

Billing contract of income payments involving  
reduced tax rate i.a.w. Section 7 (1)  
Investment Tax Act



**FOR INFORMATION ONLY**

(Filled by customer of Clearstream Banking AG)

Clearstream Banking AG  
Tax Support Frankfurt – OSF  
D-60485 Frankfurt/Main  
Deutschland

_____	
CBF master account number	
_____	
Customer	
_____	
Address	
_____	
Address	
_____	
Postal Code	City
_____	
Country of domicile	

We authorise Clearstream Banking AG, Frankfurt am Main (CBF), to deduct all taxable income payments on the above name account without exception with the reduced tax rate of 15 percent including Solidarity Tax (Solidaritätszuschlag), in accordance with Section 7 (1) of the Investment Tax Act (Investmentsteuergesetzes – InvStG).

In accordance with the certification requirements of Section 7 (1) of the Investment Tax Act which concerns all holdings of the above mentioned accounts involving the reference numbers reported to and on record with CBF in accordance of Section 44 of the Income Tax Act (Einkommensteuergesetzes) for deduction of Capital Gains Tax liable persons, we fulfil the necessary legal prerequisites. If additional holdings of entitled Funds are booked and the reference number is not listed on page two of this declaration, we will provide the unsolicited status certification to CBF for their records. We shall be responsible for the timely extension of the status certification and the original certification shall be delivered to CBF for their records.

We will inform CBF within 30 banking days after the expiration date of the allocation of the settled credit entries respective revenue payment in accordance to the requirements of CBF.

We are aware of the consequences that failure to deliver, a delay or incorrect reporting of the required information will result in immediate cancelation of the payment and re-invoicing with the regular Capital Gains Tax (Kapitalertragsteuersatz) including Solidarity Tax (Solidaritätszuschlag) by CBF.

_____
Place
_____
Authorised signature
_____
Name
_____
Title

_____
Date
_____
Authorised signature
_____
Name
_____
Title

*(continue page 2)*

*(continued from page 1)*

We administer the security holdings that are required to pay Capital Gains Tax for the following Funds and their respective reference number below respective the referenced account on page one:
