



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:

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

We, _____ (Member ID: [____]) refer to all ISA Direct Standard Agreements 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 Clearing Member _____ acts as Authorised Manager.

We hereby make the following declaration in order to fulfill 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 Standard Agreements:

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

We further acknowledge that we will, no later than five (5) Business Days after the end of the Replacement Period enter into a Clearing Agreement in the form appended to the Clearing Conditions as Appendix 10 with Eurex Clearing AG and the afore-mentioned ISA Direct 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 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)

Annex

Name of the Relevant Funds and/or Relevant Fund Segments	Booking Name within the systems of Eurex Clearing AG