

<b>Classification</b>	<b>Determining Entity Classification</b>	Is the form valid?		<p><i>If 'No', classify as 'Form is rejected' and list 'N/A' in the 'Country of Residency' section below.</i></p> <p><i>If 'Yes', classify the entity based on the classification the account holder selected in the 'Entity Certification' section of the Self Certification. List the country of tax residence in the 'Country of Residency' section of this document.</i></p>
	<b>Determining Classification of Controlling Persons</b>	If the Entity has controlling person(s) listed, is the 'Controlling Persons' section of the Self Certification valid?		<p><i>If 'Yes', classify each reporting person as 'Controlling Person Valid, Reporting may occur' and list the 'Controlling Persons' Country of residence in the 'Country of Residency' section below.</i></p> <p><i>If 'Yes' and the entity has certified that they do not have controlling person(s), classify the 'Classification of Controlling Person' section as 'N/A'.</i></p> <p><i>If 'No' and the entity is not a passive NFE or an investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution, classify the 'Classification of Controlling Person' section as 'N/A'.</i></p> <p><i>If 'No', classify as 'Form is rejected' and list 'N/A' in the 'Country of Residency' section below.</i></p>
	<b>Classification of the Entity</b>		<b>Country of Residency</b>	
	<b>Classification of Controlling Person</b>		<b>Country of Residency</b>	
	<b>Classification of Controlling Person</b>		<b>Country of Residency</b>	
	<b>Classification of Controlling Person</b>		<b>Country of Residency</b>	
	<b>Classification of Controlling Person</b>		<b>Country of Residency</b>	
<b>Reviewer Comments</b>	Reviewer should indicate if the status of the form is 'Passing' or 'Failing'. For forms that have been rejected, the reviewer will list the reasons for failing.			

2-eye reviewer Name: Jesse Cruz Post Name: \_\_\_\_\_ Signature: Jesse Cruz Date: 04.30.2018

4-eye reviewer Name: \_\_\_\_\_ Post Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: mm/dd/yyyy

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