VI. REMITTANCE INSTRUCTIONS (choose one if desired or leave blank)

Transfer on the _____ of each month to DBTCA Checking Account No. _____

(choose one)

☐ $ _____

☐ Balances of both Income and Principal

☐ Balances of Income only

OR

Remit on the _____ of each month

(choose one)

☐ $ _____

☐ Balances of both Income and Principal

☐ Balances of Income only

To:

Bank Name: _____

Account Name: _____

ABA # or ACH #: _____

Account #: _____

VII. ACCESS TO DB INSIGHT (the "Service")

(choose one)

☑ DB InSight Standard includes access to financial and account information, research and product information. Paper statements and communications for all Custody Accounts will be mailed to the client.

☐ DB InSight with Online Statements includes access to financial and account information, research and product information. Paper statements for all accounts and communications regarding your Custody Accounts will NOT be mailed to the Client until the Bank receives a written direction from the Client to issue paper statements. (Please note that communications regarding Proxies and Corporate Actions will be mailed as instructed in section XI below.)

By checking one of the two boxes above you confirm that you have received, read and agree to comply with the Terms and Conditions for DB InSight attached as Annex B, as they may be amended from time to time. Before you allow a third party to access your Account via the Service, you agree to execute another authorization in a form the Bank specifies. You agree that this paragraph will apply to all your use of the Service, not just use related to services under this Agreement. This paragraph will survive termination of this Agreement and continue for as long as you have any account relationship with the Bank or the Bank revokes your ability to use the Service.

If you checked one of the two boxes above, please provide the following for each account owner requesting access:

E-mail Address: _____   Secret Code: _____

E-mail Address: _____   Secret Code: _____

E-mail Address: _____   Secret Code: _____

E-mail Address: _____   Secret Code: _____

For additional security when calling the Bank's helpdesk, each authorized person must supply a secret code to be used when the authorized person calls the helpdesk.

☐ You do not wish to use the DB InSight service.

PLEASE COMPLETE ANNEX C TO GIVE DB INSIGHT ACCESS TO THIRD PARTIES OTHER THAN THE ACCOUNT OWNER(s).