

## SUBSCRIPTION AGREEMENT СОГЛАШЕНИЕ О ПОДПИСКЕ

### SUBSCRIPTION AGREEMENT BETWEEN: / СОГЛАШЕНИЕ О ПОДПИСКЕ МЕЖДУ:

- ITA GLOBAL TRUST LTD. of Suite 4210, 2nd Floor Canella Court, 48 Market Street, Camana Bay, PO Box 32203, Grand Cayman KY1-1208, Cayman Islands as trustee of the Investors Trust Cayman (respectively the "Trustee" and the "Trust") and
- Each of the Plan Participants (as hereinafter defined).

#### A. PLAN PARTICIPANT / УЧАСТНИК ПЛАНА

(the "First Plan Participant"); and  
(«Первый участник плана»); и

LAST NAME OF CORPORATE NAME / ФИАМИЛИЯ ИЛИ ИМЯ КОРПОРАЦИИ <sup>1</sup>		FIRST NAME / ИМЯ		MIDDLE NAME / ВТОРОЕ ИМЯ	
GENDER / ПОЛ MALE / МУЖ. FEMALE / ЖЕН.		DATE OF BIRTH / ДАТА РОЖДЕНИЯ DD / MM / YYYY		COUNTRY OF BIRTH / СТРАНА РОЖДЕНИЯ	
PASSPORT/ID / ПАСПОРТ/ДОКУМЕНТ NUMBER / НОМЕР		DATE OF ISSUE / ПАСПОРТ/ДУЛ ВЫДАН DD / MM / YYYY		DATE OF EXPIRY / ПАСПОРТ/ДУЛ ДЕЙСТВИТЕЛЕН ДО DD / MM / YYYY	
OCCUPATION / РОД ДЕЯТЕЛЬНОСТИ		E-MAIL / ЭЛЕКТРОННАЯ ПОЧТА			
RESIDENCE TELEPHONE / ДОМАШНИЙ ТЕЛЕФОН			BUSINESS TELEPHONE / РАБОЧИЙ ТЕЛЕФОН		
COUNTRY CODE / КОД СТРАНЫ	AREA CODE / КОД РЕГИОНА	PHONE NUMBER / НОМЕР ТЕЛЕФОНА	COUNTRY CODE / КОД СТРАНЫ	AREA CODE / КОД РЕГИОНА	PHONE NUMBER / НОМЕР ТЕЛЕФОНА
MOBILE TELEPHONE / МОБИЛЬНЫЙ ТЕЛЕФОН			FAX TELEPHONE / ФАКС		
COUNTRY CODE / КОД СТРАНЫ	AREA CODE / КОД РЕГИОНА	PHONE NUMBER / НОМЕР ТЕЛЕФОНА	COUNTRY CODE / КОД СТРАНЫ	AREA CODE / КОД РЕГИОНА	PHONE NUMBER / НОМЕР ТЕЛЕФОНА
RESIDENTIAL ADDRESS / ДОМАШНИЙ АДРЕС ADDRESS / АДРЕС					
CITY / ГОРОД		STATE/PROVINCE / ОБЛАСТЬ/РАЙОН		ZIP CODE / ИНДЕКС	
COUNTRY / СТРАНА					
BUSINESS ADDRESS / РАБОЧИЙ АДРЕС ADDRESS / АДРЕС					
CITY / ГОРОД		STATE/PROVINCE / ОБЛАСТЬ/РАЙОН		ZIP CODE / ИНДЕКС	
COUNTRY / СТРАНА					

#### B. JOINT PLAN PARTICIPANT / СОВМЕСТНЫЙ УЧАСТНИК ПЛАНА

(the "Joint Plan Participant")(the First Plan Participant and the Joint Plan Participant, together, the "Plan Participants").  
(«Совместный участник плана») («Первый участник плана» и «Совместный участник плана», вместе «Участники плана»)

