

Foreign Account Tax Compliance Act (FATCA) Registration

► Go to www.irs.gov/Form8957 for instructions and the latest information.

- 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 www.irs.gov/FATCA.
- The IRS strongly recommends that applicants register by accessing the online version of this form at 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)

- Direct Reporting NFFE
- Participating FFI, including a Reporting Financial Institution under a Model 2 IGA
- Registered Deemed-Compliant FFI that is a Local FFI
- Registered Deemed-Compliant FFI that is a Non-Reporting Member of a PFFI Group
- Registered Deemed-Compliant FFI that is a Qualified Collective Investment Vehicle
- Registered Deemed-Compliant FFI that is a Qualified Credit Card Issuer or Servicer
- Registered Deemed-Compliant FFI that is a Restricted Fund
- Reporting Financial Institution under a Model 1 IGA
- Sponsoring Entity of Sponsored Direct Reporting NFFEs
- Sponsoring Entity of Sponsored FFIs
- Sponsoring Entity of Sponsored FFIs and Sponsored Direct Reporting NFFEs
- Trustee of a Trustee-Documented Trust
- U.S. Financial Institution

5 Mailing Address of Financial Institution

Country/Jurisdiction _____

Address Line 1 _____

Address Line 2 _____

City _____ State/Province/Region _____ ZIP/Postal Code _____

6 Indicate whether the Financial Institution has in effect a withholding agreement with the IRS to be treated as one of the following:

a Qualified Intermediary (QI)
 Provide QI EIN: _____ - _____
 Does the Financial Institution intend to maintain its status as a QI?
 Yes
 No

b Withholding Foreign Partnership (WP)
 Provide WP EIN: _____ - _____
 Does the Financial Institution intend to maintain its status as a WP?
 Yes
 No

c Withholding Foreign Trust (WT)
 Provide WT EIN: _____ - _____
 Does the Financial Institution intend to maintain its status as a WT?
 Yes
 No

d Not applicable

7 Does the Financial Institution maintain a branch in a jurisdiction outside of its country/jurisdiction of tax residence?

Yes (If "Yes," complete lines 8 and 9)
 No (If "No," go to line 10)

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

9 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.

(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 Country/Jurisdiction

Business Address Line 1

Business Address Line 2 State/Province/Region ZIP/Postal Code

Business Telephone Number Business Fax Number Business Email Address of RO

Part 2 Expanded Affiliated Group *(continued)*

13a Is the Financial Institution the Common Parent Entity of the Expanded Affiliated Group?

- Yes (If "Yes," go to Signature line)
- No (If "No," complete line 13b)

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 ▶ _____

FATCA ID ▶ _____

SIGNATURE

By checking this box, I, _____, certify that, to the best of my knowledge, the information submitted above is accurate and complete and I am authorized to agree that the Financial Institution (including its branches, if any) will comply with its FATCA obligations in accordance with the terms and conditions reflected in regulations, intergovernmental agreements, and other administrative guidance to the extent applicable 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 complete.

Sign Here

▶ _____
Signature

▶ _____
Date