

NEW MILLENNIUM SICAV

A Collective Investment Fund, organized under the laws of the Grand Duchy of Luxembourg

Application form

Please complete this application form in capital letter, date it and send it first by fax then by post, together with all relevant documentation requested under section 2, 3, 10 and/or 11, to the following address:

Registrar and Transfer Agent

State Street Bank Luxembourg S.C.A.
Attention: IFDSL Registration Team
49, Avenue J.F. Kennedy
L-1855 Luxembourg

Fax number: (+352) (0) 24 52 9038

This Subscription Form should be read in conjunction with the most recent consolidated Prospectus of the Company, including any Addendum relating to the relevant Portfolio.

1. REGISTRATION DETAILS

If you are an existing shareholder/unit holder please provide us with your Account Number (if known):

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A. INDIVIDUAL INVESTOR

1st Account Holder

Title							
Last name/Family Name							
First name(s)/Given name(s)							
Gender	<input type="checkbox"/> M			<input type="checkbox"/> F			
Date of birth	d	d	m	m	y	y	y
Place of birth (city & country)							
Nationality							
Professional activity <i>(Please specify position and domain of activity /employer)</i>							
If you hold or have held any political or public function, or if you are an immediate relative of a person that holds or has held any political or public function, please tick this box <input type="checkbox"/>							
Source of funds invested							
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Gift			<input type="checkbox"/> Sale of Business			
<input type="checkbox"/> Savings	<input type="checkbox"/> Pension			<input type="checkbox"/> Investment income			
<input type="checkbox"/> Sale of assets (please specify)							
<input type="checkbox"/> Other (please specify)							
<i>Further supporting documentation may be requested if deemed necessary to verify the above information.</i>							
Tax ID number (if available)							
Passport/National ID number							
Country of Residence for Tax Purposes							
Address (PO Box & C/O address are not allowed)							
Telephone							
Fax							
Email							

Mailing Address:

Address							
Contact person for daily business							
Title							
Name							
Telephone							
Fax							
Email							

2nd Account Holder

Title							
Last name/Family Name							
First name(s)/Given name(s)							
Gender	<input type="checkbox"/> M			<input type="checkbox"/> F			
Date of birth	d	d	m	m	y	y	y
Place of birth (city & country)							
Nationality							
Professional activity <i>(Please specify position and domain of activity /employer)</i>							
If you hold or have held any political or public function, or if you are an immediate relative of a person that holds or has held any political or public function, please tick this box <input type="checkbox"/>							
Source of funds invested							
<input type="checkbox"/> Inheritance		<input type="checkbox"/> Gift		<input type="checkbox"/> Sale of Business			
<input type="checkbox"/> Savings		<input type="checkbox"/> Pension		<input type="checkbox"/> Investment income			
<input type="checkbox"/> Sale of assets (please specify)							
<input type="checkbox"/> Other (please specify)							
<i>Further supporting documentation may be requested if deemed necessary to verify the above information.</i>							
Tax ID number (if available)							
Passport/National ID number							
Country of Residence for Tax Purposes							
Address (PO Box & C/O address are not allowed)							
Telephone							
Fax							
Email							

Mailing Address:

Address							
Contact person for daily business							
Title							
Name							
Telephone							
Fax							
Email							

For additional account holder(s), please complete Addendum A.

B. CORPORATE INVESTOR

Full Company Name	
Date of Incorporation	
Type of Company <input type="checkbox"/> Corporation <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Insurance <input type="checkbox"/> Broker <input type="checkbox"/> Financial Institution
Regulated in a country with requirements of anti-money laundering and counter-terrorism financing (AML-CTF) regulations equivalent to Luxembourg <input type="checkbox"/> no <input type="checkbox"/> yes, by Listed on an recognized Stock Exchange (which country applies AML-CTF regulations equivalent to Luxembourg) <input type="checkbox"/> no <input type="checkbox"/> yes, by	
Tax identification number (if applicable)	
Country of residence for tax purposes (if applicable)	

