

Individual / Controlling Person Self-certification Form (FATCA and CRS)

Please read these instructions before completing the form.

General

Regulations based on Foreign Account Tax Compliance Act ("FATCA") and Organisation for Economic Co-operation and Development ("OECD") Common Reporting Standard ("CRS") require financial institutions to collect and report certain required information based on an individual account holder's or controlling person of an entity account holder's tax residence.

Each jurisdiction has its own rules for defining tax residence. In general, tax residence is the country in which you live. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (multiple residencies). The country/countries in which you pay income tax are likely to be your country/countries of tax residence. For more information on tax residence, please consult your tax adviser or the information at the following link for FATCA and CRS at <https://www.irs.gov/> and <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> respectively.

If your tax residence (or the account holder, if you are completing the form on their behalf) is located outside of the country in which this account is maintained, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the tax authorities in the country where the financial institution is located.

This form will remain valid unless there is a change in circumstance relating to your tax status. You must notify us **within 30 days** if there is a change in circumstance that makes any of the information provided in this form incorrect or incomplete and provide an updated self-certification form.

As a financial institution, Manulife is not allowed to give tax or legal advice.

If you have any questions about this form, these instructions, or defining your tax residency status, please speak to your tax adviser or domestic tax authority.

Filing Instruction

Please use this form if:

- **You are an individual/ joint account holder, sole trader, sole proprietor holding an existing account with us and you are notifying us of a change in circumstances. Please complete Section 1, 2, 3 and 5. or**
- **You are a controlling person of a passive non-financial entity and you are either opening a new account with us or you are notifying us of a change in circumstances. Please complete all sections.**

The below is only applicable to controlling person of an entity account holder:

Generally, a controlling person is a natural person that holds more than 25% of the shares of the entity or otherwise exercises ultimate control of an entity. For further guidance see: <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

If you are the entity account holder filling in this form on behalf of your controlling persons

Please tell us in what capacity you are signing in Section 5. For example, you may be completing the form under a power of attorney.

Please return the completed and signed form to Manulife Investment Management (M) Berhad

**Manulife Investment Management (M) Berhad 200801033087 (834424-U)
13th Floor, Menara Manulife,
6 Jalan Gelenggang,
Damansara Heights,
50490 Kuala Lumpur.**

**Telephone: 03-2719 9271
Website at www.manulifeim.com.my**

SECTION 3 : CRS DECLARATION OF TAX RESIDENCY (PLEASE NOTE YOU MUST LIST ALL TAX RESIDENCIES)

Are you a tax resident(s) in any country other than Malaysia? Yes No

If YES, please list all countries/jurisdictions other than US where you are a resident for tax purposes and the associated taxpayer identification numbers ("TIN"). If there are more than 5 countries/jurisdictions, please use a separate sheet. Please refer to the OECD AEOI Portal for more information on tax residency: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760>

Country / Jurisdiction of Tax Residency	Tax Payer Identification Number (TIN) / Income Tax Reference Number

Please provide reason(s) for not providing the TIN / Income Tax Reference Number.

SECTION 4 : TYPE OF CONTROLLING PERSON

Please confirm what type of Controlling Person applicable under CRS that applies to you/the account holder by ticking the appropriate box.	Please Tick all that apply	Entity Name
Controlling Person of a legal person - control by ownership		
Controlling Person of a legal person - control by other means		
Controlling Person of a legal person - senior managing official		
Controlling Person of a trust - settlor		
Controlling Person of a trust - trustee		
Controlling Person of a trust - protector		
Controlling Person of a trust - beneficiary		
Controlling Person of a trust - other		
Controlling Person of a legal arrangement (non-trust) – settlor - equivalent		
Controlling Person of a legal arrangement (non-trust) – trustee - equivalent		
Controlling Person of a legal arrangement (non-trust) – protector - equivalent		
Controlling Person of a legal arrangement (non-trust) – beneficiary - equivalent		
Controlling Person of a legal arrangement (non-trust) – other - equivalent		

SECTION 5 : DECLARATION AND UNDERTAKINGS

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I acknowledge and understand that the information contained in this self-certification and any reportable account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I have read and understood the applicable provisions of the latest prospectus of the relevant fund (the "Fund") to which this account relates with respect to the gathering, storage, use, processing, disclosure and reporting of information provided by me in connection with the satisfaction of any governmental and/or regulatory requirements and/or other legal obligations relating to, but not limited to, information sharing and tax reporting, which may be applicable to the Fund from time to time, and agree and undertake to be bound by such terms (as they may be amended from time to time) and to perform all obligations thereunder.

I acknowledge, consent to and instruct (a) the gathering, retention and procession of any information contained in this form (as such information may be updated from time to time) and any other information regarding the account holder provided by me, by the Fund and/or any distributor of the Fund and/or any other entity duly designated by the Fund, (b) the transfer of such information to any administrative support provider and processor located within the EEA, Canada and India, where the transfer is necessary for the maintenance of records or administration of the information, and (c) the disclosure and reporting of any such information to any governmental or regulatory authority, including relevant tax authorities, of the country in which this account is maintained and the exchange of such information with any governmental, regulatory or tax authorities of any other country or countries in which the account holder may be tax resident where such countries (or governmental, regulatory or tax authorities in such countries) have entered into agreements to exchange financial account information in connection with FATCA and/or OECD CRS.

I undertake to advise the recipient and provide an updated Self-Certification form **within 30 days** of the occurrence of any change in circumstances which causes any of the information contained in this form to be incorrect or incomplete.

Account Holder/ Controlling Person Signature :

[Signature]

[Name]

Date : _____

[dd/mm/yyyy]

Note : If you are not the controlling person, please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity in which declaration is made :
