Form **8957**

(Rev. October 2015)
Department of the Treasury
Internal Revenue Service

Foreign Account Tax Compliance Act (FATCA) Registration

▶ Information about Form 8957 and its separate instructions is at www.irs.gov/form8957.

OMB No. 1545-2246

- All applicants must complete Part 1.
- This form will not be processed if it is not signed.
- DO NOT fill out this form if you have begun registering at http://www.irs.gov/fatca.
- The IRS strongly recommends that applicants register by accessing the online version of this form at http://www.irs.gov/fatca. The use of this paper form will take longer for the IRS to process and if any information is missing or incomplete the delay in registration may be significant.
- This form should be mailed to: FATCA, Stop 6099 AUSC 3651 South IH 35 Austin, Texas 78741

Part	1 Financial Institution Registration
1	Select Financial Institution Type (check only one) Single (not a member of an Expanded Affiliated Group) Lead of an Expanded Affiliated Group
	 Member (not Lead) of an Expanded Affiliated Group. If a Member, you must provide the FATCA ID issued for such Member and provided by your Lead: Sponsoring Entity
2	Legal Name of the Financial Institution
3 a	What is the Financial Institution's country/jurisdiction of residence for tax purposes?
b	What is the Financial Institution's country/jurisdiction tax ID?
4	Select the Financial Institution's FATCA classification in its country/jurisdiction of tax residence (check only one) Participating Financial Institution not covered by an IGA; or a Reporting Financial Institution under a Model 2 IGA Registered Deemed-Compliant Financial Institution (including a Reporting Financial Institution under a Model 1 IGA) Limited Financial Institution None of the above
5	Mailing Address of Financial Institution
	Country/Jurisdiction
	Address Line 1
	Address Line 2
	City State/Province/Region ZIP/Postal Code

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6 a	Indicate whether the Financial Institution Qualified Intermediary (QI) Provide QI EIN:	on has in effect a withholding agre	eement with the IRS to be treated as or	ne of the following:			
	Does the Financial Institution intend to ma	intain its status as a QI?					
b	Withholding Foreign Partnership (WP) Provide WP EIN: Does the Financial Institution intend to ma Yes No	uintain its status as a WP?					
С	Withholding Foreign Trust (WT) Provide WT EIN: Does the Financial Institution intend to ma Yes No	uintain its status as a WT?					
d	☐ Not applicable						
7	Does the Financial Institution maintain Yes (If "Yes," complete lines 8, 9a, 9b No (If "No," go to line 10)		of its country/jurisdiction of tax reside	nce?			
8	Is the Financial Institution a tax resident of the United States or does it maintain a branch in the United States (other than the U.S. territories) Yes Provide the U.S. EIN of the U.S. Financial Institution or U.S. branch: No						
9a	List each jurisdiction (other than the United States) in which the Financial Institution maintains a branch. Also please list branches maintained in any of the U.S. territories. If none, leave blank and go to line 10.						
b	Is the branch a Limited Branch?	,					
	☐ Yes ☐ No						
С	If the branch is currently covered by a €	QI agreement, does the Financial	Institution intend to maintain QI status	for that branch?			
	☐ No						
	☐ Not applicable (Use additional sheets to add branches.)						
10	FATCA Responsible Officer (RO) for the	Financial Institution					
	Business Title of RO Legal Name						
	Last (Family)	First (Given)	Middle				
	City	Cour	try/Jurisdiction				
	Business Address Line 1						
	Business Address Line 2	State/Province/F	Region	ZIP/Postal Code			
	Business Telephone Number	Business Fax Number	Business Email Address of RO				

