

## Entity self-certification

### Please Note

For the avoidance of doubt, the supporting notes and guidance provided are for reference purposes only and do not constitute tax advice. If you require assistance in determining the most relevant classification for your organisation then you should seek qualified professional assistance.

All organisations completing this self-certification should complete Parts 1-3, 8 and 10. In addition, depending on your organisation's response to Parts 3 and 8, additional sections must be completed (these are flagged with 'go to X' after relevant responses). When completing this form please ensure that you have completed all the parts flagged for your organisation before completing Part 10.

### Part 1 - Organisation Information

**Name of Organisation** (see supporting notes section 1 for disregarded entities)

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**Jurisdiction of incorporation/organisation**

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**Registered / Permanent address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing address (if different to permanent address)**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Is the organisation a disregarded entity or branch in a different jurisdiction from where it is headquartered?  Yes  No

If yes, please confirm the jurisdiction that the disregarded entity or branch is physically located in \_\_\_\_\_

### Part 2 - Tax Residency

Please specify the jurisdiction in which your organisation is resident for tax purposes. If you are applying tax residency tie-breaker clause under an applicable tax treaty then please enter your primary residence jurisdiction only.

Jurisdiction : \_\_\_\_\_ TIN: \_\_\_\_\_ or TIN unavailable\*

Jurisdiction : \_\_\_\_\_ TIN: \_\_\_\_\_ or TIN unavailable\*

\* Please specify the reason for non-availability of TIN \_\_\_\_\_

If the Tax Residence(s) of the organisation does not match either the jurisdiction of incorporation/organisation or address provided in Part 1 of this form, please provide the following confirmation:

- The jurisdiction of incorporation/organisation or registered/permanent address that are in a jurisdiction other than the Tax Residence(s) listed above is explained by either:
- The jurisdiction of incorporation/organisation, registered/permanent address, mailing address, address of a branch or other permanent establishment, location of a principle office or place of effective management is not relevant for the determination of Tax Residence due to applicable tax residency local laws or treaties; or
  - Other reason - Please specify: \_\_\_\_\_

**Reportable Person** (see supporting notes section 2.2 for further information)

If your organisation is tax resident in a jurisdiction other than the US, please tick below if it is **not** a Reportable Person **and** enter the corresponding reason code:

The organisation is not a Reportable Person under AEI  Reason code .....

If your organisation is contracting with a UBS entity which is not currently in an AEI Participating Jurisdiction, we request that you complete the whole of Part 2 (including confirmation of Reportable Person Status) and that you consent to UBS retaining such information in relation to future reporting obligations of the UBS entity under AEI or similar information reporting regimes.

**Reason codes for persons other than a Reportable Person under AEI:**

- (i) A corporation the stock of which is regularly traded on one or more established securities markets.
  - (ii) Any corporation that is a related entity of a corporation described in reason code (i).
  - (iii) A governmental entity
  - (iv) An international organisation
  - (v) A Central Bank
  - (vi) A Financial Institution
-

### Part 3 - FATCA Status

Please provide your organisation's FATCA status regardless of the Specified Person status noted above:

