OLYMPIA TRUST COMPANY

Controlling Persons Annex

Investment Account Services Division
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Email: myaccount@olympiatrust.com

A controlling person means an individual who ultimately owns or controls, either directly or indirectly, the entity. For a trust, this may include the settlor, trustee, protector, beneficiary, class of beneficiaries, or any other individual who ultimately controls the trust. For FATCA purposes, also include any substantial U.S. owners or controlling persons, if applicable.

1. Controlling Person Information

Last Name _____ First Name and Initials _____

Social Insurance Number _____ Date of Birth *(mm/dd/yyyy)* _____

Type of Controlling Person:
☐ Direct owner ☐ Indirect owner ☐ Director ☐ Settlor
☐ Senior managing official ☐ Trustee ☐ Protector ☐ Beneficiary
☐ Class of beneficiaries ☐ Other person with ultimate effective control: _____

Permanent Address _____

City _____ Province _____ Postal Code _____

Mailing Address *(optional - if different from primary address)* _____

City _____ Province _____ Postal Code _____

2. Controlling Person Tax Residence

Tax Residence:

☐ I am a resident of Canada for tax purposes. I am a Canadian tax resident since: _____ Date *(mm/dd/yyyy)*

☐ I am a U.S. citizen or a U.S. resident for tax purposes.

If yes, provide your U.S. Taxpayer Identification Number (U.S. TIN): _____

If you do not have a U.S. TIN, have you applied for one? ☐ Yes ☐ No. If no, explain why: _____

If you are a U.S. citizen or U.S. resident for tax purposes, please provide your place of birth: _____

☐ I am a resident of a country or jurisdiction **other than Canada or the U.S.** for tax purposes. If yes, please complete the table below.

#	Tax residence jurisdiction	TIN or equivalent	If no TIN, reason A, B or C
1			
2			
3			

Reason A: TIN has been requested but not received.

Reason B: The jurisdiction does not issue TINs.

Reason C: Other reason; explain: _____

3. Certification

I certify that all information provided in **section 1 (Entity Information), section 2 (Entity Tax residence), and section 3 (Entity Classification) of the Self-Certification for Corporate and Limited Partnership Accounts and section 1 (Controlling Person Information) and section 2 (Controlling Person Tax residence) of the Controlling Persons Annex**, where applicable; any other information provided to Olympia Trust Company for CRS and FATCA purposes, including the entity's:

- legal name;
- jurisdiction of incorporation, formation, or organization;
- permanent and mailing address;
- jurisdiction(s) of residence for tax purposes;
- taxpayer identification number(s) (TINs), business number(s), trust account number(s), GIIN(s), EIN(s), or other tax identification numbers, where applicable;
- CRS and FATCA classification; and
- controlling person information, where applicable, is true, correct, and complete.

I acknowledge that Olympia Trust Company may rely on this information as the entity's self-certification for CRS and FATCA purposes. Olympia may request additional information if needed to verify the entity's tax residency, classification, or controlling person information.

I will provide Olympia Trust Company with updated information and/or a new self-certification within 30 days of any change in circumstances that causes any information contained in the sections, schedules, or information referenced above to become incomplete, incorrect, or inaccurate.

Controlling person's name	Signature	Date *(mm/dd/yyyy)*

Privacy Notice: In providing services to you, we receive non-public, personal information about you. We receive this information through the transactions we perform for you and may also receive information about you by virtue of your transactions with our affiliates and other parties. We will hold your personal information in accordance with our Privacy Policy, a copy of which may be found on our website at www.olympiatrust.com