

| | | | |
|-------|-------------------------|----------------------------|---------------|
| A,B | BIC: | TEST BIC: | |
| C,D,E | New | Modify | Delete |
| F,G,H | Production | Test & Training | Date: |
| I,J | Ref: | rel. Ref: | |
| K,L | Activation date: | Responsible CB: | |

| | Connected TIPS DCA with LM link(s) | |
|-----|--|---------------------------|
| | Liquidity Management Link(s) | <i>Enter TIPS account</i> |
| 10 | Enter TIPS DCA number(s) (do <u>not</u> enter BICs): | |
| 11a | <hr/> | |
| 11b | <hr/> | |
| 11c | <hr/> | |
| 11d | <hr/> | |
| 11e | <hr/> | |
| 11f | <hr/> | |
| 11g | <hr/> | |
| 11h | <hr/> | |
| 11i | <hr/> | |
| 11j | <hr/> | |

TARGET2 form for collection of Static Data - Liquidity Management links for TIPS DCA-

| New | Modify | Delete |
|------|-----------|------------------|
| BIC: | TEST BIC: | Activation date: |

Both parties confirm that they agree on the assignment of the TIPS DCA to the TARGET2 Liquidity Management features managed by the RTGS account holder. Furthermore, parties confirm that they agree that the RTGS account is billed for the fees related to connected TIPS account(s).

The Undersigned declare(s) to have the full capacity and authority to execute the TARGET2 form for and on behalf of the Participant requesting activation.

RTGS account holder

Date, Name(s) Signature(s)

TIPS DCA account holder(s)

Date, Name(s) Signature(s)