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If you entered field B in English, you may leave this column blank.

(In BLOCK-BODY English)

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I - 1. Legal Name

(In BLOCK-BODY English)

J . Other referential information

Please complete this form by signing on NEXT PAGE 2.

Mizuho Trust & Banking Co., Ltd.
CRS Self-Certification [For Entities] Page 2
I acknowledge that all information shown on this form is correct.  Furthermore, in case of any change affecting the information shown on this form, I agree to resubmit the form within 3 months.  Date  (YYYY/MM/DD)  Legal Name
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B. Name  C − 1. Address  C − 2. Country  D. Date of Birth (YYYY/M/D)  Please fill in only when Certificatio is "4. Update" and tax residence of Controlling person is changed.  G. Jurisdiction(s) of residence for tax purposes and TIN for  Please fill in all applicable countries and TIN(s). Please check (✓) all applicable □ boxes  **Check "United States" if you are U.S. citizen or have a Green Card.  Please fill in if  Coutry name in C-2. differs from juresidence in G-1., or, you have no jurisdiction of residence	on Type A of the G-1.	Japan  F. All o last s  Jurisdiction  Japan  United  *Check eight check eight eight check eight	f Tax Resubmittee on of resubmittee on of resubmittee on in the filter of the following in the filter of the f	Other  Desidence ed certi sidence box in  by's  jurisdic ers fron C-2. Spe of reside e field B his colur	es on fication  G- (If  Not ne  FAT  Gtion by n the ecify reason ence.	- 2. Ta unable to ccessar  - CA classi CA classi CA classi (In Bi	xpayes o provi	n: Passuho subsun: Other	please  sive NFF etitution for	on Nurspecify  EE Tm W-9 for	mbee the or the	r (TIN) reason)	) ng person ovided
B. Name  C - 1. Address  C - 2. Country  D. Date of Birth (YYYY/M/D)  Please fill in only when Certificatio is "4. Update" and tax residence of Controlling person is changed.  G. Jurisdiction(s) of residence for tax purposes and TIN for  Please fill in all applicable countrie and TIN(s). Please check ( ) all applicable   boxes  **Check "United States" if you are	on Type A of the	Japan  Jurisdiction  Japan  United  **Check eit the right coaccordance	f Tax Resubmitte	Other / esidence d certi sidence box in	es on fication  G- (If  Not ne	- 2. Ta unable to ccessar - CA classi	xpaye o provi y Ificatio omit Miz	n: Passuho subs	, please	on Nur specify	mbe the	r (TIN) reason)	) ng person ovided

