

The following translation is provided for the customer's convenience only. The contractual language is German. Therefore, German legal documents are binding in all respects and constructions, meanings or interpretations in the German legal documents shall prevail in case of inconsistency with the English version.

Request by the Account Holder to Facilitate Cross-Border Account Opening (Sec. 27(2) and Sec. 28 of the Payment Accounts Act (Zahlungskontengesetz – ZKG))

Mr./Ms.

Name of the Customer

is the holder of the payment account:

IBAN

IBAN

at:

Name of the Payment Service Provider

Name

The customer hereby informs the payment service provider that they wish to open a payment account with a payment service provider in another Member State of the European Union.

1. The customer requests the payment service provider to provide, free of charge, a list containing information on:

- (1) The Standing Orders currently issued by the customer,
- (2) The Direct Debit mandates issued by the payer, if available, and
- (3) If available, the payments received on the payment account in the past 13 months:
 - (a) Payments received via Transfers, and:
 - (b) Direct Debits initiated by the payee.

The customer requests the information to be provided by

Date

Please insert the desired date

but no earlier than six business days after the receipt of the request by the payment service provider.

2. The customer requests the payment service provider to, on

Date

Please insert the desired date

but no earlier than six business days after the receipt of the request by the payment service provider, transfer the positive balance on the payment account:

(1) *To pay out the amount in cash to the customer.

(2) *To transfer the amount to the following account:

(i) Account holder (if not identical with the customer)

Account holder

Name

(ii) IBAN (equivalent details for identifying the relevant payment service provider and/or the payment account held by the customer there).

IBAN

IBAN

3.* The customer requests the payment service provider to close the above-mentioned payment account held with them on

Date

Please insert the desired date

but no earlier than six business days after the receipt of the request by the payment service provider.

Place, Date, and Signature of the Customer

Place, Date, and Signature of the Customer

*Please strike out what does not apply.