



Client Risk Program – Affirmation and Escalation Guideline

Account Holder Name(s):

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Account Number(s):

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Ultimate Beneficial Owner(s) (UBO), if
different from Account Holder:

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This document is designed to assist the Relationship Manager (RM)/Investment Advisor (IA) in reviewing the certifications provided by the Account Holder, any Controlling Persons and any Ultimate Beneficial Owners as part of the Client Risk Program.

This form should be completed by the RM / IA and submitted together with the Self-Certification as described in the 'CRP Certification Form Submission' document.

Before providing the Confirmation below, the following factors should be carefully considered:

1. Was any information in the Self-Certification provided by the Account Holder/UBO contradicted by, or inconsistent with, information previously provided by the Account Holder/UBO to the RM / IA?
2. Is the RM / IA aware of any recent change in personal circumstances (e.g. domicile, residence, nationality) of the Account Holder/UBO without supporting documentation to verify the change having been provided to DB?

If, after considering the factors above (or any other factors or information of which the RM / IA is aware), the RM / IA has reason to believe the Account Holder/UBO could be engaged in tax evasion, the RM / IA should not provide the confirmation below and should instead raise the matter with their supervisor.

Relationship Manager/Investment Advisor (RM / IA) Affirmation

I confirm that I am not aware of any information that would lead me to conclude that the information provided in the Self-Certification is incomplete or inaccurate. I understand and acknowledge that if I become aware of any tax compliance concerns as it relates to the accounts listed above, I will promptly escalate the matter to my supervisor.

.....
Responsible RM / IA Name

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Signature

.....
Date

For internal use only

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