



UNIVERSAL
ACCESS
PLAN



UNIVERSAL ACCESS PLAN

VERITAS LIFE UAP APPLICATION FORM

INTRODUCTION

This **Application Form** is for use by investors who wish to open a Universal Access Plan.

Veritas Cell is a cell in Artex Insurance (Guernsey) PCC Limited and is authorised as a long-term Life Insurer/Re-Insurer under the Insurance Business (Bailiwick of Guernsey) Law, 2002, as amended, by the Guernsey Financial Services Commission. The Universal Access Plan is an offering under the Veritas Cell and has been established by the Pensioneer Trustee Company (Guernsey) Limited, licensed and regulated by the Guernsey Financial Services Commission.

You confirm that if any of the information contained in your application changes or becomes outdated, you will inform us of the changes within 30 days.

We reserve the right to seek further information or documentation in relation to your application. Additional information may also be sought from time to time to confirm the ongoing accuracy of the information provided.

Your Financial Adviser should be able to answer any questions you may have in relation to your application for a Policy.

Please return your completed application and all supporting documentation to Veritas Cell : newbusiness@veritas-life.org

If original documents are required these should be sent to:

Veritas Cell,
 c/o Artex Insurance (Guernsey) PCC Limited,
 Heritage Hall,
 Le Marchant Street,
 St Peter Port,
 Guernsey,
 GY1 4JH

(Artex Insurance (Guernsey) PCC Limited, registered number 39917)

INTERPRETATION

In this document any reference to:

- Words in the singular shall include words in the plural and vice versa;
- The masculine gender shall include the feminine and the neutral and vice versa;
- A statute or regulation shall be construed as a reference to such statute or regulation as amended, re-enacted or replaced from time to time; and
- A “person” shall include any individual, trust, body corporate or un-incorporated body.

Any statements that refer to “us”, “we” or “our” are to be construed as references to Veritas Cell.

Any statements that refer to “I”, “me”, “my”, “you” or “your” mean the **Applicant**.

Bold capitalised terms used and not defined in this **Application Form** shall have the meanings given to them in the **Veritas Life Investment Bond Terms & Conditions** applicable to the **Policy**.

IMPORTANT INFORMATION

Your Obligations/Providing Information to Veritas Cell

This application and any supporting information will form part of your contract with us and you are responsible for all answers and statements made in this application. The contract between you and us will be made up of the **Application Form, Brochure and Key Features** and any relevant statements made by you or policies made by us as updated from time to time together with any notifications of changes and all endorsements issued by us. You should ensure that all information provided is, to the best of your knowledge and belief, complete, accurate and not misleading and that no material fact is omitted or concealed.

Material facts are facts that a financial institution would consider likely to influence their assessment of and decision to accept the **Policy** opening. If you are unsure whether a fact is a material fact, you should disclose it or please consult your **Financial Adviser**.

IMPORTANT INFORMATION (Continued)

How we use your Personal Data

Your application and any **Policy** opened will be subject to the laws of Guernsey.

In processing your application and in administering your **Policy**, we collect information about the Applicant/Policyholder and/or other parties connected to your **Policy**.

The information we collect includes Policy details, demographic information, financial background, and details of underlying **Investment Instruments**. Pursuant to The Data Protection (Bailiwick of Guernsey) Law, 2017 (the "DP Law") Veritas Cell may hold personal data (as defined in the DP Law) relating to past and present Policyholders, in particular:

Information provided to Veritas Cell will be stored electronically and manually;

1. For the purposes of the DP Law, Veritas Cell is required to specify the purposes for which it will hold personal data (including sensitive personal data). Veritas Cell will only use such information for the purposes set out below (collectively, the "Purposes"):
2. To process the Policyholder's personal data (including sensitive personal data) as required by or in connection with their investment in the Policy including processing personal data in connection with anti-money laundering checks on the Policyholders;
3. Communicating with the Policyholder as necessary in connection with their affairs and generally in connection with their investment in the Policy;
4. Providing personal data to such third parties as Veritas Cell may consider necessary in connection with the Policyholder's affairs and generally in connection with their investment in the Policy or as the DP Law may require, (including to third parties outside the Bailiwick of Guernsey or the European Economic Area);
5. Transferring personal data to other companies within the same group as Veritas Cell (including to any such companies which are outside the Bailiwick of Guernsey or the European Economic Area)

We will only transfer your Personal Data to these parties for purposes related to your **Policy**. Such companies and third parties may be located in countries whose data protection laws may not be as comprehensive as in Guernsey and/or the country in which you reside and/or where this application is made.

Veritas Cell may also be obliged to disclose your **Personal Data** to other parties in the following circumstances:

- Where it is necessary under a statutory or regulatory obligation to do so as a consequence of any laws, rules, regulations, codes of practice, guidelines or guidance issued by any legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authority;
- Where under a contractual obligation or where requested or directed to do so by any local or foreign legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authorities, wherever located;
- Where necessary in order to comply with our legal or regulatory obligations regarding anti-money laundering, countering terrorist financing and/or the exchange of tax information; or
- Where it is necessary to prevent the application of certain withholding taxes.

This may include reporting information about you and/or about the **Policy** to the tax authorities in any jurisdiction where Veritas Cell operates, where you reside, where you are a citizen or where you may be otherwise subject to tax. These tax authorities may in turn disclose this information to tax authorities in other jurisdictions.

Although it may be necessary to maintain your **Personal Data** for a significant period, your **Personal Data** will not be retained for longer than is necessary and it will be erased or put beyond use when it is no longer required.

