

eCD Change Indemnification Letter

(Date)

(CUSIP)

(Issuer Name)

_____ (“Issuer”) requests that DTC (“Corporation”) make the adjustment described below relating to the referenced Instrument (“Instrument”) deposited with DTC on _____ (Closing Date).

In this regard, the Instrument was deposited and the certificate included certain features, but the Issuer requests that certain of those features be changed on DTC’s books to instead reflect the values, as set forth below.

Field Name _____ Current Value _____ Revised Value _____

Field Name _____ Current Value _____ Revised Value _____

Field Name _____ Current Value _____ Revised Value _____

Field Name _____ Current Value _____ Revised Value _____

Field Name _____ Current Value _____ Revised Value _____

**If additional fields are required, please attach as addendum.*

The Issuer certifies that the above represents the correct values for these fields of the Instrument as reflected on the books of Issuer.

Issuer shall indemnify and hold harmless the Corporation, its affiliates, shareholders, directors, officers, employees, agents and advisors (each, an “Indemnified Party” and, collectively, the “Indemnified Parties”) from and against any and all claims, losses, costs, damages, liabilities and Legal Actions, including reasonable attorneys’ fees, which may be suffered, sustained or incurred by or asserted against any Indemnified Party arising directly or indirectly out of this request, except to the extent such claim, loss, cost, damage or liability is caused directly by such Indemnified Party’s gross negligence, willful misconduct or violation of federal securities laws for which there is a private right of action, as determined by a court of competent jurisdiction by final and non-appealable judgment.

“Legal Action” means and includes any claim, counterclaim, demand, action, suit, countersuit, arbitration, inquiry, proceeding or investigation before any federal, state or foreign court or other tribunal, or any investigative or regulatory agency or self-regulatory organization. This indemnity shall be a continuing obligation of Participant and its successors and assigns, notwithstanding the termination of Applicant’s participation in the Corporation.

The undersigned is a duly authorized signatory of the Issuer and has the full power and authority to submit this request and execute the certifications and indemnification set forth herein.

Very truly yours,

Name of Issuer: _____

By: _____

Type Signer’s Name: _____

Type Signer’s Title: _____

*****For takedown change requests a DTC participant signature is additionally required to authorize an adjustment entry to the members DTC participant account.**

Name of DTC Participant: _____

Participant Account #: _____

By: _____

Type Signer’s Name: _____

Type Signer’s Title: _____

The completed document shall be sent via email to the attention of DTC’s Underwriting Department at: closingdesk@dtcc.com.

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