Registered Address

Address (no PO Box allowed)	
Telephone	
Fax	
Email	
Internet site	

Mailing Address & Contact

Address	
Contact person for daily business	
Title	
Name	
Telephone	
Fax	
Email	

2. THE INVESTMENT IS MADE

Please tick one of the following boxes to confirm whether you invest for your own account or on behalf of another person

On my/our own behalf	<input type="checkbox"/>
On behalf of a Third Party (if investing on behalf of a Third Party, please complete hereinafter section 2.1 with the appropriate details)	<input type="checkbox"/>

2.1. Ultimate Economic Beneficiary Declaration

(If the investor is a regulated financial institution in a country with AML regulations equivalent to Luxembourg or covered by a KYC/AML comfort letter from a parent company that is a financial institution regulated in a country with AML regulations equivalent to Luxembourg, please proceed to the next section)

An ultimate economic beneficiary is the final beneficiary of the investment and who owns, directly or indirectly, more than 25% of the value of the shares/units subscribed.

Important: In case of indirect ownership, please describe on a dated and signed chart all the intermediate levels of ownership with names and percentages.

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I/we declare that the final beneficiary of my/our investment is:

Last name/ Family name								
First name(s)/ Given name(s)								
Date of birth	d	d	m	m	y	y	y	y

Please enclose a certified true copy of the ID of the above-referenced individual.

If you invest on behalf of more than one ultimate economic beneficiary, please indicate his/her/their full details on a separate sheet and send the related certified ID(s) along with this application form.

3. IF YOU ARE APPLYING VIA A FINANCIAL ADVISOR/DEALER

If you invest through a financial advisor or dealer, please have it complete and sign the below section accordingly.

If you are applying directly, please skip this section and go to section 4.

a) I/We certify that the identity of the above named investor(s) has/have been verified by me/us in accordance with the requirements of AML-CTF regulations in place in Luxembourg or in countries with AML-CTF regulations equivalent to Luxembourg	
b) I/We further declare that the documentary evidence to support the identification is held by me/us and can be produced on demand.	
Name of financial advisor/dealer	
Stamp (containing Registered address of financial advisor/ dealer)	
Name of regulatory body (if any)	
Country of regulatory body	
Signature of financial advisor/dealer	
Date	

IMPORTANT NOTE TO THE ATTENTION OF THE FINANCIAL ADVISOR/DEALER: *
In order to act as intermediary for the Fund, please contact NATAM MANAGEMENT COMPANY S.A. at info@natam.lu and ensure you sign a dealer/intermediary agreement with the Fund accordingly.
In addition, please send together with this application form and related documentation for the shareholder the following documents for your entity/company:

- *an original self-certified authorized signatories list with signature specimen stating who will operate the account, current and dated on company letterhead, not more than one year old*
- *a proof of regulation by a competent national supervisory authority*

*** Please note that the Company and/or its appointed Transfer Agent (State Street Bank Luxembourg S.C.A.) reserve the right to ask for complementary identification documents upon receipt of the above documentation**

4. VALUATION DAY (TRADE DATE)

Please indicate below the valuation day you would like to apply to your investment.

Note: Acceptance of applications received after the cut-off time of xx.xx am/pm CET of the requested valuation day will be deferred until the next valuation day.

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5. INVESTMENT DETAILS

Please enter your investment details below.

Note: Minimum holdings in any sub-fund are as set out in the current version of the Prospectus.

Fund Name(s)	Class	Amount A comma (,) is used as separator for thousand and a dot (.) is used as a separator for decimals	Shares/Units A comma (,) is used as separator for thousand and a dot (.) is used as a separator for decimals	ISIN

6. DIVIDENDS

Dividends, if declared, will be reinvested automatically in additional shares of the same class of the relevant sub-funds unless you indicate otherwise by ticking this box:

If dividend payments are requested, they will be credited directly to your bank account. Please ensure you have completed your bank details in section 9

If you wish to receive dividend payments on a different bank account, please indicate your complete dividend banking details on a separate page and sign those accordingly.

