

FATCA/CRS Entity Self-Certification Form

(For use by an active NFFE, a publicly-traded NFFE or NFFE affiliate of a publicly-traded entity having only a depository account outside of the United States)

For accounts opened in Model 1 and Model 2 and NON-IGA Jurisdictions

Citigroup is the issuer and credit provider of Suncorp Clear Options Credit Cards. As such these forms refer to Citi throughout in order for Citi to comply with FATCA/CRS tax obligation.

This form is provided and prepared by Citigroup and is provided only in respect of Clear Options Credit Cards, and will need to be completed in addition to other self-certification required to be completed for Suncorp products.

To comply with tax information reporting requirements of governmental authorities such as Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standard ("CRS"), Citi must obtain certain information about each account holder's tax residency and tax classification status. In certain circumstances, Citi may be required to share this information with relevant tax authorities.

By completing and signing this Form, you are self-certifying that the entity is an Active Non-Financial Foreign Entity (Active NFFE) by reason of income/assets, a publicly-traded NFFE or an NFFE related to a publicly-traded corporation and has only a depository account outside of the United States. If you need assistance in determining the entity's FATCA status or in completing this Form, please contact your tax or legal advisor.



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Citigroup Pty Limited ABN 88 004 325 080, AFSL No. 238098, Australian credit licence 238098 ("Citigroup") is the credit provider and issuer of Suncorp Clear Options Credit Cards. Suncorp-Metway Ltd ABN 66 010 831 722, Australian credit licence 229882 ("Suncorp Bank") promotes and distributes Suncorp Clear Options Credit Cards on Citigroup's behalf under an agreement with Citigroup. Suncorp Bank will not guarantee or otherwise support Citigroup's obligations under the contracts or agreements connected with the Credit Cards (other than those relating to Suncorp Bank internet banking and phone banking).

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Part 1 – Entity/Organisation Details

A. Name of Entity or Organisation _____

B. Country of Incorporation or Organisation _____

C. US Tax Identification Number (TIN) (or foreign TIN if no US TIN) _____

D. Permanent Residence Address (do not use a PO Box or an in-care-of address [other than a registered address])

E. Country _____ **F. Postal/ZIP Code** _____

G. Mailing Address (if different from above)

H. Country _____ **I. Postal/ZIP Code** _____

J. Country of Tax Residence and related Taxpayer Identification Number (TIN) or Equivalent

Please complete the following table indicating the Account Holder's tax residence country or countries (*i.e., where the entity is treated as a resident of the country for purposes of that country's income tax*) and the Account Holder's TIN (if any) for each country indicated. If the Account Holder is tax resident in more than three countries, please use a separate sheet. If the Account Holder is not tax resident in any jurisdiction (*e.g., because it is fiscally transparent*), please provide its place of effective management or the country in which its principal office is located on line 1.

If a TIN is unavailable, please provide the appropriate reason **A**, **B** or **C** as defined below:

Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents.

Reason B – The Account Holder is unable to obtain a TIN or equivalent number. (If this reason is selected, please explain why the Account Holder is unable to obtain a TIN in the below table.)

Reason C – No TIN is required because the tax residence jurisdiction that issued the TIN does not require a Financial Institution to collect and report the TIN.

	Country of tax residence	TIN	If no TIN available, enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1	
2	
3	

Is the organisation a disregarded entity, partnership or other fiscally transparent entity for US tax purposes? If yes, please complete the appropriate IRS Form W-8 or W-9. You cannot complete this Form.

Yes

No

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Part 2A – FATCA Status

- Active NFFE (complete part 3)
- Publicly-Traded NFFE or NFFE Affiliate of a Publicly-Traded Entity (complete part 4)
- Active NFFE having a custodial account for holding securities (must complete appropriate Form W-8)
- Passive NFFE (must complete appropriate Form W-8)
- Non-participating FFI (must complete appropriate Form W-8)
- Participating FFI (must complete appropriate Form W-8)
- Reporting Model 1 FFI (must complete appropriate Form W-8)
- US entity (must complete Form W-9)

If the entity has any FATCA status other than Active NFFE or publicly-traded NFFE or NFFE affiliate of a publicly-traded entity, you should not complete this Form. You should complete the appropriate IRS Form W-8 or Form W-9 (if a US entity) and a CRS Self-Certification.

IRS Forms W-8BEN-E, W-8IMY, W-8EXP, W-8ECI and W-9 and their corresponding instructions can be found at <http://www.irs.gov/forms>

Part 2B – Beneficial Owner Status

Please indicate your entity's US tax classification status by checking the appropriate status below:

- Corporation Estate Central Bank of Issue Private Foundation
- Complex Trust Government Tax-Exempt Organisation

Part 3 – Active NFFE

Certification

- I certify that:
- The entity identified in Part 1 is a non-US entity that is not a financial institution; **and**
 - Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
 - Less than 50% of the assets held by such entity during the preceding calendar year were assets that produce or are held for the production of passive income (see Guidelines for an explanation of passive income);

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Part 4 – Publicly-Traded NFFE or NFFE Affiliate of a Publicly-Traded Entity

Certification

A. I certify that:

- The entity identified in Part 1 is a non-US corporation that is not a financial institution; **and**
- The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).

B. I certify that:

- The entity identified in Part 1 is a non-US corporation that is not a financial institution;
- The entity identified in Part 1 is a Related Entity to an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
- The name of the securities market on which the stock is regularly traded is _____

Part 5 – Consent to Information and Document Sharing

I authorise Citi to provide, directly or indirectly, to any relevant tax or other governmental authorities, a copy of this Form and to disclose to such party any additional information that Citi may have in its possession that is relevant to the entity's claims on this Form. I acknowledge and agree that information contained on this Form and information regarding income paid or credited to or for the benefit of the account(s) to which this Form relates may be reported to tax or other governmental authorities and that those parties may provide the information to the country or countries in which the entity is resident for tax purposes.

Under penalties of perjury, I declare that I have examined the information on this Self-Certification and to the best of my knowledge and belief, it is true, correct and complete. I further certify under penalties of perjury that:

- a. The entity identified on line 1 of this Self-Certification is the beneficial owner of all the income to which this Form relates and is using this Form to certify its status for Chapter 4 purposes;
- b. The entity identified on line 1 of this Self-Certification is not a US Person;
- c. I am authorised to sign for the entity identified on line 1.

I agree that the entity identified on line 1 of this Self-Certification will submit a new Self-Certification within 30 days if any certification on this Form becomes incorrect.

Signature: _____

Print Name: _____

Date (DD/MM/YYYY): _____

Note: Please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a copy of the power of attorney.

Capacity: _____

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