- |  |                          |  |
|--|--------------------------|--|
| <b>For US Persons only:</b>  | <input type="checkbox"/> | Nonreporting IGA FFI (go to Part 5)  |
| <input type="checkbox"/> US financial institution (go to Part 8)   | <input type="checkbox"/> | Foreign Government, government of a US possession, or foreign central bank of issue (go to Part 8) |
| <input type="checkbox"/> US active / excepted nonfinancial entity (go to Part 8)                               | <input type="checkbox"/> | International organisation (go to Part 8)  |
| <input type="checkbox"/> US passive nonfinancial entity (go to Part 8)   | <input type="checkbox"/> | Exempt retirement plans (go to Part 8)   |
| <b>For non-US Persons:</b>   | <input type="checkbox"/> | Entity wholly owned by exempt beneficial owners (go to Part 8 and complete Appendix 2)             |
| <input type="checkbox"/> Nonparticipating FFI (go to Part 8)   | <input type="checkbox"/> | Territory financial institution (go to Part 8)   |
| <input type="checkbox"/> Participating FFI (go to Part 4)  | <input type="checkbox"/> | Nonfinancial group entity (go to Part 8)   |
| <input type="checkbox"/> Reporting Model 1 FFI (go to Part 4)  | <input type="checkbox"/> | Excepted nonfinancial start-up company (go to Part 8)  |
| <input type="checkbox"/> Reporting Model 2 FFI (go to Part 4)  | <input type="checkbox"/> | Excepted nonfinancial entity in liquidation or bankruptcy (go to Part 6)                           |
| <input type="checkbox"/> Registered deemed-compliant FFI (go to Part 4)  | <input type="checkbox"/> | 501(c) organisation (go to Part 6)   |
| <input type="checkbox"/> Sponsored FFI (go to Part 5)  | <input type="checkbox"/> | Nonprofit organisation (go to Part 8)  |
| <input type="checkbox"/> Certified deemed-compliant nonregistering local bank (go to Part 8)                   | <input type="checkbox"/> | Publicly traded NFFE or NFFE affiliate of a publicly traded corporation (go to Part 6)             |
| <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts (go to Part 8)            | <input type="checkbox"/> | Excepted territory NFFE (go to Part 8)   |
| <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle (go to Part 5)  | <input type="checkbox"/> | Active NFFE (go to Part 8)   |
| <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity (go to Part 8)         | <input type="checkbox"/> | Passive NFFE (go to Part 7)  |
| <input type="checkbox"/> Certified deemed-compliant investment advisors and investment managers (go to Part 8) | <input type="checkbox"/> | Excepted inter-affiliate FFI (go to Part 8)  |
| <input type="checkbox"/> Owner-documented FFI (go to Part 8 and complete Appendix 2)                           | <input type="checkbox"/> | Direct reporting NFFE (go to Part 4)   |
| <input type="checkbox"/> Restricted distributor (go to Part 8)   | <input type="checkbox"/> | Sponsored direct reporting NFFE (go to Part 5)   |

### Part 4 - Global Intermediary Identification Number (GIIN)

Please provide your organisation's GIIN number, or the reason for no GIIN being available, below.

\_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

Reason for no GIIN: \_\_\_\_\_

**Note:** If you are a collective investment vehicle or similar organisation please specify if the GIIN provided above is for 'Umbrella' or 'Sub fund' level:

- Umbrella fund
- Sub fund

**(go to Part 8)**

### Part 5 - Sponsored Entities and Nonreporting IGA FFIs

Please provide your organisation's GIIN number below.

\_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

If the organisation does not have a GIIN, please indicate why below:

- The organisation named in Part 1 meets the requirements to be considered a Nonreporting FFI and is not required to obtain a GIIN pursuant to an applicable IGA between the United States and the following IGA country: \_\_\_\_\_
- Type of Nonreporting IGA FFI:
- The organisation is a Trustee Documented Trust
- The organisation is a Sponsored Entity
- The organisation is a Nonreporting IGA FFI other than a Trustee Documented Trust or Sponsored Entity:  
(please specify type of Nonreporting IGA FFI): \_\_\_\_\_
- Other reason (please specify): \_\_\_\_\_

If the organisation is a Sponsored Entity or Trustee Documented Trust please provide the name and GIIN of the sponsoring entity or reporting trustee of Trustee Documented Trust:

Name of sponsoring entity or reporting trustee of Trustee Documented Trust:  
\_\_\_\_\_

GIIN of sponsoring entity or reporting trustee of Trustee Documented Trust:  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**(go to Part 8)**

## Part 6 - Excepted NFFEs

Please tick the appropriate box for the relevant type of Excepted NFFE and complete the required information:

