

Customer Information & Tax Status Certification Form - Individual

CIF Number

Responses to ALL sections are required by individuals making a submission in respect of a Personal Account. Where individuals are responding in respect of their role in a Non-Personal Account (e.g. a company, trust, business, association, etc.), sections with an asterisk (*) are optional. The Bank reserves the right to request additional information.

Personal Details

Title: Mr. Mrs. Ms. Miss Other _____

Last Name

First (Given) Name

Middle Name(s)

Maiden or Previous Name(s) If applicable

Gender

Date of Birth (DD/MM/YYYY)

Country of Birth

Male Female

Residential Address

Mailing Address (if different than above)

*Personal Phone

*Personal Mobile

*Personal Fax

*Personal Email

Verification of Identity: Passport or Government issued ID jointly with Birth Certificate (copies of documents are to be certified)

Type of ID	Document Number	Date Issued DD/MM/YYYY	Expiry Date DD/MM/YYYY	Country of Issue

Declarations of Employment, Income and Source(s) of Funds

*Annual Income (salary and all other recurring sources of income)

Under \$25,000 \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$199,999 Over \$200,000

Employer

Job Title

Business Phone

Business Mobile

Business Fax

Business Email

Are you ordinarily resident in Bermuda? Yes No

Are you employed by a Bermuda exempted company? Yes No

*In which currency is your salary paid?

BMD USD Other _____

*Source of funding for account(s). Please explain the source(s) of the funds that will be directed to your account(s).

Salary Rental Income Pension Interest/Dividend Income Child Support/Alimony

Other (specify): _____

*Source of Wealth/Income. Please explain the source(s) of your wealth/income.

Employment Salary Ownership of Property(ies) Inheritance Pension

Other (specify): _____

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Do You &/or Have You, In the Last 2 Years:

Hold/held a position of elected public office? Yes No

Hold/held a senior executive position in a Government Ministry / Department, Agency, Municipality, Military or Authority in Bermuda or elsewhere? Yes No

Share a household with, are directly related to, or are close business associate of any person who would answer Yes to any of the questions above? Yes No

If Yes to any, please provide additional information: _____

Please list the Clarien accounts that you are affiliated with and how you are associated with each account (check all roles that apply)

Account Number	Account Name	Account Beneficial Owner (joint or sole)	Director/ Officer	Authorised Signatory	Trustee	Other (specify)	CIF Number (BANK USE ONLY)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Tax Status Reporting and Declarations

Are you a tax resident of any countries outside Bermuda? Yes No

Tax Certification Type W9 W8BEN W8/W9 Effective Date (DD/MM/YYYY)

If, YES please check all applicable tax jurisdictions:

- | | | | |
|---|---------------|--------------------------------------|---------------|
| <input type="checkbox"/> United States | Tax ID# _____ | <input type="checkbox"/> Other _____ | Tax ID# _____ |
| <input type="checkbox"/> United Kingdom | Tax ID# _____ | <input type="checkbox"/> Other _____ | Tax ID# _____ |
| <input type="checkbox"/> Other _____ | Tax ID# _____ | <input type="checkbox"/> Other _____ | Tax ID# _____ |

Certificate in respect of U.S. Person status	
Are you a U.S. Person for tax purposes? U.S. person as defined in Section 7701(a) (3) of the Internal Revenue Code as a citizen or resident of the United States	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES, a U.S. IRS W9 Form is required. If NO, a U.S. IRS W8 Form may be required (Forms available at www.IRS.gov)

Certificate in respect of United Kingdom tax status	
Are you a UK Resident for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Loss of Nationality Details (If applicable) _____

*If you are an non-Bermuda resident Customer, please explain why you have chosen to establish a banking relationship/financial account(s) in Bermuda?

If either residential address or mailing address is located outside Bermuda, but you have not checked an applicable tax jurisdiction or provided a valid Tax ID#, please provide us with further information on why you are not considered a taxable person. Where appropriate, please provide supporting documentation.

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Declaration

I declare that I have examined the information on this Customer Information & Tax Status Certification Form ("Form") and to the best of my knowledge and belief, it is true, correct and complete. I further confirm and certify that:

- A. I am a beneficial owner of the account(s) specified on this Form for which this information has been provided, or I am authorized to sign on behalf of the beneficial owner of the account in accordance with the capacity(ies) stated for each reported account on this Form, or I am a substantial owner, or controller of an entity account, e.g. a company, trust, business, partnership, association, etc.
- B. I will comply with all tax and exchange control laws, regulations and reporting requirements imposed by any applicable jurisdiction with which the Government of Bermuda has signed an Intergovernmental Agreement or such other agreement to share tax information and to promote transparency on tax matters.
- C. I authorise the Group to disclose, in its sole discretion, a copy of this Form and or any information regarding any account to which I am a party, to any regulatory or tax authority or to any entity authorised to act on behalf of such authority. I further authorize the Group to disclose this Form or any information regarding any account to which I am a party to any withholding agent, custodian, correspondent, or other counterparty acting as agents for and on behalf of Clarien.
- D. Should there be any changes to any information on this Form or to my tax status as set out herein, I agree to **provide an updated Form within 30 days of becoming aware of** any such change in information or status.
- E. I understand and agree that any failure to provide information as agreed herein shall entitle Clarien or any of the Group as may be applicable, in its sole discretion, to take such action in relation to any account held by me as beneficial owner, whether solely or jointly with another, as may be deemed appropriate in the circumstances, and in accordance with Clarien's **Banking Terms & Conditions** (which may be found at www.clarienbank.com), including but not limited to closing or suspending the account until such additional information is provided to Clarien or the Group.
- F. In consideration of the above premises and the Group continuing to maintain this account, I hereby agree to indemnify on a continuing basis and to hold harmless the Group and its shareholders, directors, officers, employees, servants or agents from any and all claims, liabilities, damages, loss, penalties or expense arising from the lawful disclosure and reporting of any information concerning my/its account(s) to the appropriate authority.
- G. I have had the opportunity to read and agree to be bound by Clarien's Banking Terms and Conditions detailed at www.clarienbank.com as may be updated and in force from time to time.

Signature _____

Dated (DD/MM/YYYY) _____

If you are not the account holder, please indicate the capacity in which you are signing this form. _____

If signing under a Power of Attorney, a certified copy of the Power of Attorney is required.

Bank Use Only

Notes

PEP Status
<input type="checkbox"/> Yes <input type="checkbox"/> No

Have all documents been provided as per the Group's Onboarding Checklist for Individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Receiving Representative		
Approved by:		
Signed:		