7. SUBSCRIPTION PAYMENT DETAILS

(Please use the following banking details to pay your subscription)

The subscription price in EUR for all EUR New Millennium sub-funds will be paid in favor of New Millennium to:

Currency	Bank details
EUR	Bank: Bank of America N.A., neue Mainzer Strasse 52 SWIFT: BOFADEFX IBAN: DE13 5001 0900 0019 3030 12 For Credit To: NEW MILLENNIUM SICAV Account #: 19303012 Reference :

The subscription price in USD for all USD New Millennium sub-funds will be paid in favor of [New Millennium to:

Currency	Bank details
USD	Bank: Bank of America N.A., 222 Broadway New York SWIFT: BOFAUS3N ABA: 026009593 CHIPS: 959 For Credit To: NEW MILLENNIUM SICAV Account #: 6550468098 Reference :

8. SUBSCRIPTION PAYMENT DETAILS (Please indicate where the money will be wired from)

The subscription payment MUST come from a Bank account in the name of the registered shareholder/unit holder account only. The subscription payment will be done within 5 business days after the relevant trade date.

Bank Name	
Bank Address	
BIC / SWIFT	
Account Name	
Account Number	
IBAN Number	

9. APPLICANT REDEMPTION BANK DETAILS

(Please indicate where you wish to receive the proceeds of your redemption / dividend)

Please note that all payments will be made in the name of the registered shareholder/unit holder only, no third party payment will be effected. Any omission to complete these details for redemption request could result in late or non-payment of redemption proceeds.

Bank Name	
Bank Address	

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BIC / SWIFT	
Account Name	
Account Number	
IBAN Number	

10. IDENTIFICATION FOR INDIVIDUAL INVESTORS

Originals or certified copies of all the following documents in or translated into English, German or French must be attached to this Application Form. All translations or copies are to be certified in English, German or French as a true translation or copy by one of the following competent Authorities: Embassy, Consulate, Solicitor, Licensed Lawyer, Notary (Empowered Public Authority) or bank regulated in a jurisdiction which has implemented AML/KYC regulations equivalent to Luxembourg standards. The certification must show the official stamp of the competent Authority, the persons' name and signature, date and where possible their position.

- Original application form completed, dated and signed
- Certified true copy of an official identification card or passport, or
- Certified true copy of a driver's license, or
- Certified true copy of any equivalent legal identification document

Please note that the identification document must feature a photograph, date of birth, signature and full name of the Applicant and be valid at the time of the application.

11. IDENTIFICATION FOR CORPORATE INVESTORS

Originals or certified copies of all the following documents in or translated into English, German or French must be attached to this Application Form. All translations or copies are to be certified in English, German or French as a true translation or copy by one of the following competent Authorities: Embassy, Consulate, Solicitor, Licensed Lawyer, Notary (empowered Public Authority) or bank regulated in a jurisdiction which has implemented AML/CTF regulations equivalent to Luxembourg standards. The certification must show the official stamp of the competent Authority, the persons' name and signature, date and where possible their position.

A. You are a regulated and/or listed entity in a jurisdiction which has implemented AML-CTF regulations equivalent to Luxembourg*

- Original application form completed, dated and signed
- Original self-certified authorized signatories list with signature specimen stating who will operate the account, current and dated on company letterhead, not more than one year old
- Proof of regulation by a competent national supervisory authority or proof of listing on a recognized Stock Exchange

B. You are an entity covered by a comfort letter from a regulated mother company in a jurisdiction which has implemented AML-CTF regulations equivalent to Luxembourg*

- Original application form completed, dated and signed
- Original or certified true comfort letter completed, dated and signed by your mother company
- Original self-certified authorized signatories list with signature specimen stating who will operate the account, current and dated on company letterhead, not more than one year old
- Proof of regulation by a competent national supervisory authority or proof of listing on a recognized Stock Exchange of your mother company

