



To:
Eurex Clearing AG
Group Client Key Account
Management
60485 Frankfurt am Main
Germany

*(Please submit this form via your
Key Account Manager)*

Applicant ("Applying Clearing Member")

*Legal Name

*Member ID

Contact Person

*Name

*E-mail

Selection of Pricing Model¹: Standard Pricing Model
Optional choices:
(in addition to the Standard Pricing Model)

Rebate Scheme for IRS, OIS and FRA

GOLD Pack

BASIC Pack

Rebate Scheme for SCIS and ZCIS

GOLD Pack

SILVER Pack

Group Registration:

Registration of the following group of affiliated Clearing Members and/or Eligible Disclosed Direct Clients:

| # | *Name of affiliated Clearing Member and/or Eligible Disclosed Direct Client belonging to the group | *Member ID | | | | |
|------------------|--|--------------------|--|--|--|--|
| 1 (group leader) | <i>Applying Clearing Member (see above)</i> | <i>(see above)</i> | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

If, with respect to either OTC IRD Pricing Packs above, the checkbox "Group Registration" is checked, the following information on the group needs to be provided. By providing the names of the Clearing Members belonging to the group, the undersigning Clearing Member represents and warrants by way of an independent guarantee and irrespective of fault (selbständiges, verschuldensunabhängiges Garantiersprechen) to Eurex Clearing AG that (i) it has been appointed as a group leader by the affected Clearing Members in accordance with Number 10.4 (5) (e) of the Price List and (ii) it is duly authorized to act on behalf of the affected Clearing Members for the purpose of choosing the OTC IRD Pricing Pack(s).

*Date

*Place

*Name, Title

*Name, Title

¹ Terms and conditions in accordance with number 10.2 and 10.4 of the Price List of Eurex Clearing AG apply. By signing this form, the Clearing Member accepts said terms and conditions.