You have the right to obtain subject access to any **Personal Data** concerning you which we hold and where it is inaccurate, to request correction of the **Personal Data**. This can be done by contacting our Data Protection Officer at our business address. There may be a charge for such requests.

COMPLETING THIS APPLICATION FORM

You should carefully read the 'Important Information' sections and raise any questions you may have with your **Financial Adviser**.

This Application Form contains different sections

You should carefully read all of the declarations and ensure that you understand them. By signing this Application, you agree to be bound by the terms of these declarations. Important Information is included to help you to understand these declarations and if you have any further questions please contact your **Financial Adviser**.

Please ensure that you complete all required sections and provide all necessary supporting documentation. Failure to do so may result in a delay in your application being processed. Further information may be required during the validation process (for example, when information you provide leads to further questions). We will notify you of your **Policy** activation by email.

YOUR RIGHT TO CANCEL

If the Veritas Life Investment Bond does not meet your requirements, you may cancel it by notifying Veritas Cell Guernsey in writing within fourteen (14) days from the day you have signed the application, and we will give you your money back. Your premium will be returned to the account from which original proceeds were received. Should your premium be received prior to the 14 day period from signing the application, the premium will only be invested on the 15th day following the application being signed. If the fourteen (14) days ends on a non-Business day, the next Business day will be used.

The amount refunded to the Policyholder will be paid as soon as the funds have been liquidated. Payments may be delayed due to liquidation restrictions that may be applicable to underlying funds. These restrictions, if any, are set out in the fund's then current prospectus.

SECTIONS

Please tick alongside all sections or supplementary forms when completed and also ensure that all necessary documentation is included.

<input type="checkbox"/> Section 1 - Financial Adviser Details	5
<input type="checkbox"/> Section 2 - Universal Access Plan	5
<input type="checkbox"/> Section 3 - Member Details	5
<input type="checkbox"/> Section 4 - Corporate Trustee Details	6
<input type="checkbox"/> Section 5 - Confirmation of Citizenship/Nationality and Tax Residency	7
<input type="checkbox"/> Section 6 - Politically Exposed Person (PEP) Disclosure	8
<input type="checkbox"/> Section 7 - Anti-Money Laundering Letter	9
<input type="checkbox"/> Section 8 - Source of Funds Disclosure	10
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<input type="checkbox"/> Section 11 - Customer Due Diligence (CDD) Check List	15
<input type="checkbox"/> Section 12 - Declaration and Signature	17
<input type="checkbox"/> Section 13 - Transfer IN of Securities	19
<input type="checkbox"/> Section 14 - US Tax Resident or US Connected Person	20
<input type="checkbox"/> W-8BEN-E	22
<input type="checkbox"/> W-8BEN	30
<input type="checkbox"/> W-9	31

SECTION 1 - Financial Adviser Company

Veritas Life Account Number: Adviser Company Address:

Adviser Company Name: Telephone:

Name of Financial Adviser: Email:

SECTION 2 - Universal Access Plan

Please indicate the Currency in which you require your Policy to be denominated. Charges will be deducted in the Policy Currency

GBP USD EURO

Investment amount in Policy Currency (estimate):

SECTION 3 - Member Details

Title:

Forename:

Middle name(s)

Last name

Previous name or alias

Gender

DOB

Nationality

Dual Nationality (if applicable)

Passport / National identity card number

Residential Address

Correspondence Address

Telephone Home

Telephone Mobile

Email address

Occupation and Name of Employer

SECTION 4 - Corporate Trustee Details

CORPORATE DETAILS

Name	US PCC IPP Limited	
Type of Trust	Pension	
Country of Registration	Guernsey	Date of Registration
Name of Corporate	The Pensioner Trustee Company (Guernsey) Limited	
Registered Office Address	Ground Floor, 10 Lefebvre Street, St Peter Port, Guernsey GY1 2 PE	
Name of Regulator	GFSC	
Country of Regulator	Guernsey	
License No.	77873	
Name of Authorised Persons	See Authorised Signatory List	
Contact Email	RACadminteam@pensioneertrustee.com	
Contact Telephone	+44 1481 743 760	
Minimum Number of Authorised Signatories to give instructions	Two as per Signatory List	

SECTION 5 - Confirmation of Citizenship/Nationality and Tax Residency (If Applicable)

Please tick all boxes that apply to you and you must complete the information requested below in relation to the member’s citizenship/nationality and tax residency.

MEMBER

Please specify the jurisdiction(s) in which the applicant pay tax or claim to be tax resident and state the tax identification number(s) for those jurisdiction(s):

Jurisdiction 1:
 TIN 1:

Jurisdiction 2:
 TIN 2:

Jurisdiction 3:
 TIN 3:

Please indicate “not applicable” above if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent and please specify the reason below.

My signature is a confirmation that:

- I understand that I am responsible for all answers given and statements made by me; and
- I declare that to the best of my knowledge and belief, the information provided is true and complete and that no material fact has been omitted or concealed to Veritas Cell.

Signature of Authorised Signatories of the Trustee

Date:

- If you are unsure whether the Member is a U.S citizen or citizen/national in any other jurisdiction, you should seek legal advice.
- If you are unsure whether the Member is a resident for tax purposes in the U.S or in any other jurisdiction, you should seek financial/legal advice.

SECTION 6 - Politically Exposed Person (PEP) Disclosure

To

Veritas Cell

Dear Sirs,

Politically Exposed Person (PEP) disclosure

A. I confirm, the undersigned, duly authorised to make this disclosure, confirm that;

- The Member is not considered to be Politically Exposed Person; or
- The Member is considered to be a Politically Exposed Person.

