

Template for Firms/Funds signing on their own behalf

(Firm Letterhead)

[DATE]

DTCC Solutions, LLC
Account Administration Department
55 Water Street, 15L Floor
New York, New York 10041

Please be advised that effective with opening of business [mm/dd/yyyy], [Member/Participant name & number] will begin utilizing DTCC Solutions LLC Cost Basis Reporting Service in the Production environment. The list below contains the DTC Participant Number(s), NSCC Member Number(s), or Transfer Agent Number(s) for our firm that we would like to make eligible for the Service.

| Type of Membership/Account to link to CBRS account (DTC Participant, NSCC Member, Transfer Agent) | DTC Participant # NSCC Member # Transfer Agent # |
|--|--|
| | |
| | |
| | |
| | |
| | |

You will be issued a new CBRS Account Number. This account number will be linked to your Transfer Agent, DTC, or NSCC account if applicable. Please attach a list of additional account numbers if applicable.

“Exempt Recipient Accounts” indicator value: Y N

Business contact for cost basis processing:

| | |
|----------------|--|
| Name: | |
| Department: | |
| Address: | |
| Phone #: | |
| Email Address: | |

Technical contact for cost basis processing:

| | |
|----------------|--|
| Name: | |
| Department: | |
| Address: | |
| Phone #: | |
| Email Address: | |

Billing contact for cost basis processing:

| | |
|----------------|--|
| Name: | |
| Phone #: | |
| Email Address: | |

Sincerely,

(Authorized Signer)

(Print Name/Title)

(Phone Number)

Template for Agents signing on behalf of multiple new accounts (e.g. Fund Distributor)

(Firm Letterhead)

[DATE]

DTCC Solutions, LLC
Account Administration Department
55 Water Street, 1SL Floor
New York, New York 10041

Please be advised that effective with opening of business [mm/dd/yyyy], [Member/Participant name & number] will begin utilizing DTCC Solutions LLC Cost Basis Reporting Service in the Production environment.

Please see the attached Annex for the list of accounts covered by this letter.

“Exempt Recipient Accounts” indicator value: Y N

Business contact for cost basis processing:

| | |
|----------------|--|
| Name: | |
| Department: | |
| Address: | |
| Phone #: | |
| Email Address: | |

Technical contact for cost basis processing:

| | |
|----------------|--|
| Name: | |
| Department: | |
| Address: | |
| Phone #: | |
| Email Address: | |

Billing contact for cost basis processing:

| | |
|----------------|--|
| Name: | |
| Phone #: | |
| Email Address: | |

Sincerely,

(Authorized Signer)

(Print Name/Title)

(Phone Number)