

VestimaPRIME Service Application Form

Please complete all sections of the form as an appendix to the Account Opening Form where the VestimaPRIME service has been selected.

We, the undersigned, representing,
hereby request Clearstream Banking AG
("Clearstream") to designate the
following accounts previously opened or
currently being opened in our name as
eligible for VestimaPrime Service.

Registered Company name (in full)

Account numbers (if already opened)

Alternative Fund Services (AFS)

Suffix to the name of the registered account at the fund admin/transfer agent
(default is your account number) ¹

For compliance reasons, further documents will have to be provided, even for
existing accounts.

Main contact and mailing address

Contact name

Address

City

Post code

Country

Tel

Evening/alternative telephone

Fax

Evening/alternative fax

SWIFT

Corporate actions contact

Contact name

Tel

Fax

Email

Trading contact

Contact name

Tel

Fax

Email

1. Not applicable where omnibus accounts are operated at the fund admin/transfer agent.

Transfers contact

Contact name

Tel

Fax

Email

Dividend

Cash

Reinvest

Communication methods

(please select one option per activity)

	SWIFT	Fax	Email
Trading:			
- Order status	<input type="checkbox"/>	<input type="checkbox"/>	
- Pre-advice/estimated confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Confirmation of execution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Cancellation	<input type="checkbox"/>	<input type="checkbox"/>	
Corporate Actions:			
- Notification of mandatory event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Notification of voluntary event		<input type="checkbox"/>	<input type="checkbox"/>
Transfers:			
- Transfer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Request for information		<input type="checkbox"/>	<input type="checkbox"/>
- Confirmation of transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Cancellation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special conditions

(please select one condition per event)

	Elective ²	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"/>

2. If "Elective" is selected, CBF will contact you to obtain your instruction for each individual event.

Authorised signature(s)

Signature

Signature

Name

Name

Title

Title

Place

Place

Date

Date

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

- Backup withholding tax documentation
- Income tax documentation