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Individual and Corporate

**FOREIGN ACCOUNT TAX COMPLIANCE (FATCA) AND
 DATA PRIVACY STATEMENTS (DPS)**

Name of Client _____ Client Account Number _____

I. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

I am a US Person* under US laws

* US Person means

- US Citizen (including dual citizens where one country of citizenship is the US)
- US Permanent Resident
- a person with substantial presence of more than 31 days in the current calendar year or a total of 183 days over the past 3 years from the current year
- a partnership/corporation organized in the US
- US-owned foreign entity with 1 or more substantial US owner

I am not a US Person under US laws

but I have at least one of the following US indicia**

**a) US place of birth; b) current US residence address, mailing address, phone number associated with a financial account maintained in the US; c) a standing instruction to transfer funds to that account; d) Power of Attorney or signatory authority granted to a person with a US address; or e) has an "in care of" address or "hold mail" address that is your sole address.

and I have NO US indicia

If there are any changes in my status, I undertake to inform Affinity Capital Corp. (ACC) of such changes by submitting an updated accomplished FATCA Form.

II. DATA PRIVACY STATEMENT (DPS)

I/We understand that as a financial institution, ACC is subject to existing and future government regulations. I/We therefore agree to be bounded by all applicable domestic and international laws in relation to any matter including but not limited to anti- money laundering, tax monitoring and data privacy.

In this connection, I/We authorize Affinity Capital to process my/our personal and sensitive personal information including but not limited to its collections, use, disclosure or destruction. I/We likewise give my/our consent to Affinity Capital Corp. to share such information to its - subsidiaries,- affiliates,- solicitors and any information sharing facility of the fund industry for any legitimate purpose, including but not limited to underwriting and administration of fund and claims and provision of anyproducts, service or offers.

I/We hold AFFINITY Capital Corp. free and harmless from any liability that may arise from any collection, use, disclosure, destruction of said information.

DECLARATION AND AUTHORIZATION

I/WE certify that all information provided herein are true, accurate and complete, and I agree to promptly inform the Distributor/Fund Manager/ Service Administrator/ Receiving Bank of any changes thereto. I authorize the Distributor/Fund Manager/Service Administrator/Receiving Bank and/or its solicitors to rely upon my declaration herein and, if I am a US Person or have US indicators that render my account reportable under FATCA, I consent to the reporting and disclosure of the required information by the Fund Manager/ Service Administrator/ Receiving Bank to the Internal Revenue Service (IRS) and/or Bureau of Internal Revenue (BIR) in compliance with FATCA. In consideration of the foregoing, I agree to hold the Fund Manager/ Service Bank, their Administrator/ Receiving Bank directors, officers, employees, representatives & solicitors free and harmless from any liability, actions, suits, costs and expenses arising from or in connection with the Fund Manager/ Service Administrator/ Receiving Bank's compliance with the FATCA regulations and/or as a result of disclosure made to the US IRS and/or the BIR.

Investor 1	Investor 2	Investor 3
<input checked="" type="checkbox"/> Name and Signature	<input checked="" type="checkbox"/> Name and Signature	<input checked="" type="checkbox"/> Name and Signature
Date	Date	Date

FOR INTERNAL USE ONLY: TO BE FILLED OUT BY ACC AUTHORIZED PERSONNEL

ASSESSMENT

Investor 1	Investor 2	Investor 3
<input type="checkbox"/> US Person <input type="checkbox"/> Non-US Person	<input type="checkbox"/> US Person <input type="checkbox"/> Non-US Person	<input type="checkbox"/> US Person <input type="checkbox"/> Non-US Person

IRS FORM W-9 Request for Taxpayer Identification used by US Person
 IRS Form W-8BEN - Certificate of Foreign Status and Beneficial Owner of US Tax Withholding. Used by Non-US Person

I/We declare that the required account opening verification has been performed on the documents for the customer/s listed above, and that the information provided is true, correct, and updated.

Assessed By:	Reviewed By :
Name and Signature of CISOL	Name and Signature
Date	Date