

INTERNATIONAL KYC NEW ACCOUNT WORKSHEET

Date Prepared: _____

Trust Name: _____

EIN#: _____

Trust Type: (i.e., grantor or non-grantor) _____

Trust Type: (i.e., domestic or foreign) _____

A letter from competent U.S. tax counsel has been obtained to:

classify the trust (grantor or non-grantor, domestic or foreign) ☐ Yes ☐ No

summarizes federal income tax reporting relating to the trust and beneficiaries ☐ Yes ☐ No

summarizes state income tax reporting relating to the trust and beneficiaries ☐ Yes ☐ No

An organizational chart has been provided that:

Identifies financial accounts (U.S. and non-U.S.) ☐ Yes ☐ No
and highest U.S. balance of each non-U.S. account

Identifies trust owned U.S. and foreign entities, and the classification ☐ Yes ☐ No
[e.g., corporation ("C" or "S"), partnership, LLC, disregarded entity or trust]
of such entities for U.S. tax purposes.

Grantor/Settlor: _____ SSN: _____

Address (Current Primary Residence): _____

Phone: _____ Mobile: _____

Email: _____

Date of Birth: _____ Date of Death: _____

Country of Citizenship (provide all) _____

Occupation: _____

Have you been a politically exposed person (PEP) or a relative of a PEP? YES or NO

If yes, please provide details of the position held or association.

Do you have any pending or threatened claims or have you ever been convicted of any crime/fraud in a court of law or under any investigation of any nature or involved in any legal proceedings? YES or NO

If yes, please provide details: _____

Are you presently under any investigation of any nature, or involved in any legal or administrative proceedings?
YES or NO If yes, please provide details: _____

Receive Statement (circle one): Y or N

If yes, circle one - Electronic or Mailed

A copy of the grantor's passport has been provided ☐ Yes ☐ No

A recent utility bill (current, within 90 days) has been provided ☐ Yes ☐ No

Has it been verified? ☐ Yes ☐ No

A FATCA Declaration form has been completed ☐ Yes ☐ No

A W-8BEN or a W-9 (whichever is relevant) has been completed ☐ Yes ☐ No

Beneficiary Information

Prior to any distribution, the following documents must be provided:

1. A certified copy of a government issued photo ID
2. W-8BEN or W-9
3. FATCA Declaration form

Name: _____ SSN: _____

Address (Current Residence): _____

Phone: _____ Mobile: _____

Email: _____

Date of Birth: _____

Relationship: _____

Country of Citizenship (provide all) _____

Receive Statement (circle one): Y or N

If yes, circle one - Electronic or Mailed

Share of Income/Principal: _____

Distribution Amount: _____ Date: _____

Name: _____ SSN: _____

Address (Current Residence): _____

Phone: _____ Mobile: _____

Email: _____

Date of Birth: _____

Relationship: _____

Country of Citizenship (provide all) _____

Receive Statement (circle one): Y or N If yes, circle one - Electronic or Mailed

Share of Income/Principal: _____

Distribution Amount: _____ Date: _____

Beneficiary Information (Con't)

Name: _____ SSN: _____

Address (Current Residence): _____

Phone: _____ Mobile: _____

Email: _____

Date of Birth: _____

Relationship: _____

Country of Citizenship (provide all) _____

Receive Statement (circle one): Y or N If yes, circle one - Electronic or Mailed

Share of Income/Principal: _____

Distribution Amount: _____ Date: _____

Name: _____ SSN: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Date of Birth: _____

Relationship: _____

Country of Citizenship (provide all) _____

Receive Statement (circle one): Y or N If yes, circle one - Electronic or Mailed

Share of Income/Principal: _____

Distribution Amount: _____ Date: _____

Legal Information

Attorney Name: _____

Company: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Assistant/Associate Info: _____

Receive Statement (circle one): Y or N If yes, circle one - Electronic or Mailed

Tax Information

Accountant Name: _____

Company: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Assistant/Associate Info: _____

Receive Statement (circle one): Y or N If yes, circle one - Electronic or Mailed

Insurance Information

Agent: _____

Carrier: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Copy of Declaration Page (circle one): Y or N

Investment Information

Investment Manager: _____

Company: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Assistant/Associate Info: _____

