Collateral Custodial Segregated Account Affirmation Form

To be read in conjunction with the Rulebook: [http://www.lch.com/rules-regulations/rulebooks/ltd](http://www.lch.com/rules-regulations/rulebooks/ltd); the Collateral Management System Access Agreement; the LCH Client Charge; the LCH Collateral Management Agreement; and the Euroclear Bank Collateral Service Agreement (as amended).

This form is to be completed by LCH and sent to the Clearing Member for selection of the applicable option and signing. Please return to collateral.clientservices@lch.com.

Reference (to be completed LCH)

Instruction Reference: ........................................................................................................................................................................

Clearing Member Account Identification (to be completed LCH)

Clearing Member (full name): ...................................................................................................................................................................

Mnemonic: | _ | _ | _ | _ | Sub Account: | _ | _ | _ | _ | Client ID: .........................................................................................

Instruction Details (to be completed LCH)

Giver Account: | _ | _ | _ | _ | _ |

Taker Account: | _ | _ | _ | _ | _ |

Eligibility Set ID: ................................................................................................................................................................................

Transaction Reference: ...........................................................................................................................................................................

Transaction Currency: GBP / USD / EUR

Transaction Amount: ...................................................................................................................................................................................

Execution Date: ............ / ............ / ............

Affirmation (to be completed by the Clearing Member)

We confirm that we (please circle the action you wish to take):

- **Affirm** the triparty transaction amount specified above under “Transaction Amount”
- **Do not affirm** the triparty transaction amount specified above under “Transaction Amount”

Clearing Member Authorised signature(s)

1. ........................................... ........................................... ...........................................
   (Signature) (Print Name) (Position)

2. ........................................... ........................................... ...........................................
   (Signature) (Print Name) (Position)

The signature(s) here will be checked against the authorised signatory list held by LCH for the Member. Please provide evidence of signing authority for the Authorised Signatory, including specimen signature if not already provided to LCH.