

Maturity Instruction Form

To: BCP Asset Management DAC

Account Number: C

I/we hereby authorise you to carry out the following instruction/s on my/our behalf:

Please return the total to me/us as I/we do not wish to reinvest at this time*



REINVESTMENT OPTIONS

Subject to submitting the correct documentation to BCP, please reinvest the proceeds of my/our investment as follows.

Product Name:

€ OR %

Product Name:

€ OR %

Product Name:

€ OR %

PLEASE ALSO COMPLETE & SIGN THE RELEVANT DOCUMENTATION

PARTIAL REINVESTMENTS: Please return the balance to me/us*



INSTRUCTION TO REINVEST/ROLLOVER FUNDS

Client Name 1:

(BLOCK CAPITALS)

Client Name 2:

(BLOCK CAPITALS)

Client Signature 1:

Client Signature 2:

Daytime Telephone Number:

Daytime Telephone Number:

PLEASE RETURN THIS FORM TO: BCP ASSET MANAGEMENT, 71 UPPER LEESON STREET, DUBLIN 4. TEL. 01 668 4688.

*All bond holders must sign.