LAST NAME OF CORPORATE NAME / ФИАМИЛИЯ ИЛИ ИМЯ КОРПОРАЦИИ <sup>1</sup>		FIRST NAME / ИМЯ		MIDDLE NAME / ВТОРОЕ ИМЯ	
GENDER / ПОЛ MALE / МУЖ. FEMALE / ЖЕН.		DATE OF BIRTH / ДАТА РОЖДЕНИЯ DD / MM / YYYY		COUNTRY OF BIRTH / СТРАНА РОЖДЕНИЯ	
PASSPORT/ID / ПАСПОРТ/ДОКУМЕНТ NUMBER / НОМЕР		DATE OF ISSUE / ПАСПОРТ/ДУЛ ВЫДАН DD / MM / YYYY		DATE OF EXPIRY / ПАСПОРТ/ДУЛ ДЕЙСТВИТЕЛЕН ДО DD / MM / YYYY	
OCCUPATION / РОД ДЕЯТЕЛЬНОСТИ		E-MAIL / ЭЛЕКТРОННАЯ ПОЧТА			
RESIDENCE TELEPHONE / ДОМАШНИЙ ТЕЛЕФОН			BUSINESS TELEPHONE / РАБОЧИЙ ТЕЛЕФОН		
COUNTRY CODE / КОД СТРАНЫ	AREA CODE / КОД РЕГИОНА	PHONE NUMBER / НОМЕР ТЕЛЕФОНА	COUNTRY CODE / КОД СТРАНЫ	AREA CODE / КОД РЕГИОНА	PHONE NUMBER / НОМЕР ТЕЛЕФОНА
MOBILE TELEPHONE / МОБИЛЬНЫЙ ТЕЛЕФОН			FAX TELEPHONE / ФАКС		
COUNTRY CODE / КОД СТРАНЫ	AREA CODE / КОД РЕГИОНА	PHONE NUMBER / НОМЕР ТЕЛЕФОНА	COUNTRY CODE / КОД СТРАНЫ	AREA CODE / КОД РЕГИОНА	PHONE NUMBER / НОМЕР ТЕЛЕФОНА
RESIDENTIAL ADDRESS / ДОМАШНИЙ АДРЕС ADDRESS / АДРЕС					
CITY / ГОРОД		STATE/PROVINCE / ОБЛАСТЬ/РАЙОН		ZIP CODE / ИНДЕКС	
COUNTRY / СТРАНА					
BUSINESS ADDRESS / РАБОЧИЙ АДРЕС ADDRESS / АДРЕС					
CITY / ГОРОД		STATE/PROVINCE / ОБЛАСТЬ/РАЙОН		ZIP CODE / ИНДЕКС	
COUNTRY / СТРАНА					

1. For Corporations and other legal entities, please complete form IP142-1 Add/Remove Authorized Person.

1. Только компаниям или иным юридическим лицам. Если Участником(ами) плана является Корпорация, заполните форму IP142-8 Добавление/Исключение уполномоченного лица.

Plan Participant Initials  
Инициалы Первого Участника Плана

Joint Plan Participant Initials  
Инициалы Совместного Участника Плана



## F. CONTRIBUTION METHOD AND INSTRUCTIONS / МЕТОДЫ ОПЛАТЫ ВЗНОСОВ И ИНСТРУКЦИИ

**CREDIT CARD** Major credit cards are accepted.  
**ПЛАСТИКОВАЯ КАРТА** Принимаются распространённые пластиковые карты.

**WIRE TRANSFER** International wire transfers are accepted.  
**БАНКОВСКИЙ ПЕРЕВОД** Принимаются международные банковские переводы.

**CHECK** Only checks drawn from US registered bank accounts are accepted.  
Please make check payable to Investors Trust.  
**ЧЕК** Принимаются только чеки, выписанные с зарегистрированных в США банковских счетов.  
Чек выписывается на компанию «Investors Trust».

