

AFFIDAVIT OF UNCHANGED STATUS

A **BENEFICIARY INFORMATION**

Under penalties of perjury I declare that I have examined the enclosed document(s) and that the information and certifications relevant to residency status contained therein remained the same and unchanged for the period beginning January 1, 2001 (or later account opening date) to the present and were true, correct and complete during that period.

Beneficial owner/Authorized Officer name (please print)

Capacity in which acting (if form is not signed by beneficial owner)

Beneficial owner/Authorized Officer signature

Date (YY/MM/DD)