C. You are a non-regulated and non-listed entity*

- Original application form completed, dated and signed
- Certified true copy of articles of incorporation or equivalent constitutive documentation of the entity
- Certified true copy of extract of commercial register or certificate of incorporation
- Original or certified true copy of latest annual audited report or financial statements describing the nature and purpose of the business of the entity
- Original self-certified authorized signatories list with signature specimen stating who will operate the account, current and dated on company letterhead, not more than one year old
- List of Company Representatives/Board of Directors and their certified true copy of IDs (or as a minimum certified true copy of IDs of authorized signatories)
- List of shareholders and certified true copy of IDs of those owning more than 25% of the shareholders' capital

*** Please note that the Company and/or its appointed Transfer Agent (State Street Bank Luxembourg S.C.A.) reserve the right to ask for complementary identification documents upon receipt of this application form.**

12. PROTECTION AGAINST MONEY LAUNDERING/TERRORISM FINANCING

Pursuant to the Luxembourg legal framework on countering money laundering and the financing of terrorism, the central administration of the Company and/or its appointed Transfer Agent (State Street Bank Luxembourg S.C.A.) may inquire for more details concerning the financial institutions from which the transfer payments are to be made. If such financial institution is not based in a jurisdiction which has implemented AML-CTF regulations equivalent to Luxembourg, the central administration of

the Company and its service providers may also ask you for complementary documents (duly certified by the local authorities of your country of residence) in order to verify the facts listed in this application form. If you are not able to provide the required details or other necessary documents, the central administration of the Company will refuse the subscription.

13. DECLARATION

The Undersigned declare(s) that he/she/they is/are aware that:

- Subscriptions received by the Company on the transaction date no later than the cut-off time stated in the prospectus shall be treated at the issue price calculated on that same day.
- This contract will be legally binding when it is signed and the sums paid to the Fund are received.
- Correspondence will be sent to our correspondence address noted above unless otherwise notified by us in writing from time to time.
- If more than one investor applies, all investors must sign this application form.

In this case, please select one of the following options:

1) Joint Account

Each holder shall individually dispose of the assets in the joint account. In the case of death or incapacity of one of the investors, the surviving investor(s) may continue to freely dispose of the assets in the joint account, unless formal opposition to the contrary from the parties authorised to represent the deceased or incapacitated investor's estate has been received by State Street Bank Luxembourg S.C.A.

Or

2) Collective Account

The investors shall only have the right to deal collectively in all matters concerning the collective account.

In case no box is ticked, option 2 will default.

- If the subscription is not for the benefit of the named shareowner of the account, State Street Bank Luxembourg S.C.A. needs to be provided with the necessary "Know Your Customer" documentation for the economic beneficiary of the investment.

The Undersigned declare(s) that he/she/they:

- is/are NOT a United States Person {hereinafter a U.S. Person} (as such expression is defined in the Prospectus) and that this application is not made for, or on behalf of a U.S. Person or a person who is deemed to be a U.S. Person under the U.S. Investment Company Act of 1940, as amended.
- will notify the Fund and the Administrator, State Street Bank Luxembourg S.C.A. immediately in the event that he/she/they become(s) a U.S. Person or a person who is deemed to be a U.S. Person under the U.S. Investment Company Act of 1940, as amended.

14. INDEMNITY CLAUSE – PERSONAL DATA, PROCESSING AND DISCLOSING OF DATA EX "General Data Protection Regulation UE 2016/79 (or "GDPR ")

1. Indemnity Clause

All investors will hold harmless and indemnify the Fund, Management Company, Custodian, and Transfer Agent of the Fund in relation to any actions, proceedings, claims, losses, damages, costs and expenses which may be brought against, suffered or incurred either directly or indirectly out of or in connection with the operation of the investor unless due to fraud, the willful misconduct or gross negligence. The indemnity is governed by and shall be interpreted in accordance with Luxembourg law. The courts of the Grand-Duchy of Luxembourg will have exclusive jurisdiction of all disputes arising from this indemnity.