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11a	The Financial Institution's RO will be a point of contact (POC) for the Financial Institution. In addition, the RO of a Financial Institution registering as a Lead of all or part of an Expanded Affiliated Group will be a POC for each Member of that group. Does the RO or an Authorizing Individual wish to designate one or more additional POCs for the Financial Institution? Yes (If "Yes," complete line 11b)						
	No (If "No," go to	•					
b	This line 11b must be completed by the Financial Institution's RO or an Authorizing Individual. Upon entering the POC information below, checking the box that follows, and submitting this registration form, the RO or Authorizing Individual is providing the IRS with written authorization to release FATCA information to the POC. This authorization specifically includes authorization for the POC to complete this Form 8957: FATCA Registration, to take other FATCA-related actions, and to obtain access to the Financial Institution's tax information.						
	Business Title of POC Legal Name of POC						
		Last (Family)	First (Given)	Middle			
	City		Country/Jurisdiction				
	Business Address Line 1						
	Business Address Line 2		State/Province/Region	ZIP/Postal Code			
	Business Telephone Num	Business Fax Numb	er Business Email Add	ress of POC			
	Five POCs are allowed	ed per Financial Institution. Use additi	onal sheets to add POCs.				
By checking this box, I,, as RO or Authorizing Individual for the Financial Institution, provide the authorization described above to the identified POCs listed in this line 11b. Once this authorization is granted, it is effective until revoked by eith the Financial Institution or the POC.							
Part	2 Expanded A	ffiliated Group					
12	Lead Financial Institu	utions must read the instructions befo g for each Financial Institution membe		5			
	Legal nam	e of Member Financial Institution	Country/Jurisdiction of residence for tax purposes	Member type *			

Participating Financial Institution not covered by an IGA; or a Reporting Financial Institution under a Model 2 IGA Registered Deemed-Compliant Financial Institution (including a Reporting Financial Institution under a Model 1 IGA) Limited Financial Institution

^{*} Enter one of the following:

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Part :	2 E	xpanded Affiliated Group (continued)			
13a		Financial Institution the Common Parent Entity of the Expanded Affiliated Group?			
		s (If "Yes," go to line 14)			
	∐ No	(If "No," complete line 13b)			
b	b Enter the Legal Name of the Expanded Affiliated Group's Common Parent Entity. Also enter the FATCA ID (if known). Legal Name of the Common Parent Entity ▶				
	FATOA	IDA			
	FATCA				
Part	2 5	Non-constant Assessment for Oto MIDs on MITs			
Part	3 К	Renewal of Agreement for QIs, WPs, or WTs			
14		/WP/WT's legal name changed since the effective date of its most recent QI/WP/WT agreement? 5. Provide new legal business name			
		Provide reason for name change			
		☐ Merger			
		Liquidation			
		Re-branding (name change only)			
	☐ No				
15		nsible Party — DALLA I I CE ONII	V		
	Legarin	lame of Responsible Party			
		Last (Family) First (Given) Middle			
	Business	s little			
		s Telephone Number Business Fax Number Business Email Address of Responsible Par	ty		
	Is the re	esponsible party the same person listed as the RO for the Financial Institution?			
	☐ No				
16	Identify	y any private arrangement intermediary (PAI) contracts that are effective:			
	Legal N	lame of PAI			
	Ü				
	Country/	/Jurisdiction			
	Courti y/	ounded out of the second out o			
	Address	Line 1			
	Address				
	Address	Line 2			
	City	State/Province/Region Z	IP/ Postal Code		
	Email Ad	ddress of PAI Use additional sheets to add more PAIs.			
Part -	4 s	SIGNATURE			
	By check	king this box, I,, certify that, to the best of my knowledge, the information submitted above is	accurate and		
		e and I am authorized to agree that the Financial Institution (including its branches, if any) will comply with its FATCA obl			
		nce with the terms and conditions reflected in regulations, intergovernmental agreements, and other administrative guida	-		
		oplicable to the Financial Institution based on its status in each jurisdiction in which it operates.			
	· ·	I declare that I have examined this form including any accompanying statements, and to the best of my knowledge and belief, it is true.	correct. and		
٥.		complete.			
Sign	l				
Here	•				
	-				
		▼ Signature ▼ Date			