

Business Self Certification

Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

For Internal ATB Use: Client Number:

Legal Name of Business:

Trade Name (if applicable):

Section A: Declaration of your corporate income tax residence

Tick (✓) the option that best describes the entity's tax residence:

The entity is a tax resident of Canada. (including tax exempt entities, such as charities).

The entity is a tax resident of the US.

The entity is a tax resident of a country other than Canada and the US. If you check this box, please indicate the country of tax residence and provide the entity's TIN from this country below.

Country of tax residence:

TIN:

If the entity does not have a TIN from this country, please indicate the reason:

The entity will apply or has applied for a TIN, but has not yet received it.

The entity is a tax resident of a country that does not issue TINs to its residents.

Other (please specify):

Section B: Specified US person (This is an entity that is organized or formed in the US)

Please complete this section if the Corporation, Partnership or Trust is not incorporated in Canada. For Canadian entities, proceed to Section C.

For Corporations, Partnerships or Trust: If the entity is not incorporated in Canada, is the entity a "Specified US Person"? **Yes** **No**

If you answered yes to the above question:

Please provide your TIN from the US:

If you have applied for a TIN from the US, but have not yet received it, please check here:

Section C: Financial institution

Is the entity a financial institution? **Yes** **No**

IF YES, PLEASE COMPLETE BALANCE OF SECTION C. IF NO, PROCEED TO SECTION D.

Please indicate your status:

Financial Institution with a valid Global Intermediary Identification Number (GIIN).

If you check this box, please provide your GIIN:

If you have applied for a GIIN, but have not yet received it, please check here:

Non-participating Financial Institution.**Other: please provide status (e.g., deemed compliant):**

Does the financial institution meet **all** of the following criteria? **Yes** **No**

- It is a resident of a non-participating country.
(For CRS, a complete list of participating countries is available from Canada Revenue Agency at www.cra-arc.gc.ca/tx/nnrstdnts/nhncdrprtng/crs/jrsdctns-eng.html)
- At least 50% of its gross income is from investing or trading in financial assets.
- It is managed by another financial institution
- **IF YES, PLEASE SKIP TO SECTION E. IF NO, PROCEED TO SECTION D.**

Section D: Entity type

Tick (✓) the option that best describes the entity:

Active trade or business: Less than 50% of the entity's gross income is passive income and less than 50% of its assets produce passive income.

Corporation with shares that regularly trade on an established securities market.

Government, a central bank or an international organization (or agency thereof).

If none of the above categories apply to your entity, please indicate if the entity is an Active or Passive Non-Financial Foreign Entity (NFFE): **Active** **Passive**

Section E: Passive NFFE with Controlling Persons

Complete this section only if this is a Passive NFFE **AND** if any individual directly or indirectly **OWNS/ CONTROLS 25% OR MORE** of the entity **AND** is a tax resident of another country **outside of CANADA**

Name: **Address of residence:** **Country of tax residence:** **TIN:** **% Control:**

Section F: Passive NFFE with Director(s) or Senior Officers(s)

Complete this section only if this is a Passive NFFE **AND** there are **NO** Controlling Persons who directly or indirectly owns/controls 25% or more of the entity **AND** there is a Director(s) or Senior Officer(s) who is a tax resident of a country **OTHER THAN CANADA AND THE US**

Name: **Address of residence:** **Country of tax residence:** **TIN:** **Position:**

Section G: Your declaration

I declare that the information provided on this form is, to the best of my knowledge and belief, correct and complete. I will notify ATB within 30 days of any change in circumstances that cause the information on this form to become incomplete or inaccurate.

Name:

Please print First and Last Name

Signature:

Date Signed:

Effective Date:

Return this completed form to ATB by:

- Email or fax to your ATB contact or
- Drop it off at any agency or branch if you don't have an ATB contact

For further details on FATCA and CRS refer to the Government of Canada website:

www.Canada.ca