2. Personal Data, Processing and Disclosing of Data

2.1 The Data Controllers

New Millennium Sicav (the Fund) based in 49, avenue J.F. Kennedy L-1855 Luxembourg and Natam Management Company S.A. (the Company) based in 32-36 Boulevard d'Avranches – L 1160 Luxembourg, act as joint data controllers according to the article 26 of the "General Data Protection Regulation " (or "GDPR")

2.2 Source of data

The personal data object of the treatment can be collected through the financial advisor or dealer that intermediates the operation. Name, surname, residence, address, place and date of birth, tax code (even foreign), citizenship, details of an identification document, data on the means of payment used and identification of bank accounts are necessary in order to accept the investment and failure to communicate precludes the possibility of carrying out the operation and establishing the relationship of participation; other personal data such as telephone number, fax number, mobile phone number, e-mail address, PEC, must not be provided compulsorily, but allow an easier exchange of information in the context of the relationship of participation in the Fund.

2.3 Purpose and legal basis of Data processing

The data are processed for purposes related to the obligations provided under applicable laws, regulations, community regulations, FATCA, CRS, instructions given by bodies and authorities of the State or by supervisory and control bodies or for purposes strictly connected and instrumental to the establishment and management of the investment relationship with the Fund, including the agreements referred to in the subscription form (completion of the subscription form, verification of the regularity of data, execution of subscription requests, redemption and conversion of shares, distribution of income letters of confirmation of operations, etc. as well as for any further administrative, operational and management requirements linked to participation in the Fund). The legal basis of the aforementioned processing lies in the provisions of art. 6 (1) lett. b) and c) of the GDPR.

2.4 Communication of personal data In addition to the subjects to whom the communication of personal data is due by law or by regulation, such data may be made available to the Fund and to the Company which, for certain services, may use third parties (i.e. entities performing banking, financial and administrative services or in charge of the process linked to the subscription, purchase, sale and transfer of shares) that will act as data processor.

Personal data may be processed by the Custodian Bank State Street Bank Luxembourg S.C.A. with registered office in 49 J.F.Kennedy L-1855 Luxembourg, acting as Data Processor on behalf of the joint data controllers.

Personal data can also be processed by State Street's sub-processors which are third parties, joint ventures or affiliates to which State Street has delegated or outsourced all or part of the services or transferred client data.

In addition, the data may be disclosed to subjects carrying out shipping and / or enveloping operations, companies or individuals in charge of financial statement certification, to external companies specialized in digitized reproduction and archiving in any admissible form. The recipients of the communication of data will process the same only for purposes related to the relationship, with foreclosure of communication to third parties.

Personal data may be transferred to third countries and international organizations, even outside the European Union, to the extent reasonably necessary to allow the achievement of the above purposes and in any case on the basis of: (i) decisions of the European Commission regarding the adequacy of these countries; (ii) binding corporate rules; (iii) adequate standard contractual clauses; (iv) other valid transfer mechanisms. For any further information regarding the protection mechanisms adopted in cases of international data transfers, contact the data controller :

Natam Management Company S.A.

32-36 Boulevard d'Avranches

L-1160 Luxembourg

Tel. +352 264 979 2112

e-mail: s.jannoni@natam.lu

2.5 Data retention period The joint data controllers shall take all reasonable steps to ensure that personal data are processed for the minimum period necessary for the purposes described in this statement. The criteria for determining the duration of the storage of personal data are as follows: (1) copies of personal data will be stored in a form that allows the identification of the data subject only: (i) as long as a regular relationship with the interested (for example, if he is the recipient of the services or if he is legitimately included in a mailing list and the registration has not been canceled); or (ii) as long as the personal data of the interested party will be necessary in relation to the legitimate purposes described in this statement for which there is a valid legal basis. In addition: (2) for the duration of: (i) any limitation period applicable under the applicable law (that is, the periods in which a subject could assert against the data Controllers a right relating to the data subject's personal data, or for which personal data may be relevant); (ii) a further period of two (2) months after the end of this applicable limitation period (such that, if a subject claims a right at the end of the limitation period, the Controllers would be granted a reasonable period of time to identify the relevant Personal Data in relation to this claim). Furthermore (3), if relevant rights are to be asserted, the processing of personal data may continue for the additional time periods required in relation to such claim. During the periods indicated in the previous paragraph (2), the processing of personal data will be limited to archiving and maintaining the security of such data, except to the extent that they require revision in relation to any claim or obligation under applicable laws.

