

FATCA STATEMENT FORM (PERSONAL ACCOUNT)

Dear Customer,

Please answer the below questions by ticking the box with the correct answer to each questions (either yes or no).

1. Are you currently in the possession of a U.S. passport (including one of dual passports)? YES NO
2. Are you currently in the possession of a U.S. Green Card? YES NO
3. Is your current place of residence in the U.S. (as resident alien)? YES NO
4. Do you (expect to) receive any U.S. source income (e.g. salary, interest, dividend, royalties, rent, sale or disposition of real estate property)? YES NO
5. For private clients: if any of the previous questions is answered "yes", please answer the following question: Do you directly or indirectly own more than 10% of a non-U.S. entity? YES NO

If any of the above questions is answered 'yes', please provide us with supporting documentation (U.S. passport, green card, proof of residence, proof of ownership or any other substantiation). Furthermore, you are required to provide us with a filled out and signed "Form W-9" (for individual) or "Form w-8BEN" (for Corporation: U.S. non-financial institution) or "Form W-8BEN-E" (for corporations: Foreign Financial Institution) from the U.S. Department of the Treasury Internal Revenue Service (request for taxpayer identification number and certification), which is attached. In case you classify as a "specified U.S. person" according to FATCA legislation, we are forced to report your account to the U.S. and/or local revenue service annually. Furthermore, due to failure to comply with FATCA requirements, we may be forced to impose 30% withholding tax on certain payments as required by FATCA law. By signing this FATCA statement, you permit disclosure of any required account information to the U.S. IRS and/or the local revenue service relation to FATCA compliance.

The undersigned hereby certifies that the answers provided on this form are complete and truthful. The undersigned undertakes to inform Girobank N.V. immediately about changes on the answers provided on this form.

SIGNATURE CLIENT / UBO

ID#

DD/MM/YYYY

DATE

FULL NAME

PLACE