BANCA SISTEMA

Notice of Withdrawal from the Banca Sistema Deposit Account Agreement

Please attach a copy of a valid ID to this form and send it by certified mail with return receipt requested to:

Banca Sistema Spa
Largo Augusto, 1/a, at the corner of Via
Verziere, 13, 20122 Milan

or

via certified email (PEC) to the address operations.bancasistema@legalmail.it

The undersigned _____

account holder(s) of deposit account no. _____

DECLARE

wish to withdraw from the contract relating to the above-mentioned account, requesting its closure and the transfer of any remaining funds to the designated account.

Only in the case of a joint account, please specify the name of the account holder of the designated account to which you wish to have the balance transferred:

_____

FURTHER DECLARE

that I/we am/are aware that, pursuant to the contract governing the Banca Sistema deposit account:

1. withdrawal takes effect as of the expiration date of any applicable lock-up periods or, in the absence of such lock-up periods, as of the time the Bank receives notice of withdrawal;
2. the Bank will make the funds available in the escrow account within 15 (fifteen) days from the date the withdrawal takes effect.

Date Signature

_____ _____