



Private Bank

TEMPLATE – 5 – BENEFICIAL OWNERSHIP DECLARATION (FAMILY / NON – PROFIT FOUNDATION)

Date: _____

Citi Private Bank (CPB)

Citibank, N.A.

Dear Sir/Madam

Re: Declaration of Beneficial Ownership (Family Foundation) by Authorized Representative of the Company

Name of Account: _____

Name of Foundation: _____

I/We, _____ (Name(s) of Controller/Controller Company) exercise control over the management of the Foundation ("Controllers").

The Foundation was set up by the following contributor(s), who is/are also the sole contributor(s) of all the assets in the Foundation:

- 1) Name: _____
2) Name: _____

The Foundation was set up for the benefit of the following Beneficiaries (check where it is appropriate):

- checkbox The settlor(s)' close family members: _____ (list)
checkbox Others: _____ (describe)

I/We also confirm the following (check where it is appropriate):

- checkbox No other person has power to exercise control, directly or indirectly, over the management of the Foundation, such as power to replace a Controller of the Foundation, or change beneficiaries of the Foundation.
checkbox The following persons have authority to exercise control, directly or indirectly, over the management of the Foundation, such as power to replace a Controller or change beneficiaries.

Details of this/these person(s) are as:

1) Name: _____
Residential Address: _____
Permanent Address: _____ (if different)
Date of Birth: _____ Nationality: _____

2) Name: _____
Residential Address: _____
Permanent Address: _____ (if different)
Date of Birth: _____ Nationality: _____



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I/We, the Controller(s) of the Foundation undertake to inform CPB:

- if I/we become aware of any new asset contributors to the Foundation;
- details of any change in the authority of the Controller or Power Holder (persons who have power, directly or indirectly, to direct or control the foundation);
- the identity of any new Power Holder; and
- if I/we become aware that payment out of the Account is made to the Beneficiaries or on their behalf and to disclose the details of the Beneficiaries' identities.

Furthermore, the Foundation undertakes to provide CPB with a copy of its governing documents for the Foundation (e.g. Foundation articles, by-laws, charter, letters of wishes, etc), including an English translation if available, and commit to advise the bank if this changes and provide the revised documents.

Yours faithfully

By/For and on behalf of the Foundation

Signature: _____

Signature: _____

Name: _____
Controller or Authorized Representative of Controller Company

Name: _____
Controller or Authorized Representative of Controller Company

Details of Controller Company (if applicable):

Place of Incorporation: _____

Registered Office Address: _____

All Persons authorized to act on behalf of Foundation:

1) Name: _____

2) Name: _____

3) Name: _____

4) Name: _____

All persons who can change terms of Foundation incorporation documents; give directions to the Foundation governing authorities or distribute assets of the Foundation:

1) Name: _____

2) Name: _____

3) Name: _____

4) Name: _____

Notes:

This form is to be completed whenever CPB is requested to open an account for a foundation. Please give the reason(s) if any of the information required is not available or applicable.



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The following section is to be also completed where a Personal Investment Company (PIC) is opening an account with CPB, and the PIC is beneficially owned by a Foundation.

Name of Company ("the Company"): _____

Company Registration No.: _____

The issued shares of the above Company ("the Company") are:

Registered Bearer Shares

I, on behalf of the Company, confirm that the beneficial owner of the Company is the Foundation, and that the Company undertakes to inform CPB:

- if the Company becomes aware of any new asset contributors to the Foundation;
- details of any change in the beneficial ownership of the Company;
- the identity of any persons with power to exercise control appointed subsequent to the date of this letter; and
- if the Company becomes aware that payment out of the Account is made to the Beneficiaries or on their behalf and to disclose the details of the Beneficiaries' identities.

For and on behalf of the Company

Signature: _____

Name: _____
Director or Authorized Representation of the Company opening account with CPB

Date: _____

Notes:

This form is to be completed whenever CPB is requested to open an account for a foundation. Please give the reason(s) if any of the information required is not available or applicable.