

Institutional Account-Nr.



1 Holder of the Institutional Account

Name of the holder of the Institutional Account including legal status.



2 Authorized representation

The persons listed below shall be authorized to represent the account holder vis-à-vis Union Investment Financial Services S.A. (hereinafter referred to as UFS). The power of representation comprises all Institutional Accounts of the Account Holder with UFS. In case of changes regarding the authorized representatives the holder of the Institutional Account commits to inform UFS immediately thereof by submission of a new „Power of Representation“ and a list of authorized signatures amended accordingly. The power of representation for the persons named in this form will be considered as valid as long as no updated „Power of Representation“ has been received by UFS.

The extent of the power of representation shall be determined by the authorised signatures list.

1. Authorized representative: ☐ Mrs. ☐ Mr.

Surname

First name

Date of Birth

Street/no.

Country

Postal code

City

Nationality

Place of Birth

Country of Birth

I am a politically exposed person, id est I am a natural person holding a public office, or an immediate family member of such a person, respectively in close contact with a politically exposed person.

➔ Upon missing indication the authorized representative is considered not to be a politically exposed person.

☐ yes, I am

☐ no

2. Authorized representative: ☐ Mrs. ☐ Mr.

Surname

First name

Date of Birth

Street/no.

Country

Postal code

City

Nationality

Place of Birth

Country of Birth

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➔ Upon missing indication the authorized representative is considered not to be a politically exposed person.

☐ yes, I am

☐ no

3. Authorized representative: ☐ Mrs. ☐ Mr.

Surname

First name

Date of Birth

Street/no.

Country

Postal code

City

Nationality

Place of Birth

Country of Birth

I am a politically exposed person, id est I am a natural person holding a public office, or an immediate family member of such a person, respectively in close contact with a politically exposed person.

➔ Upon missing indication the authorized representative is considered not to be a politically exposed person.

☐ yes, I am

☐ no

3 Signature/company stamp

The accuracy of the above information is hereby confirmed.

Place/date

X

Signature of the account holder's Compliance Officer or Company Secretary and company stamp