Fenix SECURITIES

EUROCLEAR FREE OF PAYMENT INSTRUCTION FORM - EUROCLEAR RECEPTION FORM

RECEIVE IN MY ACCOUNT # | | | | | – | | | | |

ACCOUNT NAME

Receive free of payment **by settlement date the instructions below**

TRADE DATE: | | | | | | | | | MM/DD/YYYY

SETTLEMENT DATE: | | | | | | | | | MM/DD/YYYY

INSTITUTION NAME: _____

EUROCLEAR #: _____

CUSTOMER ACCOUNT #: _____ - SUB ACCT #: _____

CUSTOMER NAME: _____

THE BONDS DETAIL:

FACE VALUE: _____

NAME: _____

ISIN: _____

X _____ Client Signature

_____ Print Name

_____ Date