- For an excepted nonfinancial start-up company please provide the date of formation: \_\_\_\_\_ (dd/mm/yyyy)
- For an excepted nonfinancial entity in liquidation or bankruptcy please provide the date that the organisation filed a plan for liquidation/reorganisation or bankruptcy: \_\_\_\_\_ (dd/mm/yyyy)
- For a 501(c) organisation, please provide the date of the currently effective 501(c) organisation determination letter from the IRS: \_\_\_\_\_ (dd/mm/yyyy). **Alternatively**, if the organisation has provided UBS with a copy of an opinion from US counsel certifying that the payee is a section 501(c) organisation, please tick here.
- For a publicly traded NFFE or a NFFE affiliate of a publicly traded corporation, please provide the following information:  
 i) Name of one securities exchange upon which the stock is regularly traded: \_\_\_\_\_  
 ii) The name of the publicly traded corporation whose stock is regularly traded on the above securities exchange: \_\_\_\_\_

**(go to Part 8)**

## Part 7 - Identification of US Controlling Persons

If the FATCA classification of your organisation is a Passive NFFE (in general, an organisation that is professionally managed will not meet the definition of a Passive NFFE - please see supporting notes section 2.8 for further information), please confirm the total number of US Controlling Persons/Substantial US Owners, and provide details of the of each US Controlling Person/Substantial US Owner in Appendix 1.

Total number of US Controlling Persons/Substantial US Owners identified: \_\_\_\_\_

- Please confirm you have provided details for all required US Controlling Persons/Substantial US Owners

**(go to Part 8)**

## Part 8 - AEI Classification

Please provide your organisation's AEI status regardless of whether you are located in a Participating Jurisdiction:

- Financial Institution (of any type other than an Investment Entity) (Go to Part 10)
- Financial Institution - Investment Entity (Go to Part 9)
- Active NFE - Regularly traded corporation or related entity of such entity, a Government Entity or International Organisation (Go to Part 10)
- Active NFE - Other than above (Go to Part 10)
- Passive NFE (Go to Part 9)

The client confirms that, to the extent applicable to the entity under AEI, it meets and will continue to meet its reporting obligations to the local tax authority, either by submitting reports itself or through delegation of reporting to a 3rd party service provider.

## Part 9 - Identification of AEI Controlling Persons

Is your organisation an Investment Entity that is managed by another entity and is resident in a non-participating jurisdiction (please see the supporting notes for further information around Professionally Managed Investment Entities) or is a Passive NFE?

- Yes (Please provide below information)  No (Go to Part 10)

If your organisation is a Passive NFE or is a Professionally Managed Investment Entity in a non-participating jurisdiction, please confirm the total number of Controlling Persons, and provide details of each Controlling Person in Appendix 1 that you have not already identified under Part 7.

Total number of Controlling Persons identified: \_\_\_\_\_

- Please confirm you have provided details for all required Controlling Persons

**(go to Part 10)**

## Part 10 - Certification

We confirm that the organisation identified in Part 1 meets the criteria relevant to the FATCA category selected above and, if the organisation is a NFFE, it is not acting as an agent / custodian / nominee / signatory / investment advisor / intermediary for the benefit of another person.

We confirm that, to the extent applicable to the entity under FATCA and AEI, the organisation identified in Part 1 meets and will continue to meet its reporting obligations to the relevant tax authority, either by submitting reports itself or through delegation of reporting to a 3rd party service provider.

We certify that we have examined the information on this form and to the best of our knowledge and belief it is true, correct, and complete.

We agree to inform you within 30 days if any change in circumstances renders this certification incorrect.

We certify that the individual signing this form has the capacity to sign for the organisation identified in Part 1 of this form and, where any information relates to such organisation's clients, controlling persons or third parties, the clients, controlling persons or third parties have given any required consent to allow the processing and disclosure of such information as set out in this form.

