

Withholding statement / agreement for partnerships and trusts

Name of safekeeping account holder

Safekeeping account number _____ Country of domicile _____

Registered address _____

1 Partner/Beneficiary information

Name of partners/ beneficiary/ies	Permanent residence address and country of residence	Nationality	Type of documentation provided (documentary evidence/ Form W-8 BEN/ W-8BEN-E)	Partner/Beneficiary is neither an intermediary nor a US person and is not subject to withholding or reporting under chapter 4 (FATCA)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

<p>To be completed by the Bank</p> <p>09259</p> <p>Client No. (CIF)</p>	<p>Signature and stamp Relationship Manager</p>
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2 Applicable withholding rates according to the information already provided to you

You are informed on the withholding rates applicable to dividends and interest.

3 Agreement for pool reporting according to Revenue Procedure 2014-39, Qualified Intermediary Agreement. Sec. 4.05(A) (Joint Account Treatment for Certain Partnerships and Trusts)

The partnership/trust confirms that under chapter 4 it classifies as certified deemed-compliant FFI, an exempt Beneficial Owner, a NFFE or an owner documented FFI.

The partnership/trust agrees, upon request, to make available for inspection to the QI or the QI's auditor for the purposes of the QI's compliance procedures as described in Section 10 of the QI Agreement, records that establish that it has provided the QI with documentation (together with any associated withholding statements and other documents or information) of all its partners/beneficiaries.

In the event the partnership/trust fails to make available to the QI or the QI's auditor the records, documents and all other information described in paragraph 2 within 90 days after the request the QI must correct its withholding by applying a 30% withholding on US source income according to the applicable Treasury Regulations and file corrected and individualised forms 1042-S for each partner/beneficiary, i.e. each partners'/beneficiary's identity will be disclosed to the Internal Revenue Service (IRS).

The partnership/trust confirms having taken note of this requirement of disclosure and expressly agrees to it.

The partnership/trust furthermore confirms that the partnership/trust informed each partner/beneficiary about the QI's obligation to disclose their identity to the IRS in case of failure of providing the requested information and documents referred to in paragraph 2 and that each partner/beneficiary agreed to the disclosure under the given circumstances.

This agreement is governed by Swiss law, to the exclusion of the conflict of laws provisions of Swiss private international law. Place of jurisdiction is Zurich.

Place, date

Signature

_____ X _____

To be completed by the Bank Client no (CIF)
