



SUPER ACCESS COORDINATOR AUTHORIZATION FORM

For DTCC SYSTEMS, APPLICATIONS, PRODUCTS & SERVICES

These terms reflect our Organization's acknowledgement of its responsibilities, and of the roles and responsibilities of our Organization's Access Coordinators, related to use of DTCC systems and applications.

References to DTCC in this Form refer, as the circumstances dictate, either to: (a) The Depository Trust & Clearing Corporation; and/or (b) the applicable DTCC subsidiary or other DTCC affiliate (including, without limitation, DTC, NSCC, FICC, DTCC Solutions, and ITP).

Our Organization and its Access Coordinators are responsible for:

- **Authorizing access** by workers of our Organization to DTCC systems;
- Administering (including, without limitation, establishing, protecting, maintaining, and revoking) the **credentials** (e.g., user IDs, passwords, digital certificates, and SecurIDs) issued to workers of our Organization that may be required by DTCC for authentication purposes;
- Administering (including, without limitation, establishing, protecting, maintaining, and revoking) the associated **entitlements** (i.e., function eligibility) in connection with the workers' communications with DTCC relating to use of DTCC products and services;
- **Monitoring** and reviewing credentials, entitlements, security breaches, access violations, and inactive accounts to ensure accuracy, and taking any appropriate follow-up action (e.g., notifying DTCC's Client Contact Center or Relationship Management if potential security exposures are identified);
- **Overseeing** our Organization's workers' **use of DTCC's systems**, and ensuring that each such worker appropriately protects his/her access privileges (e.g., by safeguarding his/her credentials) and provides up-to-date accurate information to DTCC that can be used to verify his/her identity (e.g., in the event that a password must be reset);
- **Informing all workers of changes**, such as modifications to password syntax rules, that affect access or that may impact their ability to access DTCC systems;
- Immediately **modifying or disabling/revoking access privileges** where appropriate (e.g., for any worker who leaves our Organization or changes responsibilities), and initiating the deletion and/or deactivation of associated credentials, and promptly notifying DTCC's Client Contact Center or Relationship Management of the same; and
- Providing DTCC with up-to-date **information about themselves** (e.g., name, mail & email addresses, telephone number).

Our Organization will always have at least two designated Super Access Coordinators. A submitted Form purporting to be signed by an authorized officer of the Organization will be conclusively presumed to have been signed by an authorized officer of Organization. If an Access Coordinator leaves our Organization or changes responsibilities, our Organization will notify DTCC immediately following the standard procedures which can be obtained from the contact person listed below. Our Organization recognizes that access to DTCC systems and applications is further subject to the applicable DTCC rules and procedures, and DTCC agreements with our Organization, and could be suspended or revoked at any time. **In no event shall DTCC be liable for: (1) any loss resulting directly or indirectly from mistakes, errors or omissions, other than those caused directly by DTCC's gross negligence or willful misconduct; and/or (2) any special, consequential, exemplary incidental or punitive damages.**

Organization certifies that the individuals designated in the system have been informed that their personal contact information has been provided to DTCC, acting as the organization collecting or holding personal contact data or a data controller as defined in local data protection regulations (e.g., General Data Protection Regulation (EU) 2016/679, Personal Data Ordinance, Personal Data Protection Act, Data Protection Act of 2-12, etc.) for purposes in connection with their role as a Super Access Coordinator for the Organization and for the performance of a contract between Organization and DTCC. Individuals designated on this form have been informed that such information may be used by DTCC to (A) provide services for Organization, (B) as permitted under DTCC's privacy policy (available at www.dtcc.com), (C) as required to satisfy legal and regulatory obligations and (D) to market and offer related products and services to Organization and its affiliates. DTCC may transfer personal contact information to DTCC, its subsidiaries, its affiliates, and its joint ventures, in accordance with our internal data transfer agreements. DTCC may also transfer personal contact information to service providers who may store, process, and/or transfer data to countries outside of the individual's home country and which may have data protection standards different than those of the origin country. Other than these designated individuals, for all other purposes, DTCC is acting as a data processor on behalf of the Organization for any personal data processed under the relationship between the parties.

Our Organization must ensure that our information is kept accurate and up-to-date and inform DTCC of any changes to our information.

Authorized Signor's Initials: _____

By signing the Super Access Coordinator form and/or acknowledging the terms and conditions, the Organization represents and warrants to DTCC that the signatory to this document is vested with actual authority to sign this document on behalf of the Organization.

In addition to the role and responsibilities of an Access Coordinator outlined above, a Super Access Coordinator will also be able to authorize new Access Coordinators and dually authorize new Super Access Coordinators. Our Organization will always have at least two designated Super Access Coordinators.				
<u>SUPER ACCESS COORDINATORS</u>	<u>TELEPHONE NUMBER</u>	<u>EMAIL ADDRESS</u>	<u>Street Address:</u>	<u>User ID (Only for PTS/PBS Access)</u>
NAME:				
NAME:				
NAME:				
NAME:				

NOTE: Only requests for PTS/PBS Super AC's should contain more than 2 people designated.

DTCC may rely on this document, which we are providing to DTCC so that DTCC will afford our Organization the contemplated systems and applications access. **If an Access Coordinator or a Super Access Coordinator of our Organization fails to fulfill any of the above responsibilities, DTCC shall not have any liability or other responsibility for any related losses, costs, or causes of action that may arise.**

The signer of this Form represents he/she is an officer authorized to sign this form on behalf of the Organization, and is not the Super Access Coordinator being requested on this form.

ORGANIZATION NAME:	ORGANIZATION'S DTCC ACCOUNT NUMBER(S):
PRINT SIGNING AUTHORIZED SIGNER/OFFICER NAME:	PRINT SIGNING AUTHORIZED OFFICER'S TITLE:
SIGNER'S STREET ADDRESS:	PHONE NUMBER:
BY (SIGNATURE):	E-MAIL ADDRESS:
DATE:	

2nd SIGNING AUTHORIZED SIGNER/OFFICER NAME*:	2nd SIGNING AUTHORIZED OFFICER'S TITLE:
2nd SIGNER'S STREET ADDRESS:	PHONE NUMBER:
BY (SIGNATURE):	E-MAIL ADDRESS:
DATE:	

**A 2nd Authorized signer/Officer is only required if the person requesting to become a Super Access Coordinator is also an authorized signer*

SUPER ACCESS COORDINATOR FORM INSTRUCTIONS

STEP 1: Authorized Signer must initial 1st page of the Super Access Coordinator form.

STEP 2: Indicate the Super Access Coordinators' Name, Phone, Email, and Business Address of the designated persons to be Super Access Coordinators.

STEP 3: Organization Name: Indicate your legal firm name.

STEP 4: Organization's DTCC Account Number(s): Indicate all DTCC account numbers (4-digit numbers) associated with the products being requested.

STEP 5: Signature Block: Authorized person* at firm should type and then sign their name, fill in business address, title, date and email address.

**An Authorized Person for purposes of NSCC, DTC or FICC, is any person who has signed the Certificate of Incumbency (COI) with DTCC or relevant company. If you are unaware of the authorized persons at your firm, please send an e-mail an inquiry to entitlements@dtcc.com.*

Please list the product(s) for which you are requesting administrative privileges: (if you need assistance with determining products please contact your Account Manager or your Relationship Manager)

Please return the completed original document(s) via email to entitlements@dtcc.com