B. 'Politically Exposed Persons' means:

- Natural persons who are or have been entrusted with prominent public functions
- Their immediate family members or
- Persons known to be close associates of such persons, but shall not include middle ranking or more junior officials

C. The term 'natural persons who are or have been entrusted with prominent public functions' shall include the following:

- Heads of State, Heads of Government, Ministers and Deputy and Assistant Ministers and Parliamentary Secretaries;
- Members of Parliament;
- Members of the Courts or of other high-level judicial bodies whose decisions are not subject to further appeal, except in exceptional circumstances;
- Members of courts of auditors, Audit Committees or of the boards of central banks;
- Ambassadors, charges d'affaires and other high-ranking officers in the armed forces;
- Members of the administrative, management or boards of State-owned corporations, and where Applicable, for the purposes of subparagraph's (i) to (v), shall include positions held at the EU Community or international level;

D. The term 'immediate family members' shall include the following:

- The spouse, or any partner recognized by national law as equivalent to the spouse;
- The children and their spouses or partners; and
- The parents;

E. The term 'persons known to be close associates' shall include the following:

- A natural person known to have joint beneficial ownership of a body corporate or any other form of legal arrangement, or
- Any other close business relations with that politically exposed person;
- A natural person who has sole beneficial ownership of a body corporate or any other form of legal arrangement that is known to have been established for the benefit of that politically exposed person Hereby I declare to amend this statement in case of any change in circumstances of my PEP status without undue delay.

I undertake to advise Veritas Cell within 2 days of any change in circumstances which causes the information contained herein to become incorrect or incomplete, and to provide Veritas Cell with a suitably updated PEP Statement within 10 days of such change in circumstances.

Signature of Authorised Signatories of the Trustee

Date:

SECTION 7 - Anti-Money Laundering Letter

To

Veritas Cell

Dear Sirs,

Declaration in connection with money laundering and terrorist financing

I hereby expressly declare that the Member, financial adviser and ourselves have neither been involved nor are currently involved, directly or indirectly, either individually or together with any other person(s), in any money laundering or terrorist financing activities, including but not limited to:

- Being engaged in any transaction that involves property which is in whole or in part, directly or indirectly derived from the proceeds of any crime;
- Receiving, being in possession of, concealing, disguising, transferring, converting, disposing of, removing from, any property which is in whole or in part, directly or indirectly derived from the proceeds of any crime;
- Making and accepting any payment in cash in excess of Ten Thousand (GBP 10,000) or an equivalent amounting foreign currency, or such amount as may be prescribed under the Criminal Justice (Proceeds of Crime) (Restriction on Cash Transactions) (Bailiwick of Guernsey) Regulations, 2008.
- I hereby most formally and solemnly affirm that the declarations made above are true, complete and accurate in all respects, and undertake to immediately notify the registered Prime Broker of my Policy of any act or thing which would render the above declarations inaccurate and untrue.
- I hereby expressly agree that we shall remain liable towards the registered Financial Adviser of my Policy for any misrepresentation in relation to the above declarations and any act or thing which would render the above declarations inaccurate and untrue, and we hereby irrevocably and unconditionally undertake to indemnify and to keep the registered Prime Broker of my Policy indemnified at all times against any liability incurred by, or in respect of any proceedings or actions brought against the registered Prime Broker of my Policy arising out of such misrepresentation, act or thing.
- Notwithstanding the foregoing paragraph, we hereby acknowledge and agree that in the event that I am*/we are* involved, directly or indirectly, either individually or together with any other person(s), in any money laundering or terrorist financing activities, same shall constitute an offence pursuant to the Terrorism and Crime (Bailiwick of Guernsey) Law, 2002 and any amendment thereto.

Yours faithfully

Signature of Authorised Signatories of the Trustee

Date:

Signature of Authorised Signatory of Financial Adviser

Full name of Authorised Signatory:

Capacity of the Authorised Signatory:

For and on behalf of:

Date:

SECTION 8 - Source of Funds Disclosure

Veritas Cell is required by law to obtain information regarding the source of funds and wealth and may require this information to be verified or periodically updated upon request. We would therefore be grateful if you could kindly communicate;

Source of Wealth of the Member:

Source of Wealth	Acceptable Supporting Documentation
Accumulated Income - salary/bonus	One of the following : 1. Last 3 months' pay slips 2. Last 3 months of account statement showing declared income being credited 3. Letter from employer on company letterhead confirming last year's annual income. 4. Tax statement 5. Copy of latest accounts if self-employed.
Sale of Interest in company	One of the following : 1. Signed letter from solicitor/lawyer validating the information in the application 2. Signed letter from regulated accountant validating the information in the application 3. Copy of the contract of sale and sight of investment monies in client's bank statement.
Sale of shares or investments	One of the following : 1. Legal sale document 2. Copy of contract note
Sale of Property	One of the following : 1. Signed letter on letter headed paper from solicitor or lawyer handling the sale or from regulated accountant. 2. Signed letter on letter headed paper from estate agent. 3. copy of the contract of sale validating the information in the application.
Inheritance	One of the following : 1. Grant of Probate (with a copy of the will) which must include the value of the estate. 2. The will relating to the inheritance. 3. A signed letter from the regulated solicitor dealing with the estate on the letter headed paper confirming the information supplied in the application.
Gift	All of the following : 1. Identification documentation on the donor. 2. Letter from the donor explaining the gift and source of funds behind the gift. 3. Documentart evidence as to the donor's source of wealth as set out in this table.
Maturing Policy	One of the following : 1. Letter from previous provider regarding notification of proceeds of claim under the policy. 2. Closing statement from previous product provider.
Other	Appropriate independent supporting documentation which validates the information provided.

