



SMEAD FUNDS  
A COLLECTIVE INVESTMENT FUND, ORGANIZED UNDER  
THE LAWS OF THE GRAND DUCHY OF LUXEMBOURG

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## Controlling Person Self-Certification Form for FATCA and CRS

### Instructions for completion

We are obliged under local laws and regulations to collect and report to the Luxembourg tax authorities and the relevant foreign tax authorities certain information about financial accounts held by some of the Controlling Persons of Account Holders that are Passive Non Financial Entities (NFEs).

For joint or multiple Controlling Persons, please complete a separate Self-Certification Form for each Controlling Person.

If you are completing the Self-Certification Form on the Controlling Person's behalf, then you should indicate the capacity in which you have signed in Section V. For example, you may be the custodian or nominee of an account on behalf of the Controlling Person, or you may be completing the form under a signatory authority or power of attorney.

If you have any questions about this Self-Certification Form or defining your FATCA or CRS status, please speak to your tax adviser or local tax authority.

For further information on CRS please refer to the OECD automatic exchange of information portal: <http://www.oecd.org/tax/automatic-exchange/>

Mandatory fields are marked with an \*

### Section 1: Controlling Person Identification (please refer to the glossary)

NAME\*

RESIDENTIAL ADDRESS NUMBER\*

STREET

CITY, TOWN, STATE, PROVINCE OR COUNTY

POSTAL/ZIP CODE

COUNTRY

Mailing address (if different from above):

NUMBER

STREET

CITY, TOWN, STATE, PROVINCE OR COUNTY

POSTAL/ZIP CODE

COUNTRY

TOWN OR CITY OF BIRTH\*

COUNTRY OF BIRTH\*

DATE OF BIRTH\*

Legal name of the relevant Passive NFE(s) of which you are a Controlling Person\*

LEGAL NAME OF ENTITY 1

LEGAL NAME OF ENTITY 2

LEGAL NAME OF ENTITY 3



**Section 2: FATCA Declaration of U.S. Citizenship or U.S. Residence for Tax purposes:\***

Please tick either (a) or (b) and complete as appropriate.

(a) I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal Taxpayer Identifying Number

U.S. TIN IS AS FOLLOWS

OR

(b) I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes.

**Section 3: CRS Declaration of Tax Residence (please note you may choose more than one country)\***

Please indicate your country of Tax Residence (if resident in more than one country, please detail all countries of Tax Residence and associated Tax Identification Numbers).

COUNTRY OF TAX RESIDENCE

TAX ID NUMBER (1)

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TAX ID NUMBER (1)

(1) Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a (TIN). If applicable, please specify the reason for non-availability of a Tax ID Number:

**Section 4: Type of Controlling Person (to be completed by any individual who is a Controlling Person of an Entity)**

For Joint or multiple Controlling Person's please use a separate Self-Certification Form for each Controlling Person (please refer to the glossary).

PLEASE PROVIDE THE CONTROLLING PERSON'S STATUS BY TICKING THE APPROPRIATE BOX.

- Controlling Person of a legal person – control by ownership
- Controlling Person of a legal person – control by other means
- Controlling Person of a legal person – senior managing official
- Controlling Person of a trust - settlor
- Controlling Person of a trust – protector
- Controlling Person of a legal person – beneficiary
- Controlling Person of a legal person – other
- Controlling Person of a legal arrangement (non-trust) – settlor-equivalent
- Controlling Person of a legal arrangement (non-trust) – trustee-equivalent
- Controlling Person of a legal arrangement (non-trust) – protector-equivalent
- Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent
- Controlling Person of a legal arrangement (non-trust) – other-equivalent

ENTITY NAME



**Section 5: Declaration and Undertakings:**

I declare that the information provided in this Self-Certification Form is, to the best of my knowledge and belief, accurate and complete.

I undertake to advise the recipient within 30 days and provide an updated Self-Certification Form, where any change in circumstances occurs, which causes any of the information contained in this Self-Certification Form to be incorrect.

I acknowledge that the information, data disclosed in this Self-Certification Form may be disclosed to the Luxembourg tax authorities or any other authorised delegates under Luxembourg law for tax purposes.

**AUTHORISED SIGNATURE\***

**PRINT NAME\***

**DATE: (DD/MM/YYYY)\***

**CAPACITY\***