



### JOINT ACCOUNT ELECTION

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Complete this form for all Non-Personal Accounts, excluding Corporations. Note: In this form, *Foreign* refers to non-U.S.

#### 1. ACCOUNT HOLDER INFORMATION

Account Holder Name (First, Initial, Last)

Account Number

**Ownership Type:**  Non-withholding foreign Partnership<sup>1</sup>  Non-withholding foreign Trust<sup>2</sup>  Other: \_\_\_\_\_  
(Ownership Type examples include: <sup>1</sup> Partnership, Foundation, Association, Charitable Organization, Investment Club <sup>2</sup> Formal Trust)

**FATCA Status:**  Active or Passive Non-Financial Foreign Entity  Exempt Beneficial Owner  Other: \_\_\_\_\_

#### 2. JOINT ACCOUNT ELECTION

Use this option to claim joint account status for U.S. tax reporting purposes for Non-Personal, non-withholding foreign accounts.

- Designate the Non-Personal account identified above as a Joint account for U.S. tax reporting purposes.
- None of the Account Holder's partners, beneficiaries, or owners is a U.S. person or is subject to FATCA withholding.
- None of the Account Holder's partners, beneficiaries, or owners acts as a flow-through entity or intermediary for a payment received from Aviso Financial Inc. ("AFI").
- Within 90 days of any request, we will make available to AFI, records indicating that the Non-Personal account has obtained documentation from all partners, beneficiaries or owners.

The Account Holder has provided all of the following:

- W-8IMY; and  An associated withholding statement (below).

Each of the Account Holder's partners, beneficiaries, and owners have provided one of the following:

- W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding);  W-8BEN-E; or  Other Form W-8: \_\_\_\_\_

Total Number of Partners/Beneficiaries: \_\_\_\_\_ Every partner/beneficiary must complete the following: (attach additional pages if necessary to list all partners/beneficiaries)

<b>#1</b>			
Full Name (First, Initial, Last)		TIN (If applicable)	
Address	City	Province	Postal Code
<b>#2</b>			
Full Name (First, Initial, Last)		TIN (If applicable)	
Address	City	Province	Postal Code
<b>#3</b>			
Full Name (First, Initial, Last)		TIN (If applicable)	
Address	City	Province	Postal Code

#### 3. WITHHOLDING STATEMENT

All indirect accounts must complete this section in conjunction with the Certificate of Foreign Intermediary, Foreign Flow-Through Entity or Certain U.S. Branches for United States Tax Withholding (W-8IMY) form.

**Withholding Rate:** \_\_\_\_\_ %

I request that AFI accept the enclosed W-8IMY form and pay any U.S. source income subject to non-resident tax, to the account identified above, at the requested withholding rate. I certify that the rate requested is based on the highest withholding rate applicable to any partner or beneficiary for this account, and is supported by the beneficial owner documentation.

#### 4. ACCOUNT HOLDER AUTHORIZATION

By signing this document, I acknowledge the following:

- that the information provided in this form is accurate and complete.
- that the account holder has maintained the above FATCA status at all times from the date the account(s) was opened.
- I will inform AFI of any changes to the information provided.

Authorized Signatory of Account Holder

x  
Signature

Date (dd/mm/yyyy)