Once the periods referred to in paragraphs (1), (2) and (3) have been completed, to the extent that this is applicable, the following actions will be carried out: (i) permanently delete or destroy the relevant personal data; (ii) to store personal data so as not to allow its use; or (iii) to render the relevant personal data anonymous.

2.6 Possible recipients of data The personal data of the interested parties may be communicated to the entities indicated below, always in compliance with the guarantees established by the legislation regarding the protection of personal data:

Other entities of the management company of the Company.

Financial advisors, dealers.

Public bodies, administrative bodies, courts, judicial authorities, police authorities, supervisory authorities, tax authorities.

Third party service providers that the joint data controllers may be in agreement with and who may have access to the personal data of the subject.

2.7 Data subject's rights The interested party who can exercise the rights referred to in articles 15 and ss. of the GDPR, which include: *Right of access*: the subject has the right to obtain from the data controllers confirmation that there is or there is not an undergoing treatment of personal data concerning him/her and, in this case, to obtain access to the purposes of the processing,

storage time, categories of recipients to whom the data could be communicated, etc. *Right of rectification:* the subject has the right to obtain from the data controllers the correction of inaccurate personal data concerning him/her without undue reason. *Right of cancellation:* the subject has the right to ask the data controllers to delete personal data when it is no longer necessary for the purposes for which they were collected. *Right to limit processing:* the subject has the right to obtain the processing limitation when: (i) the subject disputes the accuracy of the personal data; (ii) the processing is unlawful and the interested party opposes the deletion of personal data and requests instead its use to be limited; (iii) the interested party expresses his/her opposition to the processing, while the holder reiterates the legitimate reasons for the processing of the data. *Portability right:* the subject has the right to transmit such data to another data controller, without impediments by the data controllers, if the processing is based on the consent of the subject or on the basis of the fulfillment of a contractual obligation. *Right not to be the subject of an automated decision-making process:* the subject has the right not to be subjected to a decision based solely on automated processing if it is not necessary for the conclusion or execution of the contract, it is not authorized by the Union law or Italian law, and is not based on the explicit consent of the person concerned. In any case, the subject has the right to obtain human intervention from the data controllers, express his/her opinion and contest the decision. *Opposition right:* the data subject has the right to object, at any time, to the processing of his/her data for reasons connected with his/her particular situation.

If the interested party deems it appropriate, he / she can file a complaint with the competent Supervisory Authorities regarding the protection of personal data, if he / she has not obtained satisfaction in the exercise of his / her rights.

The interested party may exercise his / her rights listed above by written request sent to New Millennium, to NATAM Management Company S.A., to State Street Bank Luxembourg S.C.A. Any requests may also be sent to the person in charge of payments that processed the operation.

15. SIGNATURES

The Undersigned declare(s) that he/she/they is/are duly authorized to sign the present subscription form and that he/she/they has/have received a copy of the Prospectus (and where relevant a current Annual or Semi-Annual Report) which he/she/they accept(s) in full.

He/she/they further declare(s) that all information contained in this application form is accurate to the best of their knowledge and belief.

The undersigned declares that he/she/they has/have accessed and/or been provided with, and has/have read and understood, the latest relevant version of the Key Investor Information Document ("KIID") on each occasion prior to investing in New Millennium SICAV, in accordance with EU Directive 2009/65/EC of the European Parliament and of the Council of 13 July 2009 ("UCITS IV Directive") on the coordination of laws, regulations and administrative provisions relating to undertakings for collective investment in transferable securities ("UCITS").

The KIID and can be accessed on www.newmillenniumsicav.com, can be obtained free of charge from the Registrar and Transfer Agent, or can be requested to the following email address: info@newmillenniumsicav.com.

Since the Transfer Agent has not the confirmation from the Investor that relevant KIID has been obtained by the Investor, the Transfer Agent cannot process the order.

