

# Personal Self Certification

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

**For Internal ATB Use:** Customer Number:

Customer Name:

### Section A: Declaration of your tax residence

Please check all options that apply to you.

**I pay or should be paying tax to Canada.**      **Yes**      **No**

**I pay or should be paying tax to the US.**      **Yes**      **No**

If you check Yes, please provide your Taxpayer Identification Number (TIN) from the US:

**I am a citizen of the US.**      **Yes**      **No**

If you check Yes, please provide your TIN from the US:

**I pay or should be paying tax to a country other than Canada or the US.**      **Yes**      **No**

If you check Yes, please indicate the country of tax residence and provide your TIN from this country.

Country of tax residence:

TIN:

If you do not have a TIN from this country, please indicate the reason:

- I will apply or have applied for a TIN, but have not yet received it.
- My country of tax residence does not issue TINs to its residents.
- Other (please specify):

Country of tax residence:

TIN:

If you do not have a TIN from this country, please indicate the reason:

- I will apply or have applied for a TIN, but have not yet received it.
- My country of tax residence does not issue TINs to its residents.
- Other (please specify):

## Section B: Temporary visitors to countries outside Canada (including snowbirds)

Please check only if you agree with **all** of the following statements:

- I certify I am a resident of Canada and not at any time a resident of any country outside of Canada for tax purposes.
- I further certify I remain a resident of Canada and I am not a citizen of the US.
- I further certify that any address or telephone number for a country outside Canada, or any standing instructions to transfer funds to an account maintained in a country outside of Canada associated with this account exists or will arise only for the purpose of temporary visits I make to this/these countries outside Canada.
- I agree to notify ATB Financial if events cause this certification to become false or misleading.

## Section C: 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:

### 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](http://www.Canada.ca)**