

EXHIBIT D

FORM OF N RECEIPT TRANSFER REQUEST

N Receipt CUSIP: Maturity Date: Coupon Rate:
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**Intesa Sanpaolo S.p.A. Receipts
Representing Notes (the
“Notes”)**

Please confirm receipt of this request over the telephone by contacting Accuratus at +1 212 422 1222.

To: acupay_ateam@euronext.com

THIS IS A REQUEST (an “**N Receipt Transfer Request**”) to Accuratus Tax and CA Services LLC, as tax certification agent (the “**Tax Certification Agent**”), from the Beneficial Owner and the DTC Participant listed below in Section A, to transfer the N Receipts referred to above, to:

☐ **an Eligible Beneficial Owner, in the form of an X Receipt**

OR

☐ **a Non-Eligible Beneficial Owner, in the form of an N Receipt**

in the principal amount indicated in Section A. This request should be received by the Tax Certification Agent no later than 12:00 p.m. on the third New York Business Day prior to the requested transfer settlement date (the “**Transfer Date**”). Such request should be duly acknowledged, if approved, by the Tax Certification Agent, and, if approved, a copy of this request bearing such approval, along with a tax statement specifying (i) the amount of Italian substitute tax, if any, calculated in compliance with Italian Legislative Decree 239 of 1996, and payable in cash by the requestor to Monte Titoli for receipt by Monte Titoli prior to the transfer, and (ii) wire instructions for payment of such tax amount, will be returned by the Tax Certification Agent to the requestor, no later than 5:00 p.m. on the first Business Day prior to the Transfer Date. If a transfer is being requested from an interest in an N Global Receipt to a person taking an interest in an X Global Receipt, it is required that a Self Certification Form, produced by the Acupay System, in respect of the transferee, as set forth in the Offering Memorandum, dated June 22, 2026, be attached to this Request.

The requesting persons acknowledge that transfers of interests in Receipts are subject to the restrictions on transfer set forth in the Deposit Agreement and the Receipts and the U.S. Securities Act of 1933, as amended, and by signing this N Receipt Transfer Request, confirm their compliance with such restrictions.

Any request for transfers or exchanges from N Receipts which have not been processed in the manner set forth in the Deposit Agreement will be disregarded and will not be approved by the Tax Certification Agent and will not be acted upon by the Receipt Issuer and such N Receipts shall not be eligible for transfer or exchange.

Requested Transfer Date: _____

SECTION A

TRANSFER FROM:	
DTC Participant Account Name: DTC Participant Account Number: Amount: CUSIP: Contact Person(s) at DTC Participant: Name: Position: Email: Telephone Number:	
ON BEHALF OF THE BENEFICIAL OWNER:	
Name: Tax Identification Number: Country of Tax Residence: Mailing Address: Contact Person Name (if the Beneficial Owner is not a Natural Person): Telephone Number:	

SECTION B

TRANSFER TO:		
DTC Participant Account Name: DTC Participant Account Number: Amount: CUSIP: Contact Person(s) at DTC Participant: Name: Position:		\$ Wire Transfer Details for Receipt of Tax Credit Amount (if any): Bank Name: _____ SWIFT BIC Code: _____ IBAN No: _____ Account No: _____ Attention: _____
ON BEHALF OF THE BENEFICIAL OWNER:		
Name: Tax Identification Number: Country of Tax Residence: Mailing Address: Contact Person Name (if the Beneficial Owner is not a Natural Person): Telephone Number:		