
Deutsche Bank
Wealth Management
Business Deposit Account Opening Application
The .20.17_Caterpillar_Trus.t.
,0_1/0.3/2017_
Account Tide
Date of Incorporation
The 2017. Caterpillar Trust
[REDACTED]
Taxpayer 10 Number (TIN)
Entity/Company Name
St Thomas
00802, _
.6.100.Red.Hook_QuaiteiLB3^
Mailing Address
City
State
Zip
Business Telephone Number
Business Fax Number
Other Number
Legal Address (if different from mailing address)
City
State
Zip
Client Relationship
 Corporation
l' Foundation
C Limited Liability Company (LLC)
 Partnership
 Limited Liability Partnership (LLP)
 Attorney Escrow Account
n Landlord Master Escrow
Trust
Non-Profit Organization
' Estates
Private Wealth Premium™
DBTCA Accounts
Deutsche Bank AG NY Branch Accounts
S"; Checking Account
G Checking with Interest
LZ Money Market Deposit
 DBTCA Certificate of Deposit
 Deutsche Bank AG NY Preferred Banking Account
 Deutsche Bank AG NY Preferred Certificate of Deposit
APY
Term

Promo term

(DBTCA deposit account required, along with a DB AG Preferred Terms and Conditions)

APY

Term

Cash Master Sweep Account

Target Amount

Trigger Amount

Banking Services

i Deluxe Checkbook

Debit Cards—Business Debit Card

Name Only U Name and Address

Duplicate Statement

Style

Code

Color

Name

Internet Banking Services

Address

DB Private Wealth Online Plus

Link to existing online relationship:

City

State

Zip Code

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Notice of Customer Identification Policy

Important Information

To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify and record information that identifies each person who establishes an account, investment or other business relationship with a financial institution. This means that we will ask for your name, address and other information that will allow us to identify you. We may also ask to see identifying documents such as a certificate of formation or good standing (legal entities) or a passport or other photo identification (individuals).

Information Sharing

You authorize Deutsche Bank to share information about you and your Account as set forth in our Privacy Policy, including any disclosures that (1) Deutsche Bank believes are required by applicable law and regulations that apply to Deutsche Bank or others, including disclosure of information about you and your Account to any government agency or self-regulatory body on request, (2) is necessary or appropriate in connection with Deutsche Bank's provision of services under this Agreement, or (3) is requested by a financial institution, financial intermediary, or other third party in order to assist such person with compliance with law applicable to such person in connection with services provided to you or on your behalf.

3rd EL) Notice

Governmental rules have also broadened the scope of the Bank's obligations to aid in the fight against money laundering and terrorist financing; these rules call for an active involvement of both asset management firms and their clients. For new and existing clients we currently have a legal obligation to ask our customers questions regarding their identities, addresses, source of funds and, if necessary, legal representatives, authorized signatories, beneficial owners or control structures and to collect requisite documentation to substantiate the information. Also, enhanced anti-money laundering requirements require that should any of the above personal or institutional information change, our clients would be obliged to immediately notify us of the change(s) and provide us with relevant documentation to verify these changes.

ATM/Debit Service

You agree that the retention or use of the ATM/Debit card constitutes acceptance of the terms and conditions of the Cardholder Agreement contained in the Terms and Conditions of Deposit Accounts.

Internet Banking Service

If you have selected to receive Internet Banking Services, you understand that you will be required to enter into a separate Internet Banking Services Agreement with DBTCA before you can access the Internet Banking Service.

Acknowledgement of Receipt of Privacy Notice

By signing below, you acknowledge receipt of DBTCA's Privacy Notice included in the Application Package.

Non-U.S. Organizations:

Confirmation of Tax and Compliance Responsibilities

You confirm that it is your responsibility to fulfill any tax obligations and any other regulatory reporting duties applicable to it in any relevant jurisdictions that may arise in connection with assets, income or transactions in your account(s) and your business relationship with DBTCA. Furthermore, you confirm that the necessary information (to the best of your knowledge and capabilities) is made available no less than annually to the relevant beneficial owner(s), settlor(s), beneficiary(ies), partner(s), etc., to enable him/her/them to fulfill any respective tax obligations that may arise for him/her/them in connection with your business relationship with DBTCA.

Please complete and attach separate W-8 or W-9 documentation as applicable.

Terms and Conditions and Representations

By signing below, you acknowledge receipt of the Terms and Conditions for Deposit Accounts attached to this Application and agree to be bound by them. In addition, you agree to notify us immediately of any material change to the information provided by you on this Application.

You represent and warrant that all of the information provided by you on this Application is accurate.

The Terms and Conditions for Deposit Accounts are subject to change.

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Acceptance

You understand that this application is subject to acceptance by DBTCA.

Authorized Signer

Authorized Signer

Si

Print Name

&-

Print Name

Date

Date

For Bank Use Only

Reviewed by:

Signature

Name

Title

Date

Accepted by DBTCA:

Signature

Name

Title

Date

Account numbers:

DDA

NOW

MMDA

CD/DBAG

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W-9

Request for Taxpayer

Identification Number and Certification

Give Form to the

requester. Do not

send to the IRS.

Form

(Rev. December 2014)

Department of the Treasury

Internal Revenue Service

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

The 2017 Caterpillar Trust

2 Business name/disregarded entity name, if different from above

CM

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0)

Q.

3 Check appropriate box for federal tax classification; check only one of the following seven boxes;

I I Individual/sole proprietor or [Z] C Corporation C] S Corporation Q

Partnership

single-member LLC

[I Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Note. For a single-member LLC that is disregarded, do not check LLC: check the appropriate box in the line above for the tax classification of the single-member owner.

[I Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3);

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

§

f/1 Trust/estate

1.1

o E

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f

a

5 Address (number, street, and apt. or suite no.)

6100 Red Hook Quarter B3,

Requester's name and address (optional)

o

a

V)

6 City, state, and ZIP code

CD

CO

St Thomas 0 ,08002

7 List account number(s) here (optional)

Parti

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid

backup withholding. For individuals, this is generally your social security number (SSN). However, for a

resident alien, sole proprietor, or disregarded entity, see the Part 1 instructions on page 3. For other

entities, it is your employer identification number (EIN). If you do not have a number, see How to get a

TIN on page 3.

Social security number

██████
██████
██████

or

Employer Identification number

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign

Here

Signature of
U.S. person ^
g)

Date *-

General Instructions

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject

to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable

share of

any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are

exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Section references are to the Internal Revenue Code unless otherwise noted. Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information

return with the IRS must obtain your correct taxpayer identification number (TIN)

which may be your social security number (SSN), individual taxpayer identification

number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to

you, or other amount reportable on an information return. Examples of information

returns include, but are not limited to, the following;

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Form W-9 (Rev. 12-2014)

Cat. No. 10231X

Deutsche Bank

Wealth Management

Signature Card

Deutsche Bank Trust Company Americas

The 2017 Caterpillar Trust

Account Holder Title

Q Individual

Account Number

Q Limited Liability

Corporation

iZj Other;

ITF/POD/ATF* IJ Corporate

Number of Signatures

Required: J

Joint, with Rights Joint, Tenants Partnership

of Survivorship

in Common

Daphne Wallace

Print Name



Print Name

Signature

Signature

Print Name

Signature

Signature

Print Name

Date

Approved

Power of Attorney

Specimen Signature

* For ITF/POD/ATF See Supplemental Terms and Conditions

Date of Power of Attorney

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