

If **YES to any of the above**, provide a brief explanation of the relationship the space below:

E. APPLICABLE TO NON-RESIDENTS ONLY (Please attach certified copies of documents / references as required)

Name and Address of Foreign Financial Institution:

Telephone number of Foreign Financial Institution: ()

Notarised Passport: Driver's Permit: Identification: Other: _____

AS REQUIRED BY FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

| US Indicia | Documentation Required | Documents attached |
|---|--|--|
| US Citizens or lawful permanent resident <input type="checkbox"/> | <ul style="list-style-type: none"> W-9 or W-8BEN | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| US Birthplace <input type="checkbox"/> | <ul style="list-style-type: none"> W-9 or W-8BEN Non-US passport or similar documentation establishing foreign citizenship Written explanation regarding US citizenship | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| US Address (residence and mailing) <input type="checkbox"/> | <ul style="list-style-type: none"> W-9 or W-8BEN Non-US passport or similar documentation establishing foreign citizenship | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Instruction to transfer funds to US Accounts or directions regularly received from a US address <input type="checkbox"/> | <ul style="list-style-type: none"> W-9 or W-8BEN Documentary evidence establishing non-US status | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Only address on file is "in care of" or "hold mail" or US PO Box (Notice of 2001-34 excludes foreign PO Box as US Indicia) <input type="checkbox"/> | <ul style="list-style-type: none"> W-9 or W-8BEN Documentary evidence establishing non-US status | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Power of Attorney or signatory authority granted to person with US address <input type="checkbox"/> | <ul style="list-style-type: none"> W-9 or W-8BEN Documentary evidence establishing non-US status | Yes <input type="checkbox"/> No <input type="checkbox"/> |

F. DECLARATION

I hereby declare that all of the information above is true, accurate and complete and the Credit Union is entitled to rely fully on such information and representation as may be required by law, unless the Credit Union receives notice in writing of any change thereafter.

Dated at _____ this _____ day of

_____ 20____ Signature of Member

Name of Intermediary (if applicable) _____ Signature of Intermediary

Seal / Stamp of the Intermediary
(if applicable)

FOR OFFICE USE ONLY

Originals Verified Certified document copies received Copies of documents received

List Checking: UN2253 (1267) T&T Consolidated List of Court Orders OFAC Other

Member Risk Profile: High Medium Low

Reviewed by:

| Member Services | Date | Supervisor / Manager | Date | Compliance Officer | Date |
|-----------------|------|----------------------|------|--------------------|------|
| | | | | | |

Remarks
