

**COMPLETION INSTRUCTIONS:**

	Sections				
	I	II	III	IV-V	W-9
All Non-US persons	✓	✓	✓	✓	
US Persons	✓	✓		✓	✓

This tax booklet is required for purposes of confirming the US/NON-US status and the tax residence of all individuals who are either:

- i. "Beneficial Owners" of the account according to the US tax principles; or
- ii. "Controlling Persons" of an entity that qualifies as Passive Non-Financial Foreign Entity (NFFE) for FATCA purposes or Passive Non-Financial Entity account holder or a Professionally Managed Investment Entity resident in a non-participating jurisdiction for Automatic Exchange of Information purposes; or
- iii. "Relevant Persons" which means any natural person who is not a Beneficial Owner or a controlling person but who is linked to a legal structure, trust or equivalent legal arrangement through ownership, control or any other capacity (e.g. settlor, beneficiary, person having control or equivalent). Please note that if you are completing this form as a Relevant Person, you will not be considered by the Bank as a reportable person for FATCA & Automatic Exchange of Information purposes.

Internal ref.: \_\_\_\_\_



## I. Identity of the Beneficial Owner for Tax Purposes

I hereby provide the following information and make the following statements concerning (i) all the accounts currently open with Bank Pictet & Cie (Europe) AG ("the Bank"), if any, that I am deemed a Beneficial Owner, Controlling Person or Relevant Person of, as well as (ii) any account(s) that may be opened at the Bank on the basis of the present form (collectively hereafter referred to as the "Account(s)").

First Name(s) \_\_\_\_\_

\_\_\_\_\_

Last Name(s) \_\_\_\_\_

Date of Birth	Place of Birth		
(dd/mm/yyyy)	City	State or Province	Country
_____	_____	_____	_____

Citizenship(s) – List all

\_\_\_\_\_

Actual address of domicile<sup>1</sup>

No.	Street
_____	_____

Postal or Zip Code	City	State or Province	Country
_____	_____	_____	_____

I duly confirm that the above address of domicile is my sole permanent residence address for tax purposes (If not, please indicate below your other country of tax residence).

➔ Address in another country of tax residence, if any<sup>2</sup>

Address

No.	Street
_____	_____

Postal or Zip Code	City	State or Province	Country
_____	_____	_____	_____

1. The term "actual address of domicile" is the residence address in the country where you have a permanent home and where the closest personal, family and economic ties are established (i.e. the centre of vital interests). Do not indicate P.O. boxes.

2. Please indicate jurisdiction(s), outside the country of your actual address of domicile, where you are fully liable for tax by reason of dual domicile, residence or professional activities. Do not indicate here countries where you are subject to limited tax liability (e.g. tax liability limited to the ownership of real estate alone). In case of doubt, please consult a tax advisor.



**II. FATCA Self-Certification of US/Non-US Tax Status**

I hereby make the following declarations to the Bank. (Tick the boxes that apply in response to the following questions)

**1 I am a U.S. citizen**

(Sole, dual or multiple citizenships)

Yes

No

**2. I was born in the U.S.**

(including any State, the District of Columbia, and certain U.S. Territories such as Puerto Rico, Guam, American Samoa, Northern Mariana Islands, U.S. Virgin Islands.)

Yes

No

**If the answer to (2) is "Yes", do you still have U.S. citizenship?**

Yes

No

**3. I obtained a U.S. Green Card**

(Irrespective of the expiry date. A Green Card means a U.S. alien registration card as a lawful permanent resident of the U.S.)

Yes

No

**If the answer to (3) is "Yes", do you still have a Green Card (i.e. you have not formally surrendered it to the US authorities)?**

Yes

No

**4. I am a U.S. tax resident by virtue of my presence in the United States**

(Under the "Substantial Presence Test" a person is considered a U.S. tax resident if the person was physically present in the U.S. at least 31 days during the current year and 183 days during the 3-year period that includes the current year and the 2 previous years. When calculating the substantial presence test, count (i) all days in the current year; (ii) 1/3 of the days in the first year before the current year; and (iii) 1/6 of the days in the second year before the current year. Days present in the U.S. may not count if the individual was issued certain types of visas.)

Yes

No

**Required forms for FATCA purposes:**

If you answered "Yes" to any of the questions above, and you did not tick a "No" box in the third column, please complete Section III and sign page 5 and complete and sign the W-9 on page 7.

→ Complete Section III and sign page 5  
→ Complete and sign form W-9 on page 7

If you answered "No" to the questions in the second column only, please complete Sections III and IV and sign page 5.

