

Power of Attorney for the Zurich Financial Services Ltd Securities Account

We would ask you to send this fully completed and duly signed form **by post** to the address specified at the bottom of the page.

Account holder

Last name:

First name:

Date of birth:

Street, No:

Postcode, city, country:

Account number

0032.

.D1

hereby declares that the **attorneys-in-fact listed below** have a right of disposal over the account holder's securities account with Zurich Financial Services Ltd:

Last name:

First name:

Date of birth:

Signature of the
attorney-in-fact:

Last name:

First name:

Date of birth:

Signature of the
attorney-in-fact:

Every attorney-in-fact is obligated to prove their identity with a certified copy of their official proof of identity. Please refer to the guide for further information.

This power of attorney can only be revoked by means of a registered letter to Zurich Financial Services Ltd, Securities Account, c/o SIX SAG Ltd, P.O. Box, CH-4601 Olten. This power of attorney will not expire either upon the death or in the event of the loss of legal capacity of the account holder in accordance with Art. 35 of the Swiss Code of Obligations.

Place, date:

Signature of the account holder

Enclosure: Certified proof of identity of each attorney-in-fact