



Individual Self-Certification

We are obliged under the International Cooperation (Tax Information Exchange Agreements) Act 2005, the International Cooperation (Tax Information Exchange Agreements) Common Reporting Standard Regulations 2017, and treaties and intergovernmental agreements entered into by Bermuda in relation to the Common Reporting Standard (“CRS”), to collect certain information about each Account Holder’s tax residency status and certain other information. Please complete the sections below as directed and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this Self-Certification Form (**Self-Certification**) shall have the same meaning as in the CRS. Please see the Appendix for certain CRS definitions.

If any of the information below about your tax residence, CRS classification or other information changes in the future, please ensure you advise us of these changes within 14 days of such change. If you have any questions about how to complete this Self Certification, please contact your tax advisor. Please note that an Account Holder’s status for CRS purposes may be different from its status under other exchange of information regimes such as FATCA or UK CDOT.

SECTION A: Account Holder Identification

| | |
|--------------------------------|---|
| Title | <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Sir <input type="checkbox"/> Other: |
| Surname(s) | |
| First and given name(s) | |
| Date of birth (dd/mm/yyyy) | |
| City of birth | |
| Country of birth | |
| Current residential address | <hr/> <hr/> <hr/> |
| Mailing address (if different) | <hr/> <hr/> <hr/> |



SECTION B: Country or Countries of Tax Residence and TINs of Account Holder

(a) Please indicate the Account Holder’s place of tax residence (if resident in more than one country please detail all countries and associated TINs).

If a TIN is unavailable please provide the appropriate reason **A, B or C** where indicated below:

- **Reason A** - The country where the Account Holder is liable to pay tax does not issue TINs to its residents
- **Reason B** - The Account Holder is otherwise unable to obtain a TIN (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C** - No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

| | Country of tax residence | Taxpayer Identification Number (TIN) | If no TIN available: Reason A, B or C |
|------|--------------------------|--------------------------------------|--|
| i. | | | |
| ii. | | | |
| iii. | | | |

(b) If the Account Holder selected Reason B above, please explain in the following boxes why you are unable to obtain a TIN:

| | |
|------|--|
| i. | |
| ii. | |
| iii. | |

SECTION D: Declaration and Undertakings

I declare that the information provided in this Self-Certification is, to the best of my knowledge and belief, accurate and complete. I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information. I undertake to advise you within 14 days and provide an updated Self-Certification to you within 30 days where any change in circumstances occurs, which causes any of the information contained in this Self-Certification to be inaccurate or incomplete. I certify that I am the Account Holder (or I am authorised to sign for the Account Holder) of all the account(s) to which this Self-Certification relates.

Signature:

Name:

Date:

Capacity:

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. [If signing under a power of attorney please also attach a certified copy of the power of attorney.