Receive Statement (circle one): Y or N If yes, circle one - Electronic or Mailed

Asset Composition and Approximate Value: _____

Real Estate Information (if applicable)

Parcel/County/State: _____

Address: _____

Legal Description: _____

Provide Settlement Sheet – Information received on: _____

Trust Protector Information

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Receive Statement (circle one): Y or N If yes, circle one - Electronic or Mailed

One form of certified government issued ID has been provided ☐ Yes ☐ No

W-8BEN or W-9 has been provided ☐ Yes ☐ No

FATCA Declaration form has been provided ☐ Yes ☐ No

Investment Advisor (Fiduciary) Information

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Receive Statement (circle one): Y or N If yes, circle one - Electronic or Mailed

One form of certified government issued ID has been provided ☐ Yes ☐ No

W-8BEN or W-9 has been provided ☐ Yes ☐ No

FATCA Declaration form has been provided ☐ Yes ☐ No

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Distribution Advisor (Fiduciary) Information

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Receive Statement (circle one): Y or N If yes, circle one - Electronic or Mailed

One form of certified government issued ID has been provided ☐ Yes ☐ No

W-8BEN or W-9 has been provided ☐ Yes ☐ No

FATCA Declaration form has been provided ☐ Yes ☐ No

Prior Trustee Information (if applicable)

Name: _____

Company: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Assistant/Associate Info: _____

BTC Internal Use Only:

Fee Information:

Yearly Fee: _____ Additional Fees: _____

Billing Cycle: _____ First Invoice Date: _____

Send Bill to: _____

Method of Delivery (Circle One): Mail Email

Accepted by Trust Committee: _____ Date Set Up in System: _____

Date Trust Executed: _____

1. I acknowledge that Untitled SLC LLC (Untitled) does not provide any tax or legal or investment advice and I confirm that I have not relied on Untitled to provide me with such advice.
2. I understand, appreciate and agree that Untitled have and will continue to rely on the information I have provided when considering whether to act and/or continue to act as director, trustee, managing partner, etc. of the entity/structure.
3. I am fully aware and responsible of my own personal tax affairs and declare that I have not been convicted of any tax crimes, including omissions, falsifications or fraudulent conduct perpetrated with willful intent to evade tax or to assist others in evading tax. All assets which I have contributed or acquired into the Structure are sourced from legitimate sources and are not proceeds of any "Designated Categories of Offenses"¹
4. I confirm that I have been informed that the Structure I am setting up or is currently in place could be reportable and/or taxable in my country of tax residency / citizenship, and therefore I should obtain appropriate legal and tax advice in my home jurisdiction and all other relevant jurisdictions.

I hereby declare that I will follow the advice received, and I have complied and will continue to comply with my tax obligations and responsibilities as per my country of tax residency / citizenship as it pertains to the income and assets of the Structure that is managed by Untitled.

To the best of my knowledge, the entities in my Structure have not and will not be used in connection with any serious tax offense, and I undertake to immediately notify and provide to you all information and documentation relating to my tax affairs if there is any change to the circumstances declared above and as may be required by you;

5. I hereby declare that I will fully cooperate with any request of Untitled to assess the veracity of above Declarations, Including the provision of copies of individual tax returns and tax assessments to the extent related to the assets and income of the Structure or the provision of a Certification of Confirmation by a tax professional (CPA, Attorney) confirming such tax disclosure, or a professional tax opinion stating full compliance with local tax filing requirements.
6. In the event that Untitled is under a legal obligation to any applicable governmental authority, directly or indirectly, to report or acknowledge the structure and/or related income, or incurs tax liability together with me in relation to the assets held in the structure and/or related income, Untitled shall cooperate with such authorities and any investigation that ensues and may be obligated to enquire or ensure that I have sought or implemented any such tax and/or legal advice and that I am reporting all relevant information to the Tax Authorities.
7. I acknowledge that I understand the purpose of this KYC Declaration in connection with AML regulations, with FATCA and the applicable Inter-Governmental Agreement (IGA) and any other regulation regarding the reporting and (automatic) exchange of information to tax authorities or financial institutions. I have been duly informed by Untitled of the implementation, nature and scope of FATCA and IGA regulations and agreements as well as about their possible impact on the structure which Untitled manages for me, respectively on my behalf or for my benefit. Therefore, I hereby release Untitled of any

