

ETFs – Euroclear Bank settlement – LCH.Clearnet Limited

From

Company name: _____
 Address: _____
 Contact person: _____
 Telephone: _____ Fax: _____
 Email: _____

To

Please complete this form and send it to: Euroclear Bank SA/NV
 Attention: Client Data Management
 1 Boulevard du Roi Albert II
 B-1210 Brussels - Belgium

Please be advised that we have granted to:

Name: LCH.Clearnet Limited
 Address: Aldgate House
 33 Aldgate High Street
 GB - London EC3N 1EA

Bank Identifier Code (BIC) [L|C|H|L|G|B|2|E|V|T|X]

(the 'Agent') full power and authority to operate our Securities Clearance Account(s)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
 (number(s)), and the associated Cash Account(s), maintained on the books of Euroclear Bank.

You are authorised to accept any and all instructions from, send reports to, and otherwise deal with the Agent as if it were the Participant for the above account(s), in accordance with the *Terms and Conditions governing use of Euroclear*, the *Supplementary Terms and Conditions Governing the Lending and Borrowing of Securities through Euroclear* (if applicable), the *Operating Procedures of the Euroclear System* ('Operating Procedures'), the *General Conditions Governing Extensions of Credit to Participants in the Euroclear System* ('General Conditions') and the *Collateral Agreement Governing Secured Borrowings by Participants in the Euroclear System* (Collateral Agreement) (if applicable). We agree that we will be bound by any instruction entered by the Agent on our behalf pursuant to this Power of Attorney. We acknowledge that we will be fully responsible, and will indemnify Euroclear Bank, for any and all liability which may arise as a result of any instructions given by the Agent including, without limitation, any debit to any Cash Account and any borrowing under the General Conditions or Collateral Agreement, as applicable.

Any revocation of this authorisation will take effect on the Business Day (as defined in the Operating Procedures) following that upon which you receive proper written notice of revocation by us. We understand that any instructions received by you prior to the effectiveness of any such revocation will be processed in accordance with the provisions of the Operating Procedures mentioned above.

We represent and warrant to Euroclear Bank that:

- (i) the persons signing this document have full power and authority to grant to the Agent this Power of Attorney;
- (ii) the granting of this Power of Attorney does not, and will not violate any provision of the organisational documents of the Company or any law, regulation, ordinance, rule or statute of the jurisdiction governing the organisation of the Company as it is applicable to the Company; and
- (iii) the Power of Attorney is enforceable against the Company in accordance with its terms.

This authorisation is governed by and construed in accordance with the laws of Belgium.

**Authorised
signatures**

_____	_____
<i>Name and title of authorised signatory</i>	<i>Authorised signature</i>
_____	_____
<i>Name and title of authorised signatory</i>	<i>Authorised signature</i>
_____	_____
<i>Place</i>	<i>Date</i>