**DIRECT DEBIT** Direct debit from US bank accounts are limited to amounts below USD 100,000.  
**ПРЯМОЙ ДЕБЕТ** Прямой дебет со счетов банков США ограничен суммой менее USD100,000.

To provide the instructions of your selected contribution method please complete and attach the Payment Authorization Form (IP114-1).  
Для предоставления дальнейших инструкций по выбранному методу оплаты необходимо заполнить и приложить Форму Авторизации Оплаты (IP114-8).

## G. ADDITIONAL INFORMATION / ДОПОЛНИТЕЛЬНАЯ ИНФОРМАЦИЯ

Are any of the Plan Participants and/or Payors, currently or have been in the past, one of the following:  
Является ли кто-нибудь из Участников Плана и/или Плательщиков, в настоящее время или в прошлом, кем-то из нижеперечисленных:

A senior military, governmental, or political official in a non-US country. If yes, please complete form IG192-1 Additional Information (PEP).  
Высокопоставленным военным, правительственным или политическим должностным лицом за пределами США? Если да, то заполните форму IG192-8 Дополнительная Информация (ПДЛ).

Closely associated with or an immediate family member of such official. If yes, please complete form IG192-1 Additional Information (PEP).  
В тесных связях с публичным должностным лицом или ближайшими членами его семьи? Если да, то заполните форму IG192-8 Дополнительная Информация (ПДЛ).

None of the above.  
Ничего из вышеперечисленного.

## H. PREFERRED LANGUAGE FOR COMMUNICATIONS / ПРЕДПОЧИТАЕМЫЙ ЯЗЫК ДЛЯ КОММУНИКАЦИЙ

ENGLISH АНГЛИЙСКИЙ	SPANISH ИСПАНСКИЙ	PORTUGUESE ПОРТУГАЛЬСКИЙ	CHINESE TRADITIONAL КИТАЙСКИЙ ТРАДИЦИОННЫЙ	CHINESE SIMPLIFIED КИТАЙСКИЙ ОБЛЕГЧЕННЫЙ	JAPANESE ЯПОНСКИЙ	RUSSIAN РУССКИЙ
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## I. MAILING ADDRESS / ПОЧТОВЫЙ АДРЕС

This address will be used if the Company needs to physically mail the Plan Participant(s) any Plan related documents.<sup>11</sup>  
Данный адрес будет использоваться если Компании потребуется отправить Участнику(ам) Плана какие-либо документы на бумажных носителях.<sup>11</sup>

FIRST PLAN PARTICIPANT - Residential Address  
ПЕРВЫЙ УЧАСТНИК ПЛАНА - ДОМАШНИЙ АДРЕС

FIRST PLAN PARTICIPANT - Business Address  
ПЕРВЫЙ УЧАСТНИК ПЛАНА - РАБОЧИЙ АДРЕС

JOINT PLAN PARTICIPANT - Residential Address  
СОВМЕСТНЫЙ УЧАСТНИК ПЛАНА - ДОМАШНИЙ АДРЕС

JOINT PLAN PARTICIPANT - Business Address  
СОВМЕСТНЫЙ УЧАСТНИК ПЛАНА - РАБОЧИЙ АДРЕС

<sup>11</sup> Select only one option.  
<sup>11</sup> Выберите только один вариант.

## J. ISSUED PLAN TYPE / DELIVERY METHOD <sup>12</sup> / ТИП ВЫПУСКАЕМОГО ПОЛИСА / МЕТОД ДОСТАВКИ <sup>12</sup>

Your electronic plan documents will be made available for you to download from the secure account access website. If you also prefer to receive your plan documents in a printed format, please select an additional delivery method:

Электронная копия вашего плана будет доступна для загрузки на нашем сайте безопасного доступа. Если вы предпочитаете получить распечатанную копию вашего плана, то пожалуйста выберите другой способ доставки.

PRINTED PLAN DELIVERED TO MY INTRODUCER (will incur in a USD 50 / EUR 50 / GBP 40 fee).<sup>13</sup>  
Доставить распечатанную копию плана моему представителю (будет иметь стоимость USD 50/EUR 50/GBP 40).<sup>13</sup>

PRINTED PLAN DELIVERED TO THE SELECTED MAILING ADDRESS (will incur in a USD 50 / EUR 50 / GBP 40 fee).<sup>13</sup>  
Распечатанная копия плана будет доставлена по выбранному почтовому адресу (будет иметь стоимость USD 50/EUR 50/GBP 40).<sup>13</sup>

<sup>12</sup> Select only one option.  
<sup>13</sup> Delivery of printed plans is not available in all countries, verify with the Company before submitting the Subscription Agreement. If the selected delivery method is not available in your country, the Company will send the electronic plan documents instead.  
<sup>12</sup> Доставка распечатанной копии плана доступна не во всех странах; уточните в компании до подачи соглашения о подписке. Если выбранный способ доставки недоступен в вашей стране, компания отправит электронную копию плана.  
<sup>13</sup> Выберите только один вариант.

## K. EXISTING PLANS / СУЩЕСТВУЮЩИЕ ПЛАНЫ

Please provide details of any existing Investors Trust's plans you have or are making payments to (if applicable):  
Пожалуйста, предоставьте подробную информацию о любых планах Investors Trust имеющихся у Вас, либо по которым Вы производите платежи (при наличии):

PRODUCT TYPE ТИП ПРОДУКТА	<input type="text"/>	PLAN NUMBER НОМЕР ПЛАНА	<input type="text"/>
PRODUCT TYPE ТИП ПРОДУКТА	<input type="text"/>	PLAN NUMBER НОМЕР ПЛАНА	<input type="text"/>

Plan Participant Initials  
Инициалы Первого Участника Плана

Joint Plan Participant Initials  
Инициалы Совместного Участника Плана

ПЕРЕВОД ЭТОГО ДОКУМЕНТА БЫЛ СОЗДАН В ИНФОРМАЦИОННЫХ ЦЕЛЯХ. ТОЛЬКО ТЕКСТ НА АНГЛИЙСКОМ ИМЕЕТ ЮРИДИЧЕСКУЮ СИЛУ.

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by the Plan Participants to the Trustee:

Each Plan Participant jointly and severally:

- (1) represents that the information provided by the Plan Participants in this Subscription Agreement is accurate and complete;
- (2) acknowledges that a copy of the Declaration of Trust relating to the Investors Trust Cayman dated November 21, 2011 (the "Declaration of Trust") has been provided to them;
- (3) desires and hereby requests the Trustee to constitute a Sub-fund for the benefit of the Beneficiaries;
- (4) directs the Trustee to invest funds contributed by the Plan Participants in a Policy issued by the Insurance Company allocated to such Sub-fund;
- (5) represents and acknowledges that each Plan Participant has read carefully this Subscription Agreement, the Declaration of Trust and the form of Policy to be entered into between the Trustee and the Insurance Company;
- (6) represents, acknowledges, and agrees that the Plan Participants have full responsibility for the selection and choice of Investment Plans;
- (7) represents and acknowledges that each of them has seen and signed the Plan Illustration or any substitute document as established by the Company, attached to this Subscription Agreement;
- (8) represents and warrants that it is not:
  - a. a citizen or resident of the United States of America;
  - b. or a corporation or other entity deemed situated in the United States of America under the tax laws and Regulations (as defined in the Declaration of Trust) of the United States of America; or
  - c. physically present in the United States of America for a number of days in a taxable year which would result in it being taxable as a resident alien under the "substantial presence" test of Section 7701(b) of the Code; or
  - d. a member of the public In the Cayman Islands.
- (9) Each Plan Participant hereby represents, warrants, and agrees that:
  - i. it is aware that any failure to comply with the foregoing may result in material adverse tax consequences and that the Trustee shall have no liability therefor; and
  - ii. it will immediately advise the Trustee should there be any failure to comply with the foregoing;
- (10) represents, acknowledges and agrees that the Plan Participants have not and will not contribute to the Trust any criminal property (as that term is defined in the Proceeds of Crime Law, 2017 Revision);
- (11) represents, acknowledges, and agrees that all funds must be sent directly to the Trustee either by check, wire or credit card payment and that any funds given to any intermediary will be at the sole risk of the Plan Participants.

