DIVIDEND PAYMENT APPLICATION

| The undersigned | having the personal numeric code |
|---|--|
| | domiciled in in |
| | o block entrance floor Apartment |
| county, ide | entified by ID series no |
| issued by | on, phone no. |
| email | |
| I hereby request the payment of div | idends from the deceased |
| | by one of the following |
| options:1 | |
| o at the Banca Transilva | <u>nia counter</u> |
| o <u>in a bank acount</u> | |
| I attach to this application, as the case r | nay be: ² |
| Bucharest; | on of the shares for the cause of death sent by Depozitarul Central ement / bank letter confirming the account holder and the IBAN |
| Thank you. | |
| Date | Signature, |
| | STATEMENT |
| The undersigned | having the personal numeric code domiciled in in |
| | o block entrance floor Apartment |
| | entified by ID series no I undertake |
| to hand over to the other heirs the responsibility in the sense of those de | shares due according to the inheritance, assuming my full clared. |
| Date | Signature, |

By submitting this request, I expressly and freely express my consent for my personal data to be processed by EVERGENT Investments S.A. as well as by the entities associated with it in order to fulfill the purpose of this application. The way in which my personal data is processed was communicated to me at the address https://evergent.ro/en/personal-data-protection. I was also informed that I can find out more additional information by making a request in this regard to the e-mail address office@evergent.ro/en/personal-data-protection.

 $^{^{\}scriptscriptstyle 1}$ the requested payment option must be checked

² the documents attached to this form must be checked