¹ List of "Designated Categories of Offenses" as per Forty Recommendations on Money Laundering prepared by the Financial Action Task Force (FATF). 1. Participation in an organized criminal group and racketeering 2. Terrorism, including terrorist financing 3. Trafficking in human beings and migrant smuggling 4. Sexual exploitation, including sexual exploitation of children 5. Illicit trafficking in narcotic drugs and psychotropic substances 6. Illicit arms trafficking 7. Illicit trafficking in stolen and other goods 8. Corruption and bribery 9. Fraud 10. Counterfeiting currency 11. Counterfeiting and piracy of products 12. Environmental crime 13. Murder, grievous bodily injury 14. Kidnapping, illegal restraint and hostage-taking 15. Robbery or theft 16. Smuggling 17. Tax crimes (related to direct taxes and indirect taxes) 18. Extortion 19. Forgery 20. Piracy 21. Insider trading and market manipulation.

confidentiality duty in every respect to FATCA and IGA, and any other regulation regarding the reporting and (automatic) exchange of information to tax authorities or financial institutions, in regards to the information I provided them with and I absolve Untitled of their duty to comply with the professional secrecy rules accordingly, waiving any rights I may otherwise have pursuant to such professional secrecy rules of any jurisdiction. In the event of such cooperation with tax authorities or reporting and exchange of information to tax authorities or financial institutions, I shall hold Untitled harmless for any damages or actions resulting from such reporting and exchange of information. Furthermore, I also expressly authorize and instruct Untitled to use and disclose any and all information in every respect relating to FATCA and IGA and any other regulation regarding (automatic) exchange of information to tax authorities or financial institutions as mandatory by laws and regulations, especially for the entity classification, its registration with the U.S. Internal Revenue Service or the local tax authorities and its duty of reporting, if applicable.

8. I and/or the structure give/gives my/its express consent to Untitled and to any of the Untitled related companies (by requesting and benefiting from the services supplied by any Untitled company pursuant to any relevant service contract Untitled may have in connection with my/structure and any of their associated persons including, without limitation, a holding company, its subsidiary or undertaking -whatever the legal form or legal arrangement; director, officer, employee, agent, authorized representative or Associated Persons) personal and business data to be gathered, processed, stored, and kept for purposes of (i) performing the obligations contemplated in the Contract and (ii) complying with commercial and other applicable legal duties and obligations (including, anti-money laundering, corporate, accounting and tax reporting) to the extent and for so long as legally required. Untitled shall be entitled to transfer any data to any Untitled related company or third party contractor or subcontractor, as permitted by the applicable law. I consent that details of myself and/or structure and its Associated Persons may be accessed, shared or viewed by any Untitled company and by any financial institutions and other private entities involved in the supply of the Services to the Client. Such actions shall not constitute a breach of Untitled's duty of confidence under the contract.

9. Permitted Disclosure and Data Sharing. I understand and agree that the Contract constitutes a business-to-business relationship and that certain data relating to me and my Associated Persons/entities may be legally required for the entry into the Contract and for the performance of the Services. Untitled or any Untitled company may disclose my and/or entities personal, private or confidential information:

- a. To any Untitled companies' directors, officers, employees, agents, representatives or advisers who need to know such information for the purposes of carrying out Bridgeford's duties and obligations in connection with the Contract; and
- b. As may be required by law, court order or any governmental or regulatory proceedings or pursuant to the requests of any regulatory agency having jurisdiction over the my (UBO)/entities activities.

10. Electronic Communications. For purposes of the supply of Services, I agree to the use of all means of electronic communications and assumes the risks associated with such use. Untitled or any Untitled company shall not be liable to the other party for any losses caused by errors or viruses or by the late or incomplete delivery, corruption, or destruction of information or documents.

11. I DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM IS ACCURATE AND COMPLETE. I understand any misrepresentation will be cause for Untitled to consider immediate termination of relationship and in certain circumstances, Untitled may report to applicable Tax / Regulatory Authorities.

In case any of the information provided in Section I to IV changes at any time hereafter, I undertake to inform Untitled immediately and provide an updated KYC declaration form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

Name: _____ Signature: _____

Date: _____