

Client Risk Program – Affirmation and Escalation Guideline

Account Holder Name(s):

Account Number(s):

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

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

Signature

Date

For internal use only

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