**WHEREAS**

The Trustee has established the Investors Trust Cayman trust under the Trusts Law (as revised) of the Cayman Islands;

A separate sub-fund shall be constituted under the Trust herein (the "Sub-fund");

Under the terms of the Trust, using one or more Sub-funds the Trustee shall purchase one or more insurance policies from the Investors Trust Segregated Portfolio of Investors Trust Assurance SPC (respectively the "Policies", the "Segregated Portfolio" and the "Insurance Company") with monies received from Plan Participants (the "Plan");

The Trustee shall direct the Insurance Company to invest the premium payments paid from the Sub-fund in investment funds specified by the Plan Participants (the "Investment Plans");

The Trustee shall administer the Plan in accordance with the terms of the Trust and this Subscription Agreement and both the selection of the Investment Plans and the Beneficiaries and

the mode of distribution of their benefits shall be set as forth by the Plan Participants in this Subscription Agreement.

**NOW IT IS HEREBY AGREED AS FOLLOWS**

**1. DEFINITIONS**

In addition to terms otherwise defined herein, where the context so admits the following expression shall have the following respective meanings:

**"Beneficiaries"** means the Primary Beneficiaries and Contingent Beneficiaries designated in the Nomination of Beneficiaries Section of this Subscription Agreement as beneficiaries and as applicable the estate of the Insured designated in Section 6 of this Subscription Agreement as beneficiary.

**"Code"** means the Internal Revenue Code of 1986.

**"Insurance Company"** means Investors Trust Assurance SPC on behalf of Investors Trust Segregated Portfolio, or another insurance company (or segregated portfolio thereof) selected.

**"Insured"** means the Plan Participant(s) (unless otherwise specified in this Subscription Agreement) as the person(s) whose life is insured under each Policy.

**"Investment Plans"** means the investment funds, specified by the Plan Participants in or pursuant to this Subscription Agreement, in which the Trustee shall direct the Insurance Company to invest funds contributed by the Plan Participants.

**"Plan"** means the arrangement whereby the Trustee makes payments related to one or more Policies for the benefit of one or more of the Beneficiaries with monies received from the Plan Participants.

**"Policies"** means insurance policies, supplemental to a master insurance policy, which insures the life of the Insured that are purchased from the Insurance Company in accordance with the terms of the Plan.

**"Time of Maturity"** means the date on which the Policies mature.

**"Trust"** means the trust declared by the Trustee for the Plan, currently known as the Investors Trust Cayman.

**"Trustee"** means the trustee or trustees holding office under the Trust from time to time.

**OTHER INTERPRETATION**

- (a) the singular shall include the plural and vice versa;
- (b) the masculine gender shall include the feminine gender and vice versa;
- (c) the neuter gender shall include the masculine and feminine and vice versa;
- (d) persons shall include companies, corporations, organizations, partnerships and other legal entities;
- (e) headings shall not be construed as part of this document;
- (f) this Subscription Agreement shall be construed in tandem with the provisions of the Trust Deed but to the extent that any provisions hereof are inconsistent therewith, the terms of the Trust Deed shall prevail;
- (g) capitalized terms used but not otherwise defined in this Subscription Agreement have the meanings assigned thereto in the Trust Deed.

**2. FRAUDULENT DISPOSITIONS**

Each Plan Participant warrants that no transfer of money or other property by them to the Trustee will at the time made constitute a fraudulent disposition under applicable law, i.e. that each such transfer has not been made at an undervalue and has not been made with an intention to defraud a creditor of the Plan Participants.

**3. THE TRUST INSTRUMENT**

Each Plan Participant agrees that it shall be subject to and bound by all of the provisions of the Declaration of Trust and this Subscription Agreement.

Without limiting the generality of the foregoing, each Plan Participant acknowledges and agrees: that funds contributed by the Plan Participants will be credited to a Sub-fund and used to purchase one or more Policies for the benefit of one or more of the Beneficiaries; that the making of such contribution constitutes each Plan Participant's agreement to the terms of the Declaration of Trust and this Subscription Agreement and such Plan Participant's agreement to be bound thereby.

Plan Participant Initials  
*Инициалы Первого Участника Плана*

Joint Plan Participant Initials  
*Инициалы Совместного Участника Плана*

**4. PURCHASE OF THE INVESTMENT PLANS**

With funds received from the Plan Participants, the Trustee shall purchase one or more Policies and shall continue to pay the premiums due thereon so long as funds contributed by the Plan Participants are available in the Sub-fund.

**5. PAYMENTS TO THE TRUST**

The Plan Participants have opted for a method of payment to the Trustee, (or to the entity designated by the Trustee to receive such payments on the Trustee's behalf), as shown in this Subscription Agreement, and such method may be changed by the Plan Participants, if agreed to by the Trustee, after written notice requesting a change has been given by the Plan Participants to the Trustee.

**6. THE BENEFICIARIES**

The names of those who are to be Beneficiaries are (subject to the last sentence of this Section) as listed in the above Nomination of Beneficiaries section of this Subscription Agreement are subject to compliance with applicable law (including laws and regulations directed at the prevention of money laundering) at any time, and from time to time. Upon receipt by the Trustee of a written notice signed by all the Plan Participants, Beneficiaries may be deleted or added or the order or proportion of their potential benefit may be changed.

If there are surviving Primary Beneficiaries at the time of a distribution from the Sub-fund, payment of such funds shall be made to the surviving Primary Beneficiaries in proportion to the percentage entitlements of such Primary Beneficiaries as set out in this Subscription Agreement (such that if there is only one surviving Primary Beneficiary such surviving Primary Beneficiary shall receive all such funds). If there are no surviving Primary Beneficiaries at the time of a distribution from the Sub-fund, payment of such funds shall be made by the Trustee to each Contingent Beneficiary in proportion to the percentage entitlements of such Contingent Beneficiary as set out in this Subscription Agreement (such that if there is only one surviving Contingent Beneficiary such surviving Contingent Beneficiary shall receive all such funds). If there are no surviving Primary Beneficiaries or Contingent Beneficiaries at the time of the distribution of funds from the Sub-fund, payment of such funds shall be made by the Trustee to the estate of the Insured.

**7. DEFAULT IN CONTRIBUTION PAYMENTS**

If the Plan Participants fail to make the necessary scheduled contribution, the Trustee shall not be under any obligation to make any payment on any Policy if funds are not available within the Sub-fund for such purpose. Therefore in the absence of due Policy premium payments within the Policy's pre-established grace period and subject to the discretion of the Insurance Company, the Policy may be lapsed and as permitted by applicable law funds (if any) may be requested by the Plan Participants, in accordance with the Policy's Surrender Provisions.

**8. INVESTMENT SELECTIONS**

To the extent that any Policy enables a choice of investments for a Sub-fund, the Trustee shall instruct that such investments be made in accordance with the directions of the Plan Participants as set forth in this Subscription Agreement. Changes in investment selection may be made at any time and from time to time by all the Plan Participants as permitted by the Insurance Company, the Investment Plans and the Trustee.

**9. REVOCATION**

The Plan Participants may give notice of revocation of that portion of the Trust as constituted by the Sub-fund to the Trustee at any time, in which case the Trustee will surrender to the Insurance Company each Policy allocated to the Sub-fund established in relation to the Plan Participants, and upon receipt by the Trustee of any funds from the Insurance Company in relation to such Policies shall distribute the net proceeds to the Plan Participants.