TRUSTEE DECLARATION

- I declare that, to the best of my knowledge and belief, the Member is of good standing and the information given in this questionnaire is true and complete;
- I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies is derived from legitimate activities;
- I declare that to the best of my knowledge and belief, all the information above is true, correct and complete.

Signature of Authorised Signatories of the Trustee

Trustee

Date

SECTION 8 - Source of Funds Disclosure (Continued)

Bank details of where funds are being remitted from

Payment Currency

Payment Amount

Name as stated on bank account

Sort Code

ABA number

Branch Code for non UK Banks

Account/IBAN

SWIFT/BIC

Bank Name

Bank's Full address

How long have you held this account

SECTION 9 - Appointment of Financial Adviser (Optional)

By selecting option 1 or 2, the Applicant(s) is providing to Veritas Cell the signing authority for the execution of investment instructions on an advisory or discretionary advisory basis. This section must be signed by the proposed Financial Adviser to demonstrate his acceptance of the appointment and agreement to the specific conditions described in each section as well as to the general terms of agreement outlined below.

Option 1- Advisory basis only, the Applicant signature required

I, the Applicant, hereby declare that my Financial Adviser will discuss any proposed investment with me and that Veritas Cell will only act upon investment instructions received and bearing my signature to purchase or sell investments instruments.

Option 2- Advisory basis only, without the Applicant signature

I, the Applicant, hereby declare that my Financial Adviser will discuss any proposed alterations to the composition of the underlying investments held within my portfolio with me and obtain my agreement before any changes are made. I, the Applicant authorize my Financial Adviser to submit written investment instructions to Veritas Cell on my/our behalf, without the need to obtain my signature on these instructions.

SECTION 9 - Appointment of Financial Adviser (Optional)

General terms of agreement for the two options:

The agreement:

- Is made between the Applicant and the Financial Adviser.
- Is to be governed and construed in accordance with the laws of Guernsey.
- Constitutes the entire agreement between the Applicant and the Financial Adviser in respect of their appointment as Financial Adviser to the Applicant Policy with Veritas Cell.
- The Applicant hereby appoint the Financial Adviser to their Veritas Life Investment Bond.
- The Applicant acknowledge that such appointment will not take effect unless and until the Financial Adviser accepts its appointment by signing this agreement and that such appointment is subject to the Financial Adviser having terms of business with Veritas Cell.
- The Applicant acknowledge that the Financial Adviser will not provide any investment instructions in respect of their Policy until the Financial Adviser has accepted his appointment hereunder notwithstanding that the Applicant may have transferred investment amounts to Veritas Cell.
- All investment instructions given to Veritas Cell must be in the form approved by Veritas Cell.
- Veritas Cell will be responsible for the implementation of any investment instructions properly given including the administration of any dealing or trading of investment instruments.
- The Applicant, or their Financial Adviser may terminate this agreement by giving notice to Veritas Cell in the form of a written request.
- Veritas Cell is entitled, at its own discretion to terminate the appointment of the Financial Adviser under this agreement by giving 10 working days written notice to the Financial Adviser and to the Applicant.
- On termination, the Financial Adviser will receive any servicing fee owing pro rata to the date of termination and the provision of investment advice decisions will become the Applicant sole responsibility until another Financial Adviser is duly appointed.
- Any information received from, or otherwise obtained about the Applicant, shall be considered confidential by the Financial Adviser (including any sub-contracted party). Upon signing this form, the Financial Adviser agrees not to disclose confidential information without the Applicant specific written permission unless required for the purposes of trading to be done on the Policy.
- Any investment instruments purchased/sold as a result of an instruction shall be purchased/sold at the market buying/selling price as shown on the contract note issued by the vendor or stockbroker.
- Veritas Cell is entitled, at its own absolute discretion, to refuse or accept an investment instruction properly given.
- Veritas Cell shall not be liable for any damages, losses, costs or expenses to my Policy arising from the appointment of or the instructions given by the Financial Adviser. This will include, without limitation, any action or failure to take actions on the part of the Financial Adviser giving rise to any loss in the value of the Applicant investments and failure on the part of the Financial Adviser to produce a reasonable investment return, in relation to the Applicant Policy.
- The Applicant, for themselves and their estate, hereby indemnify Veritas Cell against any and all liability it may incur as a consequence of or arising from or in respect of the appointment, activities and the performance of the Financial Adviser including but without limitation to the cost of defending in any court of law any claim, demand or action against Veritas Cell.

Disclaimer

- I have read and understood the terms of the agreement and agree to act in accordance with them.

Signature of Authorised Signatories of the Trustee

Date:

Signature of Authorised Signatory of Financial Adviser

Full name of Authorised Signatory:

Capacity of the Authorised Signatory:

For and on behalf of:

Date:

SECTION 10 - Regular Withdrawals

Total amount to be withdrawn every year

OR

Percentage of premium to be withdrawn each year

Payment currency

GBP

USD

EURO

Other

Withdrawal frequency

Monthly

Every two months

Quarterly

Half-yearly

Yearly

Note - What about tax?

We strongly suggest you contact your financial adviser before making a decision to make regular withdrawals, in order to make sure that this is the most suitable withdrawal option for you, and also to find out if this will have any tax consequence.

Date of first payment

(If your Policy has not been accepted by us in the due date then your first payment will be made on the next payment date according to the frequency chosen.)

