(Company)

(PO Box or Street)

(City, Postal / ZIP Code and Country)

Herausgebergemeinschaft   
WERTPAPIER-MITTEILUNGEN   
Keppler, Lehmann GmbH & Co. KG

WM Datenservice

LEI-Helpdesk

Postfach 11 09 32  
60044 Frankfurt am Main

Germany

Letter of Authorization for the Application of Several Legal Entity Identifiers

Dear Sir or Madam,

The following representative(s)1 are hereby authorized to apply for and manage Legal Entity Identifiers on our behalf (above named entity). Furthermore, they are authorized to issue the declarations of intent necessary for these purposes and to take all measures required in this context.

1. Natural persons as authorized representatives:

Last Name, First Name

|  |
| --- |
|  |

Last Name, First Name

|  |
| --- |
|  |

Department/Corporate Division

|  |
| --- |
|  |

OR

1. Legal entity as authorized representative:

Name of Legal Entity

|  |
| --- |
| CUSIP Global Services |

Department/Corporate Division

|  |
| --- |
| Data Certification Department |

This authorization also applies fully to all our direct and indirect subsidiaries in the Group and/or the fund assets under their management.

We hereby certify that we have been authorized by these companies to grant to the above-mentioned persons the authority to the extent described above.

Should it be deemed necessary, we will provide WM Datenservice with a written evidence of such authorization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Signatory, Position Second Signatory (if applicable), Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name, Last Name (please print) First Name, Last Name (please print)

Position as per Commercial Register:

🞏 Managing Director 🞏 by proxy (p.p.) Managing Director 🞏 by proxy (p.p.)

🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1Authorized representative(s) means either one or further natural or legal persons (service providers etc.). Please fill in the letter of authorization accordingly.

Exhibit A

|  |  |
| --- | --- |
| Legal Entity | Legal Entity Identifier |
|  |  |
|  |  |
|  |  |
|  |  |

\*Additional pages may be attached as required.