The payment, and timing of payments to the Plan Participants following a revocation, will depend upon the redemption value of each, the receipt of funds in respect thereof from the Insurance Company and compliance with applicable law.

**10. CONFIRMATION OF REPRESENTATIONS AND WARRANTIES / INDEMNITY**

Each Plan Participant hereby confirms the accuracy of all information and the validity of all representations and warranties provided to the Trustee in connection with the Plan and/or the subscription for Investment Plans and for the Policy, howsoever provided, including the terms of this Subscription Agreement and the contents of any personal or medical questionnaire (together "Representations & Warranties"). Each Plan Participant acknowledges that certain of such information will be provided to the Insurance Company on behalf of the Segregated Portfolio as the issuer of the Policy and potentially to reinsurers thereof, and that any inaccuracy therein may result in the invalidity of such Policy or the investments in the related Investment Plans and the loss of all funds contributed or paid in relation thereto. Each Plan Participant hereby undertakes to inform the Trustee of any change in any matter that forms the subject of any of the Representations & Warranties.

Each Plan Participant hereby undertakes to indemnify, defend, and hold harmless the Trustee against any loss or damage (including, without limitation, attorney's fees) occasioned by any inaccuracy in any of the Representations & Warranties or failure to advise the Trustee of any change in any matter that forms the subject of any of the Representation & Warranties.

Each Plan Participant agrees that the Trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by a Plan Participant and each Plan Participant hereby undertakes to indemnify, defend, and hold harmless the Trustee against any loss or damage (including, without limitation, attorney's fees) occasioned by the Trustee acting in accordance with any such instruction.

**11. PAYMENT OF BENEFITS**

The Trustee shall ensure that payments are made to the Beneficiaries in respect of proceeds received from the Insurance Company upon the death of the insured under a Policy, in accordance with the Policy's Death Benefit Provisions.

**12. FEES AND EXPENSES**

The Trustee, Administrator (if any exists) and Insurance Company shall charge its fees and expenses as provided in the Trust Deed and Policy.

**13. VERIFICATION OF IDENTIFICATION AND SOURCE OF FUNDS**

As part of the Trust's responsibility for the prevention of money laundering, and in regard to other matters, the Trustee will require detailed verification of each Plan Participant and Beneficiary's identity and the source of the subscription funds.

**14. INDEMNITY AND PROTECTIONS**

The Trustee and other Indemnified Parties (each as such and in its individual capacity) are provided with comprehensive indemnity and other protections in the Trust Deed as described in the Trust Deed.

**15. GOVERNING LAW**

This agreement is created under and shall be governed by and construed and enforced in accordance with the laws of the Cayman Islands (without regard to conflict of laws principles), which may include the requirement to report certain personal information to other jurisdictions.

**16. SUBJECT TO ACCEPTANCE**

This Subscription Agreement (which in its entirety consists of pages 1 through 5 hereof) is subject to acceptance by the Trustee and will not be effective unless and until accepted by the Trustee.

IN WITNESS WHEREOF THIS SUBSCRIPTION AGREEMENT HAS BEEN EXECUTED AND DELIVERED AS A DEED by each Plan Participant on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
для удостоверения, что данное соглашение о подписке составлено и подписано в форме договора каждым Участником плана в день, месяца 20\_\_\_\_ года.

PRINT NAME HERE – FIRST PLAN PARTICIPANT / <i>ФАМИЛИЯ И ИМЯ - ПЕРВЫЙ УЧАСТНИК ПЛАНА</i>	PRINT NAME HERE – JOINT PLAN PARTICIPANT / <i>ФАМИЛИЯ И ИМЯ - СОВМЕСТНЫЙ УЧАСТНИК ПЛАНА</i>
Signed by, <i>Подпись,</i>	Signed by, <i>Подпись,</i>