Location and date:

Investor's name	Signature
Investor's name	Signature

The application form will be considered valid only if completed in each relevant sections, included FATCA and CRS appendix

16. European Union Savings Directive (if applicable)

The European Union Savings Directive 2003/48/CE (hereinafter EUSD) introduced a withholding tax on savings income in the form of interest payments made to individuals residents for tax purposes in another EU Member State.

By completing this EUSD Section, each Beneficial Owner certifies the following:

- (a) I/we hereby certify that all information provided by myself in connection with the EU Savings Tax Directive is true and correct as of the signature date.
- (b) I/we will notify State Street Bank Luxembourg S.C.A. as Paying Agent immediately in case of any modifications with regard to the information data provided herein.
- (c) I/we further recognize that Luxembourg has opted by default for the Withholding Tax Regime. In case I/we would like to opt for another option, such as Exchange of Information or Certificate of disclosure, I/we agree to pre-advise State Street Bank Luxembourg S. C.A. and to provide the required documents.
- (d) I/we acknowledge that in the absence of the required documents, State Street Bank Luxembourg S. C.A. will apply the Withholding Tax by default.

If you fall into the scope of the EUSD, please select one of the following tax options and date and sign this additional section accordingly:

- Withholding Tax (by default)
- Exchange of Information (if you select this option, please sign section 15.1 below)
- Certificate of Disclosure (if you select this option, please send your certificate (available from your tax authorities) to State Street Bank Luxembourg S. C.A., Attention: TA Registration Team, 49, Avenue J.F. Kennedy, L-1855 Luxembourg)

Authorization for exchange of information:

The beneficial owner(s), or where appropriate his (her) (their) legal representative(s), or any other person duly empowered to represent the holder(s) and beneficial owner(s) hereby give an explicit mandate to State Street Bank Luxembourg S. C.A. (hereinafter referred to as "the Disclosing Person"), acting as paying agent according to the definition contained in Article 4 of Council Directive 2003/48/EC, to disclose the following information to the Luxembourg Ministry of Finance or its authorized delegates:

- Surname(s), first name(s), address(es), date(s) and place(s) of birth, tax identification number(s) and country(ies) of residence of the beneficial owner(s) (hereinafter, the "personal information").
- Nature and total amount of taxable interest income in relation to the payment of redemptions and/or dividends.
- Any information whose notification is required within the framework of an exchange of information in application of the Luxembourg legislation transposing the Directive 2003/48/CE.

All this information shall be disclosed by the Disclosing Person to the Luxembourg Ministry of Finance or its authorized delegates who shall communicate it to the competent authorities of the beneficial owner's country of residence in an automatic manner at least once a year and at the latest on the 30 June following the end of a given calendar year. The information disclosed will be used for tax purposes.

The beneficial owner(s), or his (her) (their) legal representative(s), or any other person duly empowered to represent the holder(s) and beneficial owner(s) is honour bound to inform the Disclosing Person by mail of any change in the "personal information" as soon as it occurs.

This explicit mandate shall take effect from the date of its receipt by the Disclosing Person. The exchange of information shall be applied by the Disclosing Person within 10 working days from the date of receipt of this authorisation and shall only apply to those transactions effected after the implementation of the exchange of information. No exchange of information will take place until the provisions of the Luxembourg legislation transposing the aforementioned Council Directive take effect.

This explicit mandate is valid for an unlimited period of time and until the Disclosing Person receives a cancellation in writing from the (joint) holder(s) and/or the beneficial owner(s), or where appropriate from his (her) (their) legal representative(s), or any other person duly empowered to represent the holder(s) and beneficial owner(s). In the event of written cancellation, the Disclosing Person shall have a period of 30 working days from receipt to apply the new option chosen. In the absence of any particular specification, the Disclosing Person shall by default apply the option of withholding tax.

This explicit mandate is governed by Luxembourg law and shall be interpreted in accordance therewith. Any dispute arising from or in relation to the authorisation shall be subject to the exclusive competence of the courts of the City of Luxembourg.

Location and date:

Beneficial Owner Name & Signature:

Beneficial Owner Name & Signature: