

CONFIRMATION OF RATE [CAP / FLOOR / CORRIDOR / STRADDLE] TRANSACTION

To:		("Counterparty")
	Legal Entity Identifier (LEI):	
	Attention:	
	Fax:	
	Email:	
From:		Wells Fargo Bank, N.A. ("Wells Fargo")
	Legal Entity Identifier (LEI):	KB1H1DSPRFMYMCUFXT09
	Phone:	704-410-5111
	Fax:	1-844-879-8056
	Email:	inboundconfirms1@wellsfargo.com
Wells F	argo Ref. No:	
Unique Identifi	e Swap ier (USI):	
Swap Data Repository:		DTCC Data Repository, LLC
Date:		MMMM DD, YYYY
Dear Si	r or Madam:	
		conditions of the Transaction described below entered into between Counterparty attemped to specified below (the "Transaction") and constitutes a "Confirmation" as referred

and to in the ISDA Master Agreement specified below.

This Confirmation supplements, forms part of, and is subject to, the ISDA Master Agreement between Wells Fargo and Counterparty dated as of MMMM DD, YYYY, as amended and supplemented from time to time (the "ISDA Master Agreement"). All provisions contained or incorporated by reference in the ISDA Master Agreement will govern this Confirmation except as expressly modified herein.

The definitions and provisions contained in the 2021 ISDA Interest Rates Derivatives Definitions (the "2021 ISDA Definitions"), as published by the International Swaps and Derivatives Association, Inc., are incorporated into this Confirmation. In the event of any inconsistency between those definitions and provisions and this Confirmation, this

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Confirmation will govern. [Fixed Amounts and Floating Amounts for each applicable Payment Date hereunder will be calculated in accordance with the 2021 ISDA Definitions, and if any Fixed Amount and Floating Amount are due for the same Payment Date hereunder, then those amounts shall not be payable and instead the Fixed Rate Payer shall pay the positive difference, if any, between the Fixed Amount and the Floating Amount, and the Floating Rate Payer shall pay the positive difference, if any, between the Floating Amount and the Fixed Amount.]

1. The terms of the particular Transaction to w	which the Confirmation relates are as follows:
Transaction Type:	Rate [Cap / Floor / Corridor / Straddle]
Currency for Payments:	U.S. Dollars
Notional Amount:	[USD [] / For a Calculation Period, the amount set forth opposite that Calculation Period on Schedule hereto.]
Term:	
Trade Date:	MMMM DD, YYYY
Effective Date:	MMMM DD, YYYY
Termination Date:	MMMM DD, YYYY[, subject to adjustment in accordance with the [Preceding / Modified Following / Following] Business Day Convention.]
Fixed Amount:	[Not Applicable]
[Fixed Amount Payer:	[Counterparty / Wells Fargo]
Fixed Amount:	USD []
Fixed Amount Payer Payment Date:	MMMM DD, YYYY]
Floating Amounts:	
Floating Rate Payer:	[Counterparty / Wells Fargo]
[[Cap / Floor / Cap and Floor Rate]:	%]
[Floating Rate Payer Payment Amount:	For any Reset Date, if the Floating Rate Option for that Rese Date is:
	(1) at or exceeding%, the Floating Rate shall be [% / zero];
	(2) between (but excluding)% and%, the Floating Rate shall be the difference between the Floating Rate Option and%; or

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(3) at or below%, the Floating Rate for that Reset Date shall be [zero /%].]
[[Annually / Semi-annually / Quarterly / Monthly] on the [/ last] of each [month / quarter / semi-annually / year] commencing MMMM DD, YYYY, through and including the Termination Date / The Termination Date][; No Adjustment /; subject to adjustment in accordance with the [Preceding / Modified Following / Following] Business Day Convention].
[Annually / Semi-annually / Quarterly / Monthly] on the [/ last] of each [month / quarter / semi-annually / year] commencing MMMM DD, YYYY, through and including the Termination Date / The Termination Date], subject to adjustment in accordance with the [Preceding / Modified Following / Following] Business Day Convention.
[Preceding / Modified Following / Following]
New York and London
[% / Determined [one/two] London Banking Days prior to the Effective Date / Determined on the Effective Date]
USD-LIBOR
3 Months
[[Plus / Minus]% / None]
Actual/360
[[One / Two] London Banking Days prior to each Reset Date / Each Floating Rate Payer Reset Date / The [first / last] day of each Calculation Period]
The [first / last] day of each Calculation Period
[Applicable / Not applicable]
[Notwithstanding Section 4.8.1 of the 2021 ISDA Definitions, USD-LIBOR shall be rounded, if necessary, to the next higher 1/1000 th of 1% for purposes of this Transaction / 5 decimal places per the 2021 ISDA Definitions]

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Per the ISDA Master Agreement, or if not specified, Wells

Payment Instructions:	Wells Fargo: Please contact us for payment instructions			
	Counterparty: Per your standing payment instructions or debit authorization if provided to Wells Fargo, as relevant. If not provided, please contact us in order for payment to be made			
Wells Fargo Contacts:	Settlement and/or Rate Resets: Phone: 1-800-249-3865			
	Fax: 704-410-8511			
	Collateral:			
	Phone: 704-410-9218			
	Fax: 704-410-8515 Email: WellsFargoCollateralManagement@WellsFargo.com			
	Please quote transaction reference number.			
<u>Eligibility:</u>				
(7 U.S.C. § 1 et seq), as amended by the Dodd Frank W by 17 C.F.R. § 1.3. The ISDA Non-Ehttps://www.isda.org/a/OviDE/27666729-2-isdanon-incorporated by reference in this Confirmation and a meaning of §2(e) of the Commodity Exchange Act. Fo in respect of any guarantor, to any unwind, termina in whole or in part, to the extent this Transaction is guarantor is an ECP (as defined in the Exclusionar disposition is agreed or effected.	recpexclusionaryterms.pdf ("Exclusionary Terms") are apply to the entry into this Transaction by the parties within the or the avoidance of doubt, the Exclusionary Terms will not apply, tion, transfer or other disposition of this Transaction, whether is lawfully guaranteed by such guarantor, whether or not such ry Terms) when such unwind, termination, transfer or other or the terms of our agreement by having your authorized			
	Very truly yours, Wells Fargo Bank, N.A.			
	By: Name: Mark Silke Title: Authorized Signatory			
Accepted and confirmed as of date first written abov	ve:			
Wells Fargo Ro	ef. No:			

Fargo

Calculation Agent:

By:		
Name:		
Title:		