

Business Self Certification

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

For Internal ATB Use: Customer Number:

Legal Name of Business:

Trade Name (if applicable):

Section A: Declaration of your tax residence

The entity pays or should be paying tax to Canada. **Yes** **No**

The entity pays or should be paying tax to the US. **Yes** **No**

If you check this box, please provide the entity's Taxpayer Identification Number (TIN) from the US:

The entity pays or should be paying tax to a country other than Canada or the US. **Yes** **No**

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):

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

Please indicate if the following apply to your entity:

- | | | |
|------------|-----------|--|
| Yes | No | 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. |
| Yes | No | Registered charity, club, association, or arrangement in Canada operated exclusively for cultural, athletic or educational purposes. |
| Yes | No | Corporation with shares that regularly trade on an established securities market. |
| Yes | No | Government or 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**

IF PASSIVE NFFE AND ANY INDIVIDUAL DIRECTLY OR INDIRECTLY OWNS/CONTROLS 25% OR MORE OF THE ENTITY AND IS A TAX RESIDENT OF A COUNTRY OUTSIDE OF CANADA, PLEASE COMPLETE SECTION E. OTHERWISE PROCEED TO SECTION F.

Section E: Controlling persons

Please provide the name, address of residence, country of tax residence, TIN and percent control for each individual who directly or indirectly owns/controls 25% or more of the entity and who is a tax resident of the US and/or a country other than Canada.

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

Section F: 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**