

For securities account managed by MorgenFund GmbH in Frankfurt ("A" or "D" securities accounts) please only use the form provided by MorgenFund GmbH Frankfurt

Please send the **original** of this form to:

MorgenFund GmbH Luxembourg branch Boîte Postale 71 L-3201 Bettembourg

Client		
Surname(s), First name(s)	L	
Address	L	
]
	L	
	L	
Securities		
account	C/X (Please enter full number, e.g. X 1234567)	
		SED/E

SEPA direct debit mandate

The client is identical to the account holder Alternative account	nt holder			
Name of the alternative account holder	First name(s)			
Street, number	Country	Postcode	Town	
		-		
I hereby authorise MorgenFund GmbH, Luxembourg branch, creditor ID LU6 also instruct my bank/credit institution to honour any direct debit payment				
Important information: I have the right to request repayment of any amount The conditions agreed with my bank shall apply.	debited within e	eight weeks of tl	ne debit date.	
IBAN	BIC		Bank/Credit institution	
Place, date	Signature (only for an alternative account holder)			
X	Х			
	L			

I shall inform MorgenFund GmbH, Luxembourg branch, in a timely manner of any change to the bank account details provided.

Reference bank account set-up (only if the	ne client is identical to the account holder)	
Please use the bank account cited above as the re	eference bank account.*	
Please also use these bank details for any regular	purchases.	
Place, date	Signature of 1 st securities account holder or of legal guardian for a minor	Signature of 2 nd securities account holder or of legal guardian for a minor

Х		

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If the client is a minor, the signatures of both parents or guardians are required. If one parent is the sole legal guardian, please confirm this and provide documentary evidence. Thank you. In the interests of security, please write **none** rather than leave a signature line blank.

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