, if not OHA Name Telephone Email

²⁰ If relevant to the services requested by the OHA.

²¹ Please provide a Power of Attorney if the OHA is not the owner of the account.

OHA technology contacts ²²				
Business contact person				
Name				
Title				
Email				
Technical contact person				
Name				
Title				
Email				
FC Portal Initial Administrator (1)				
Name				
Title				
Email				
CFC Portal Initial Administrator (2)				
Company, if not OHA				
Name				
Telephone				
Email				

OHA management contacts			
Relationship management			
Company, if not OHA			
Name			
Telephone			
Email			
Project management			
Company, if not OHA			
Name			
Telephone			
Email			

 $^{^{22}}$ For information only. Please refer to the CFC Portal application form and to the File Transfer via Internet application form.

OHA authorised signatures ²³			
Your atte	Your attention is drawn to the Terms on the following page. Signed for and on behalf of the OHA.		
F	Place	Date	
_			
Δ	Authorised signature	Authorised signature	
١	Name	Name	
Т	- Title	Title	

 $^{^{23}}$ One authorised signature is required; two can be used as per the OHA's own corporate policies.