

To:

Eurex Clearing AG
Client Service, Trading & Clearing
60485 Frankfurt am Main
Germany

by email: client-porting@eurex.com

From:

Legal Name:

Member ID:

Date:

Declaration of the Replacement Clearing Agent with respect to the Clearing Agent Replacement Requirements

We, _____ (Member ID: [____]) refer to all ISA Direct Standard Agreement(s) established between Eurex Clearing AG and all Relevant Funds and/or Relevant Fund Segments, as listed in the Annex to this notice, for which the ISA Direct Indemnified Clearing acts as Authorised Manager.

We hereby make the following declaration to fulfil the following Clearing Agent Replacement Requirement pursuant to Chapter I Part 6 Subpart A Number 11.2.3 (a) (ii) of the Clearing Conditions with respect to all afore-mentioned ISA Direct Indemnified Clearing Member Standard Agreements:

We acknowledge that we are, with respect to all ISA Direct Transactions which form part of the relevant Replacement, subject to the provisions of the ISA Direct Clearing Agreement(s) in the form appended to the Clearing Conditions as Appendix 10, unless such ISA Direct Clearing Agreement(s) has or have already been entered into between Eurex Clearing AG, _____ and us.

We further acknowledge that we will, no later than five (5) Business Days after the end of the Replacement Period enter into (an) ISA Direct Clearing Agreement(s) in the form appended to the Clearing Conditions as Appendix 10 with Eurex Clearing AG and the afore-mentioned ISA Direct Indemnified Clearing Member acting on behalf and for the account of all Relevant Funds and/or Relevant Fund Segments, as listed in the Annex to this notice, unless such ISA Direct Clearing Agreement(s) has or have already been entered into.

Capitalised terms used in this confirmation but not defined herein have the same meaning given to them in the Clearing Conditions.

(signature) (signature)

(printed name) (printed name)

(title) (title)