* Please note an administration fee of £150 for the set-up of regular withdrawals will be applied

* If required, the minimum withdrawal is GBP250 (or currency equivalent) per payment, subject to a minimum of GBP1,000 (or currency equivalent) per annum.

Would you like your withdrawals to be made to the same bank account details in section 8:

Yes

No

Name as stated on bank account

Sort Code

ABA number

Branch Code for non UK Banks

Account/IBAN

SWIFT/BIC

Bank Name

Bank's Full address

SECTION 11 - Customer Due Diligence (CDD) Checklist

When establishing a business relationship with an **Applicant** for Business, Veritas Cell needs to apply appropriate Customer Due Diligence (“CDD”) measures including identifying and verifying the identity of the **Applicant** for Business. To meet this end, the CDD documents listed below will be required before opening a Policy.

Appropriate certification

Copies of the verification of identity documentation can be certified by an approved suitable certifier approved by Veritas Cell, a suitable person, such as a lawyer, notary, actuary, a representative of Veritas Cell or any other person holding a recognized professional qualification, director or secretary of a regulated financial institution, a member of the judiciary or a senior civil servant. The certifier should sign the copy document that should include the following wording:

A. For photographic ID the following certification wording must be used:

“I hereby certify this to be a true copy of the original document, and that the photograph shown is a true likeness of the person named therein whom I have met face to face”

Certifier name:

Professional Position/Capacity *(see list above)*

Location *(of where the document was certified)*

Certifier Contact Details *(telephone no/email)*

Signature

Date:

B. For address verification the following certification wording must be used:

“I hereby certify this to be a true copy of the original document.”

Certifier name:

Professional Position/Capacity *(see above list)*

Location *(of where the document was certified)*

Certifier contact details *(telephone no/email)*

Signature

Date:

SECTION 11 - Customer Due Diligence (CDD) Checklist (Continued)

CDD :

A. Settlor / Member / Beneficiary / Individual / Principals

- Please provide valid certified passport, if not available a driving licence or country or residence issued card with photo
- Please provide certified proof of address (e.g.bank or credit card statement less than 3 month old)

B. Principals

- Promoters
- Beneficial owners and ultimate beneficial owners
- Company Directors
- Authorised Signatories
- Trustees
- Settlers or Contributors of capital (whether named or otherwise)
- Beneficiaries
- Protectors
- Enforcers
- General Partner/Managing member

C. Private Company

The following CDD documents would be required for a Private Company;

- Certified copy of the structure chart up to the Ultimate Beneficial Owner;
- Certified copy of the Certificate of Incorporation;
- Proof of regulation where applicable;
- Confirmation of the Registered Office Address;
- Certificate of good standing or certificate of incumbency;
- Certified copy of the register of directors;
- Certified copy of the register of shareholders;
- Certified copy of the memorandum and articles of association or equivalent;
- Certified copy of the Resolution of the board of directors authorising the opening of the Policy and/or the certified list of Authorised Signatories (with signature matrix and specimen signature);

D. Trust

Trusts do not have separate legal personality, it is the trustee of the trust who will enter a business relationship on behalf of the trust and the trustee should be considered along with the trust as the customer, it should be noted that simplified Due Diligence cannot apply to a trust as per Guernsey Laws. The following CDD documents will be required for trusts:

- Certified copy of the Trust Deed or pertinent extracts;
- Certificate of registration/current standing (if applicable);
- Details of the registered office and place of business;
- Certified copy of the Resolution of the board of directors of the trustee authorising the Policy to be opened on behalf of the Trust and confirming the Authorised Signatories who will operate the Policy (please enclose the list of Authorised Signatories with signature matrix and specimen signature);
- Certified written confirmation from the trustee that they are aware of the true identity of underlying principals and that there are no anonymous principals; and
- Certified CDD documents on the principals as identified in Section A

Where an applicant for business is a legal person, Veritas Cell must also determine the identity of the principals of the legal person. The CDD documents on the principals should be provided as per Section 4.

SECTION 12 - Declaration and Signature

We would like to draw your attention is drawn to the following declarations. Where we have asked for information that we need to assess before we can accept your application, you must disclose all material facts. If you are in doubt as to the relevance of any particular information you should disclose it, as failure to do so could result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.

Investment declarations

Before you invest in any assets through a Veritas Life policy, we want to ensure that you are aware of the nature and possible risks associated with them. Would you therefore please make the following declarations:

- (a) I understand that I may choose the investments to which my Veritas Life policy is to be linked.
- (b) I acknowledge that it is my responsibility to ensure that the policy and/or underlying assets is suitable for my investment needs and/or objectives and/or attitude to risk and I confirm I will seek specialist financial advice, where necessary.
- (c) I confirm that I understand it is my decision as to whether the policy (as well as the underlying investments) is suitable for my needs.
- (d) If I choose to invest in assets aimed at a Non-Retail (qualified/professional) investor, I acknowledge that it is my responsibility to obtain, read and understand the fund prospectus or equivalent offering documents, as appropriate.
- (e) I acknowledge that Veritas Cell is not responsible for the investment performance or any loss suffered or reduction in the value of my Veritas Life policy, arising from my chosen investment. Veritas Cell does not have any responsibility for the investment management of the assets within my Veritas Life policy and Veritas Cell does not approve any asset as a suitable investment.
- (f) I acknowledge that Veritas Cell reserves the right to reject any asset, for example if certain administration criteria are not met.
- (g) I acknowledge that the purchase of my investments may be delayed if Veritas Cell requires a signed declaration in respect of my chosen investments.
- (h) I acknowledge that my investments are processed according to the terms and conditions of the relevant institution that cash is being invested with.
- (i) I acknowledge that specific investor protection and compensation schemes that may exist in relation to collective investments and deposit accounts are unlikely to apply in the event of failure of such an investment held within insurance policies.
- (j) I agree that Veritas Cell shall not be responsible for any loss or liability to the Veritas Life policy as a result of the actions or failure to take action on my part relating to investment decisions which gives rise to any loss in value to the Veritas Life policy. I promise to repay to or reimburse Veritas Cell in respect of any legal proceedings, claims, costs, expenses (including legal expenses) actions or demand against Veritas Cell arising from a breach of this clause.
- (k) I acknowledge that some of the investments chosen may be Experienced, Professional, Qualified or Sophisticated Investor Funds as defined under the applicable legislation. I realise that these types of investment are not intended for general sale to retail investors.
- (l) I am aware that Veritas Cell will be regarded by the asset manager as the investor for the purposes of investment.
- (m) I accept that some investments involve a high level of risk and that it is my responsibility to read the investment documentation, including any risk warnings, provided by the investment manager.
- (n) I have discussed with my independent financial adviser whether such an asset is appropriate for my investment portfolio.
- (o) I accept that Veritas Cell requires me to confirm that I have read and understood the investment documentation and risk warnings for any asset I choose to invest in.
- (p) For investment into Non-Retail assets, I acknowledge that Veritas Cell will not be responsible for the appropriateness of these investments require me to ensure I qualify and meet the required standards to be able to invest.
- (q) I am aware that Veritas Cell has the right to decline any investment without providing a reason.

SECTION 12 - Declaration and Signature (Continued)

General declarations

I declare that this application was signed in

and the advice was received in

I further declare that all the information provided in this application form, including this declaration, has been entered by myself or with my knowledge and that the signature placed on the application is my signature.

I also declare that all information provided herewith are complete and true to the best of my knowledge and belief.

I further declare that I understand and agree that the policy shall not become effective until it is issued with the payment paid in full and all requirements have been met.

I am aware that tax evasion is a criminal offence and I will not use this policy to evade tax. I understand that Veritas Cell has statutory obligations to report suspicions of criminal wrongdoing including tax evasion to law enforcement agencies or other relevant authorities in the locations where it operates. I am responsible for my own tax affairs and I hereby declare that I understand my personal tax obligations and responsibilities and I have complied with all legal requirements to make declarations to tax authorities and pay the tax that I owe. As appropriate and necessary I have taken, or will take, legal advice in relation to my tax affairs and in particular, my tax obligations as they apply to this application.

I am aware that Veritas Cell is required to request the entity's tax residency and tax identification number/global intermediary identification number (where applicable), and where controlling persons are potentially reportable their tax residency, tax identification number (where applicable) and nationality and will record this information.

I understand that before opening a Veritas Life Investment Bond, I should seek to obtain Legal, Financial and Tax advice from a suitable adviser.

I declare that the services of Veritas Cell have been retained at my/our own exclusive initiative in accordance with Article 42 of MiFID II. (<https://www.esma.europa.eu/databases-library/interactive-single-rulebook/clone-mifid-ii/article-42>).

Premium tax/Withholding tax

I acknowledge that in the event of any premium tax or withholding tax being levied in my country of residence, it will be my responsibility to increase the payment by an appropriate amount or to settle the liability directly with the relevant tax authorities.

Financial Adviser

I acknowledge that Veritas Cell and my financial adviser have entered into an agreement ('terms of business') which sets out the basis upon which Veritas Cell is prepared to accept applications submitted by the financial adviser on my behalf. This agreement categorically states that the financial adviser acts as my agent, and not the agent of Veritas Cell.

I acknowledge that my financial adviser, or any other, has no authority to act as the agent of Veritas Cell or to state, suggest or imply that they have such authority.

Personal illustration and Key Information Document

I declare that I have read, understood and agreed to the applicable Application, Brochure, Key Features, Illustration, Key Investors Document and Terms and Conditions which was provided to me.

Fees and commissions

I am aware that certain investments the financial adviser makes on my behalf from time to time may contain fees which exist partly to meet promotion and distribution expenses of the investment, including commission paid to my financial adviser. I understand that full details of any commissions paid in respect of certain investments held within the Veritas Life policy are available on request from my financial adviser.

Signature of Authorised Signatories of the Trustee

Date:

As Witness

Signature of Authorised Signatory of Financial Adviser

Full name of Authorised Signatory:

Capacity of the Authorised Signatory:

For and on behalf of:

Date:

SECTION 13 - Transfer IN of Securities

Please complete ALL sections in CAPITALS, and sign. Please note that for joint Policies, both Policyholders must sign this form. Upon receipt, we will contact you to confirm acceptance of your securities by our custodian, and contact the transferring party to initiate the transfer.

Please complete a separate form for each asset if held with a different transfer agent. Please note, the transfer agent may request that we use its own form in order to initiate the transfer. We suggest that you contact the transferring platform/broker in the first instance to avoid any unnecessary delays.

Please attach a printout of your portfolio. Your Policy with your current provider must be registered in the same name(s) as the Policy you hold with Veritas Cell i.e. transfers from joint names to sole name, and vice versa, are not permitted. Transfers of the following

SECURITIES THAT ARE NOT ACCEPTED: BEARER BONDS, SHARES, WARRANTS, COVERED WARRANTS AND DERIVATIVES.

