

Personal Self Certification

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

For Internal ATB Use: Client Number:

Client Name:

Section A: Declaration of your tax residence

Please check all options that apply to you.

I am a tax resident of Canada. (Including Tax Exempt individuals, such as minors)

I am a tax resident of the US.

If checked, please provide your Taxpayer Identification Number (TIN) from the US:

I am a citizen of the US.

If checked, please provide your TIN from the US:

I am a tax resident of a country other than Canada or the US.

If checked, 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):

Section B: Temporary visitors to countries outside Canada (including snowbirds and temporary visa visitors)

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