To:

Trusted LEI LTD
Reg. no. 40203645674
Republikas laukums 3
LV-1010 Riga, Latvia

From:

Authorizing Company, Reg. No.

PO Box or Street

City, Postal / ZIP Code and Country

Letter of Authorization

To whom it may concern:

I authorize the following person who directly represents said entity to apply for and/or manage Legal Entity Identifiers on its behalf. In addition, I am authorized to issue the declarations of intent necessary for these purposes and to perform all duties required.

Name and Position of Authorized Person

Address of Authorized Person

Email of Authorized Person

Phone Number of Authorized Person

Web link or document confirming position and legal authorization (if available)

This authorization also applies to all our direct and indirect subsidiaries and/or the fund assets under their management as well as to those companies/funds listed.

We certify that we are authorized to grant to the above person permission as described above. Trusted LEI may require written evidence of such authorization upon request.

First Name, Last Name (please print)

Signature, Position

Date

First Name, Last Name (Secondary, if applicable)

Signature, Position (Secondary, if applicable)

Date