Name of Security	Quantity	ISIN	Exchange/Market	Currency	Current Value

SECTION 13 - Transfer IN of Securities (Continued)

Transferring Party Details

 Transferring Party Name (TP):

 Address:

 Contact Name:

 Contact Email:

 Contact Tel.: Contact Fax.:

 Client Acc. No. with TP:

 Please confirm that: Yes, your TP is aware of the transfer Yes, all relevant transfer fees have been paid to your broker

 Please confirm with which method your broker will accept our instruction: Email Phone

I declare that I am the legal beneficial owner of the securities to be transferred and that this transfer constitutes no change in beneficial ownership.

I hereby instruct, authorise and mandate Veritas Cell to disclose and make available any information (including in particular information on my name, address, transaction information related to the securities transfer and the nature of my relationship with Veritas Cell to the below listed disclosure recipients for further processing under their control to the extent and as long as this is necessary for the purpose of executing this securities transfer order:

- My bank or TP indicated above in this transfer order form,
- The executing broker Veritas Cell uses for carrying out the securities transfers, or any custodians, sub-custodians and other intermediaries potentially used when assisting Veritas Cell in carrying out the securities transfer,
- The central securities depository relevant for the securities transfer and operating a clearing and settlement system in which the executing broker or their custodian is a direct clearing member, e.g. Euroclear UK & Ireland Limited, The Depository Trust Company, or any successor thereof,
- The issuer and its registrar and transfer agent(s) in case the securities to be transferred are registered securities,
- The securities transferee and the transferee's custodian, including any sub-custodians or intermediaries used by them,
- A communication medium belonging to or used by any of the before-mentioned disclosure addressees, such as SWIFT (Society for Worldwide Interbank Financial Telecommunication).

I hereby waive, to the extent necessary, of allowing such disclosure or making available by Veritas Cell to these disclosure recipients for the purpose of and to the extent necessary for executing my securities transfer order.

I acknowledge and accept that the above disclosure or making available may entail that personal data relating to me, my relationship with Veritas Cell or the securities transfer being stored in central data banks of the above disclosure recipients. Such data banks may, as the case may be, be operated by other entities used by the relevant disclosure recipient. I was informed, acknowledge and accept that due to the fact that the relevant information is transferred electronically; the same level of confidentiality and the same level of protection regulations may not be guaranteed while such information is transferred and stored abroad. Consequently, information thus stored may be disclosed to authorities of the country of storage or courts pursuant to that country's legislation.

Signature of Authorised Signatories of the Trustee

 Date

Signature of Authorised Signatory of Financial Adviser

 Full name of Authorised Signatory:

 Capacity of the Authorised Signatory:

 For and on behalf of:

 Date:

SECTION 14 - U.S Tax Residents or US Connected Persons

FOR COMPLETION BY U.S TAX RESIDENTS OR PERSONS HAVING A U.S NEXUS

MEMBER

Please tick as appropriate

Declaration of U.S Citizenship or U.S Residence for Tax purposes;

- I declare and certify that the settlor/member is a citizen/national/resident of the United States for tax purposes and U.S federal taxpayer identifying number (U.S TIN) is as follows:

Or

- I confirm that the settlor/member was born in the U.S (or a U.S territory) but is no longer a U.S Citizen as the first settlor/member has voluntarily surrendered citizenship as evidence by the attached documents.

Or

- I confirm that the settlor/member is not a U.S citizen or resident of the U.S for tax purposes.

My signature is a confirmation that:

- I understand that I am responsible for all answers given and statements made by me; and
- I declare that to the best of my knowledge and belief, the information provided is true and complete and that no material fact has been omitted or concealed to Veritas Cell.

Signature of Authorised Signatories of the Trustee

Date

Please note that in certain circumstances Veritas Cell may need additional documentation to support your answers in the self-certification above (e.g for U.S citizens the submission of IRS forms W-8BEN-E, W-8BEN or W-9 may be necessary).

- If you are unsure whether the Member is a U.S citizen or citizen/national in any other jurisdiction, you should seek legal advice.
- If you are unsure whether the Member is resident for tax purposes in the U.S or in any other jurisdiction, you should seek financial/legal advice.

**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.
► Go to www.irs.gov/FormW8BENE for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form for:

Instead use Form:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner	2 Country of incorporation or organization												
3 Name of disregarded entity receiving the payment (if applicable, see instructions)													
4 Chapter 3 Status (entity type) (Must check one box only): <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Disregarded entity</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Simple trust</td> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Estate</td> </tr> <tr> <td><input type="checkbox"/> Central Bank of Issue</td> <td><input type="checkbox"/> Tax-exempt organization</td> <td><input type="checkbox"/> Government</td> </tr> <tr> <td><input type="checkbox"/> Complex trust</td> <td><input type="checkbox"/> Private foundation</td> <td><input type="checkbox"/> International organization</td> </tr> </table> <p>If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Government	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization
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5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI. </td> <td style="width:50%; vertical-align:top;"> <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. 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6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).													
City or town, state or province. Include postal code where appropriate.													
Country													
7 Mailing address (if different from above)													
City or town, state or province. Include postal code where appropriate.													
Country													
8 U.S. taxpayer identification number (TIN), if required	9a GIIN												
	b Foreign TIN												
10 Reference number(s) (see instructions)													

Note: Please complete remainder of the form including signing the form in Part XXX.