→ Complete Sections III and IV  
→ Complete and sign page 5

If you answered "No" to any of the questions in the third column, please complete Sections III and IV and sign page 5 and provide a Certificate of Loss of Nationality (if you were born in the U.S.) or a Form I-407 (if you previously held a Green Card).

→ Complete Sections III and IV  
→ Complete and sign page 5  
→ Provide Certificate of Loss of Nationality OR Form I-407 (Green Card holders)



### III. Country(ies) of residence for tax purposes and related Taxpayer Identification Number(s)

Please indicate the Individual's country of tax residence (if resident in more than one country, please list all countries and associated Tax Identification Numbers ("TIN")).

If the Individual is unable to provide a TIN for a specific country of tax residence, please include the appropriate reason A, B or C in the right column of the below table:

Reason A: No TIN is issued by the Individual's country of tax residence to its residents.

Reason B: No TIN is required (to be selected only if the authorities of the country of tax residence do not require the TIN to be disclosed).

Reason C: The Individual is unable to provide a TIN or equivalent number. Please specify the reason in the last column of the below table.

Country(ies) of tax residence	Tax Identification Number (TIN)	If no TIN available enter reason A,B or C	If you have selected reason C, explain why you are unable to provide a TIN

TO BE COMPLETED BY ALL INDIVIDUALS

### IV. Claim of Tax Treaty Benefits with the United States

Please tick the below box only if you are a non-US Beneficial Owner according to the US tax principles and if you want to claim the benefits of the Double Tax Treaty with the United States and your country of tax residence.

The term Beneficial Owner means an individual direct account holder or an individual who is partner of a partnership, grantor (settlor) of a grantor trust, beneficiary of a simple trust or an individual whose behalf a non qualified intermediary is acting.

The Beneficial Owner named in Section I certifies the following:

- As Beneficial Owner resident of the country mentioned under Section I above within the meaning of the income tax treaty between the United States and that country, I hereby claim the benefits of this tax treaty.

Should you have more than one country of tax residence, please specify which country you would like to invoke for the Treaty claim: \_\_\_\_\_.

TO BE COMPLETED BY NON-US BENEFICIAL OWNERS



## V. Tax Disclosure and Representations

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### 1. Confirmation of tax disclosure by Beneficial Owners

I confirm that all the Accounts at the Bank are fully disclosed (if applicable) to the relevant tax authorities in my country(ies) of tax residence in accordance with the applicable tax laws and regulations. I further confirm that I will continue to comply with any and all tax obligations (if applicable) in relation to the Account(s).

I undertake to provide documentation to corroborate the above confirmation should the Bank so request from time to time.

Furthermore, in accordance with the Bank's General Business Conditions, I hereby understand and expressly accept that it is solely my responsibility to comply with any and all tax obligations that I may be subject in relation to the Account(s) at the Bank and to bear the consequences thereof

Note: This section does not apply to relevant Person or Controlling Persons who have no tax obligation linked to the entity holding the Account(s), such as, but not limited to, trustees, foundation board members or protectors.

### 2. Changes of Circumstances

I undertake to inform the Bank, at my own initiative and within 30 days, of any change in circumstances in respect of any of the matters covered in this form. In the event of a change in circumstances, I will provide any new or updated forms, documents and certifications as required by the Bank within the stipulated deadline. If I do not, information related to the Account(s) may need to be disclosed to relevant authorities in other countries.

### 3. Accuracy of Information Provided

I understand and accept that providing any false, misleading or incomplete information is likely to harm the Bank as well as it may constitute an infringement to the applicable law for which I may be liable for false declarations and sentenced to monetary penalties if prescribed by the local law. Therefore, I agree to release, indemnify and hold the Bank and the other entities of the Pictet Group, as well as their respective employees, governing bodies and agents harmless from any liability, claim, fee, cost or damage of any kind (including any financial sanctions, fines, legal costs or lawyer's fees), in accordance with the Bank's General Business Conditions.

### 4. Personal Data Protection

I understand that all personal data contained in this document and/or related to the account(s) that will be treated in accordance with this Form will be processed according to the Pictet Group's Data Protection Privacy Notice.

## VI. Signature

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I confirm, to the best of my knowledge and belief, that the information provided in Sections above is true, correct and complete.

Signature of the Individual

Date: \_\_\_\_\_ (or authorized signatory): \_\_\_\_\_

Print first and last name of the signatory:

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