We acknowledge and agree that for the purpose of any Automatic Exchange of Information (AEoI) and FATCA:

- (a) the information contained in this form (including the appendices); and  
 (b) any information regarding our Account(s) (including the account balance or value, the total amount of any payments of dividends, interest, other income and gross proceeds made or credited to the Account(s)); is collected using the "wider approach" under AEoI, and may be kept by the contracting UBS entity ("UBS") or any UBS Affiliate and such information may be reported by UBS (whether by itself or through any UBS Affiliate) under its obligations as a reporting financial institution (under applicable FATCA or AEoI laws and regulations) to the relevant tax authorities and disclosed to UBS Affiliates or third party service providers to perform services for UBS and for the purposes stated above. These tax authorities may exchange such information with the tax authorities of the jurisdiction(s) which are listed as our tax residence(s) in this form if the respective tax authorities have entered into an agreement to exchange financial account information. A list of such agreements to exchange financial account information may be found on the UBS FATCA and AEoI Tax Regulatory Compliance webpage ([www.ubs.com/aei](http://www.ubs.com/aei)).

For the purposes of this form, "UBS Affiliates" means any entity (i) that controls UBS; (ii) that is controlled by UBS; or (iii) that is controlled by an entity that also controls UBS, where "control" includes direct or indirect control and means possession of the power to direct or cause the direction of the management or policies of an entity, whether through the ownership of voting securities, by contract or otherwise.

Our consent to the collection of data using the "wider approach" under AEoI, the transfer of that data by UBS and its affiliates and (where required) to the reporting of the data under FATCA and/or AEoI to the relevant tax authorities is in addition to and does not restrict the scope of any other consent we may have otherwise provided under our account agreement with UBS. No other agreement with UBS, whether dated on, before or after this consent, may revoke or limit the effect of this consent.

## Sign Here

\_\_\_\_\_  
Signature of individual authorised to sign for the organisation

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## Appendix 1 (To be filled for each US Controlling Persons and AEI Controlling Persons)

Name of Organisation: \_\_\_\_\_

Type of Organisation:  Legal Person  Trust  Legal arrangement (non-trust)

Type of Controlling Person:

For Legal Persons:

- Controlling Person by ownership  
 Controlling Person by other means  
 Senior managing official

For Trusts and Legal arrangements:

- Settlor (or equivalent)  Beneficiary (or equivalent)  
 Trustee (or equivalent)  Other (or equivalent)  
 Protector (or equivalent)

Please provide details of the controlling person / substantial US owner below:

### Part 1 - Basic Information

**Name of individual**

**Country of birth**

**Date of Birth**

**Registered / Permanent address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing address (if different to permanent address)**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

### Part 2 - Tax Residency

**Residency for tax purposes**

Please specify the jurisdiction in which you are resident for tax purposes:

Primary Jurisdiction : \_\_\_\_\_ TIN : \_\_\_\_\_ or TIN unavailable\*   
 Additional Jurisdiction: \_\_\_\_\_ TIN : \_\_\_\_\_ or TIN unavailable\*   
 Additional Jurisdiction: \_\_\_\_\_ TIN : \_\_\_\_\_ or TIN unavailable\*

\* Please specify the reason for non-availability of TIN \_\_\_\_\_

**Note:** Your TIN (including TFN) is requested here to assist with satisfying FATCA and Common Reporting Standard reporting obligations. If you have a primary or secondary tax jurisdiction other than Australia, you must provide your TIN for that jurisdiction unless your TIN is unavailable. If you are an Australian tax resident (either primary or secondary), please note that you are not obliged to provide your Australian tax file number ("TFN"). If you choose not to provide your TFN, then in the relevant section specify the reason by inserting the following words "There is no requirement to disclose our TFN under Australian Legislation". If you do not provide your TFN, any transaction and identity information reportable to the ATO will be reported without your TFN.

**Is the individual a US person<sup>1</sup>?**  Yes  No

If the organisation, for which the individual named in Part 1 is a Controlling Person, is contracting with a UBS entity which is not currently in an AEI Participating Jurisdiction, we request that you complete the whole of Part 2 (including tax residence and, where available, TIN) and that you consent to UBS retaining such information in relation to future reporting obligations of the UBS entity under AEI or similar information reporting regimes.