Part II Disregarded Entity or Branch Receiving Payment. (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)

- 11** Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment
- Branch treated as nonparticipating FFI. Reporting Model 1 FFI. U.S. Branch.
- Participating FFI. Reporting Model 2 FFI.
- 12** Address of disregarded entity or branch (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

- 13** GIIN (if any) _____

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

- 14** I certify that (check all that apply):
- a** The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.
- b** The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):
- | | |
|--|---|
| <input type="checkbox"/> Government | <input type="checkbox"/> Company that meets the ownership and base erosion test |
| <input type="checkbox"/> Tax exempt pension trust or pension fund | <input type="checkbox"/> Company that meets the derivative benefits test |
| <input type="checkbox"/> Other tax exempt organization | <input type="checkbox"/> Company with an item of income that meets active trade or business test |
| <input type="checkbox"/> Publicly traded corporation | <input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received |
| <input type="checkbox"/> Subsidiary of a publicly traded corporation | <input type="checkbox"/> Other (specify Article and paragraph): _____ |
- c** The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).
- 15** **Special rates and conditions** (if applicable—see instructions):
 The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____
 Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part IV Sponsored FFI

- 16** Name of sponsoring entity: _____
- 17** **Check whichever box applies.**
- I certify that the entity identified in Part I:
- Is an investment entity;
 - Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; **and**
 - Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.
- I certify that the entity identified in Part I:
- Is a controlled foreign corporation as defined in section 957(a);
 - Is not a QI, WP, or WT;
 - Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; **and**
 - Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

Part V Certified Deemed-Compliant Nonregistering Local Bank18 I certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
- Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; **and**
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts19 I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); **and**
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle

20 Name of sponsoring entity: _____

21 I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; **and**
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity22 I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; **and**
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

Part IX Certain Investment Entities that Do Not Maintain Financial Accounts23 I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), **and**
- Does not maintain financial accounts.

Part X Owner-Documented FFI

Note: This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; **and**
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.

Part X Owner-Documented FFI (continued)**Check box 24b or 24c, whichever applies.**

- b** I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
 - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
 - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); **and**
 - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
 - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c** I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

Check box 24d if applicable (optional, see instructions).

- d** I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

Part XI Restricted Distributor

- 25a** (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
 - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
 - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
 - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
 - Does not solicit customers outside its country of incorporation or organization;
 - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
 - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; **and**
 - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Check box 25b or 25c, whichever applies.

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b** Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c** Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Part XII Nonreporting IGA FFI26 I certify that the entity identified in Part I:

- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and _____ . The applicable IGA is a Model 1 IGA or a Model 2 IGA; and is treated as a _____ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
- If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor _____ . The trustee is: U.S. Foreign

Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue27 I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).**Part XIV International Organization**

Check box 28a or 28b, whichever applies.

28a I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).b I certify that the entity identified in Part I:

- Is comprised primarily of foreign governments;
- Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
- The benefit of the entity's income does not inure to any private person; **and**
- Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XV Exempt Retirement Plans

Check box 29a, b, c, d, e, or f, whichever applies.

29a I certify that the entity identified in Part I:

- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
- Is operated principally to administer or provide pension or retirement benefits; **and**
- Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.

b I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- No single beneficiary has a right to more than 5% of the FFI's assets;
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; **and**
 - (i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
 - (ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));
 - (iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); **or**
 - (iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.

c I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- Has fewer than 50 participants;
- Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
- Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
- Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; **and**
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

Part XV Exempt Retirement Plans (continued)

- d I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.
- f I certify that the entity identified in Part I:
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); **or**
 - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

Part XVI Entity Wholly Owned by Exempt Beneficial Owners

- 30 I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
 - Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
 - Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
 - Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; **and**
 - Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

Part XVII Territory Financial Institution

- 31 I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

Part XVIII Excepted Nonfinancial Group Entity

- 32 I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
 - Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
 - Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XIX Excepted Nonfinancial Start-Up Company

- 33 I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) _____ (date must be less than 24 months prior to date of payment);
 - Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
 - Is investing capital into assets with the intent to operate a business other than that of a financial institution; **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy

- 34 I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on _____;
 - During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
 - Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; **and**
 - Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

Part XXI 501(c) Organization

35 I certify that the entity identified in Part I is a 501(c) organization that:

- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated _____; **or**
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

Part XXII Nonprofit Organization

36 I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.

- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
- The entity is exempt from income tax in its country of residence;
- The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; **and**
- The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

37a I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution; **and**
- The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).

b I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution;
- The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
- The name of the securities market on which the stock is regularly traded is _____.

Part XXIV Excepted Territory NFFE

38 I certify that:

- The entity identified in Part I is an entity that is organized in a possession of the United States;
- The entity identified in Part I:
 - (i) Does not accept deposits in the ordinary course of a banking or similar business;
 - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; **or**
 - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
- All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

Part XXV Active NFFE

39 I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE

40a I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); **or**
- c I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

Part XXVII Excepted Inter-Affiliate FFI

- 41** I certify that the entity identified in Part I:
- Is a member of an expanded affiliated group;
 - Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);
 - Does not make withholdable payments to any person other than to members of its expanded affiliated group;
 - Does not hold an account (other than depository accounts in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; **and**
 - Has not agreed to report under Regulations section 1.1471-4(d)(2)(ii)(C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

Part XXVIII Sponsored Direct Reporting NFFE (see instructions for when this is permitted)

42 Name of sponsoring entity: _____

43 I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified on line 42.

Part XXIX Substantial U.S. Owners of Passive NFFE

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

Name	Address	TIN

Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W;
- The entity identified on line 1 of this form is not a U.S. person;
- The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income; **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

Sign Here ▶

Signature of individual authorized to sign for beneficial owner

Print Name

Date (MM-DD-YYYY)

I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

- ▶ For use by individuals. Entities must use Form W-8BEN-E.
- ▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.			Country
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.			Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

Print name of signer Capacity in which acting (if form is not signed by beneficial owner)

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.