

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 the ISA Direct Standard Agreement (Pool ID: [____]) entered into between Eurex Clearing AG and the ISA Direct Indemnified Clearing Member

We hereby make the following declaration in order 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:

We acknowledge that we are, with respect to all ISA Direct Transactions which form part of the Replacement, subject to the provisions of the ISA Direct Clearing Agreement in the form appended to the Clearing Conditions as Appendix 10, unless such ISA Direct Clearing Agreement has 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 with Eurex Clearing AG and _____ in the form appended to the Clearing Conditions as Appendix 10, unless such ISA Direct Clearing Agreement 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)