### Part 3 - Certification

I certify 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 agree that I will inform you within 30 days if any change in circumstances renders this certification incorrect.

I certify that the individual signing this form is either the Controlling Person as named in Part 1 of this form, or has the capacity to sign on behalf of the Controlling Person. I confirm that, where this form is being completed by someone other than the Controlling Person, the Controlling Person has given any required consents to allow the processing and disclosure of information as set out in this form.

I acknowledge and agree that for the purpose of any Automatic Exchange of Information (AEOI) and FATCA:

- (a) the information contained in this form (including the appendices); and  
 (b) any information regarding my Account(s) (including the account balance or value, the total amount of any payments of dividends, interest, other income and gross proceeds made or credited to the Account(s));

is collected using the "wider approach" under AEOI, and may be kept by the contracting UBS entity ("UBS") or any UBS Affiliate and such information may be reported by UBS (whether by itself or through any UBS Affiliate) under its obligations as a reporting financial institution (under applicable FATCA or AEOI laws and regulations) to the relevant tax authorities and disclosed to UBS Affiliates or third party service providers to perform services for UBS and for the purposes stated above. These tax authorities may exchange such information with the tax authorities of the jurisdiction(s) which are listed as my tax residence(s) in this form if the respective tax authorities have entered into an agreement to exchange financial account information. A list of such agreements to exchange financial account information may be found on the UBS FATCA and AEOI Tax Regulatory Compliance webpage ([www.ubs.com/aei](http://www.ubs.com/aei)). For the purposes of this form, "UBS Affiliates" means any entity (i) that controls UBS; (ii) that is controlled by UBS; or (iii) that is controlled by an entity that also controls UBS, where "control" includes direct or indirect control and means possession of the power to direct or cause the direction of the management or policies of an entity, whether through the ownership of voting securities, by contract or otherwise. My consent to the collection of data using the "wider approach" under AEOI, the transfer of that data by UBS and its affiliates and (where required) to the reporting of the data under FATCA and/or AEOI to the relevant tax authorities is in addition to and does not restrict the scope of any other consent I may have otherwise provided under my account agreement with UBS. No other agreement with UBS, whether dated on, before or after this consent, may revoke or limit the effect of this consent.

**Sign Here**

Signature

Date

Print name of individual signing form

Capacity in which acting (if not signed by account holder)

<sup>1</sup> US person for FATCA purpose means US citizens (even if residing outside the US) and lawful permanent residents of the US

Total number of owners: \_\_\_\_\_

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\_\_\_ of \_\_\_

## Appendix 2 FFI Owner Reporting Statement

**(To be completed by Owner Documented FFIs and Entities Wholly Owned by Exempt Beneficial Owners)**

- This appendix should only be completed by organisations claiming to be an Owner Documented FFI or an Entity Wholly Owned by Exempt Beneficial Owners for FATCA purposes. The organisation must provide information and documentation in relation to each debt or equity owner of the organisation.  
 - If there are more than 10 owners, please complete additional appendices and number them accordingly in the top right hand corner.  
 - For each debt or equity owner, sufficient valid documentation should be provided. Please see supporting notes section 4 for additional information.

Name of organisation: \_\_\_\_\_

Owner Documented FFI

Entity Wholly Owned by Exempt Beneficial Owners

Please complete the table below **or alternatively** if you have provided an Auditor's letter substitute please tick this box  (please see supporting notes section 4)

Name	Address	TIN (if any)	FATCA Status	Debt or Equity Owner	Type of documentation

We certify that we have examined the information on this form and to the best of our knowledge and belief it is true, correct and complete.

We confirm that the organisation named above meets the requirements to be classified as an Owner Documented FFI or an Entity Wholly Owned by Exempt Beneficial Owners.

We agree to inform you within 30 days if any change in circumstance renders this appendix incorrect, and will provide a new Appendix 2 every 3 years where necessary.

**Sign Here**

\_\_\_\_\_  
Signature of individual authorised to sign for the organisation

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date