### **INSTRUCTION for CRS Self-Certification (For Entities)**

- 1. If you are a person other than a Financial Institution (including a foreign corporation similar to Financial Institution), holding a Financial Account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor, or intermediary, is not treated as holding the account for purposes of the CRS, and such other person is treated as holding the account who shall submit this certification.
- 2. The term "Entity" means any of the following: corporation (including association or foundation without juridical personality), partnership, other entity equivalent to partnership, and trust.
- 3. Please check ( ) in the "1. Listed Entity, etc." in D. Entity Classification if you fall into one of the listed below that are entities not required to be reported to competent authority.
  - (1) Listed company
  - (2) Subsidiaries of Listed company
  - (3) Government, Local government, Bank of Japan, Foreign government, Foreign local government, Central bank, Japan-joined international organization
  - (4) Domestic reporting financial institutions
  - (5) Foreign reporting financial institutions (including investment entity established in Reportable Jurisdiction or specified countries concluding tax treaty with Japan)
- 4. Please check (✓) in the "3. Passive NFEs" in D. Entity Classification if you fall into Passive NFE (Non-Financial Entity) under CRS regulation of Japan ("Act on Special Provisions of the Income Tax Act, Corporation Tax Act and Local Tax Act Incidental to Enforcement of Tax Treaties"). NFE whose passive income is less than 50% of the entity's gross income and whose assets that produce or are held for the production of passive income is less than 50% of the entity's assets, for the preceding fiscal year, is not Passive NFE. NFE (including investment entity established in Reportable Jurisdiction or specified countries concluding tax treaty with Japan) that is initially incorporated within 24 month and not yet operating a business is not Passive NFE.
- 5. The term "Controlling person" means persons who hold voting power/right of representation that are filled in Application for Transaction (limited to natural persons)
  - a. For entity governed by rule of voting such as stock corporation, private limited company, investment corporation, special-purpose company: PERSONS holding directly or indirectly over 25% of voting power
  - b. For entity other than one listed in preceding item a.: PERSONS who receive dividends of over 25% of the business income or business properties of the entity
  - c. PERSONS recognized to have controlling influence over business activities through investments, loans, transactions, or other relationship
  - d. PERSONS who represents the entity and who executes its business
- 6. If you fall into a partnership contract, an entity equivalent to the partnership contract, or foreign trust (hereinafter referred to as an "partnership, etc."), please fill in the legal name of the partnership, etc. (e.g., name of contract/deed/declaration, fund name, etc.) in "B. Legal Name" column, the location of the head office or place of management of the partnership, etc. in "C-1. Address" column, and jurisdiction of residence for the partnership, etc. in "G. Jurisdiction of residence for tax purposes and TIN for each foreign residence" column. (If you fall into a Japan domestic trust, go to 7. below.)
- 7. If you fall into a **Specified Trustee** (a trustee of trust that is established under Trust Act of Japan, i.e., a Japan domestic trust), please fill in the legal name of the **Specified Trustee** in "B. Legal Name" column, the location of the domicile or the head office or place of management of the **Specified Trustee** in "C-1. Address" column, and jurisdiction of residence for the **Specified Trustee** in "G. Jurisdiction of residence for tax purposes and TIN for each foreign residence" column. In addition, please check (✓) in the "If you are Specified Trustee, please check (✓) here." box in D.2.
- 8. The term "Specified Partners, etc." means any (legal) person listed in each of the following items for the category of partnership contract, entity equivalent to the partnership contract, or trust listed in the relevant item.
  - (i) A partnership established by a partnership contract prescribed in Article 667 (1) of Civil Code of Japan (Act No. 89 of 1896) (including a contract specified by a Cabinet Order as being similar thereto) or a silent partnership agreement (silent partnership agreement and any other agreement specified by a Cabinet Order as being similar thereto)
    - $\Rightarrow$  Operating partner who manages Specified Transaction as a business of the partnership
  - (ii) An entity equivalent to the partnership contract listed in (i)
    - ⇒ Operating officer equivalent to operating partner of the partnership contract who manages Specified Transaction as a business of the entity
  - (iii) A trust  $\Rightarrow$  Trustee of the trust who manages Specified Transaction as a business of the trust
- 9. If you fall into a foreign entity (excluding trust and Estate Entity as defined in 10.) and have no residence for tax purposes, please fill in the jurisdiction in which your place of effective management is situated in "G. Jurisdiction of residence for tax purposes and TIN for each foreign residence" column. The term "place of effective management" means the place where key management and commercial decisions that are necessary for the conduct of the entity's business as a whole are in substance made.
- 10. The term "Estate Entity" means an estate of a decedent that is regarded as an entity under governing law of the estate.
- 11. If you fall into an Estate Entity, please fill in, in addition to requirements prescribed above, the **decedent**'s name, home address at the time of death, date of birth, jurisdiction of residence for tax purposes and TIN for each foreign residence (if any) in Page 3 of this Self-Certification form. In this case, if you fall into both an Estate Entity and a Passive NFE that has controlling persons, please check (✓) in the "**Decedent of the Estate Entity**" box for clarification.

### **CRS Self-Certification** [For Entities]

	<b>Example for </b> A	Active NFEs					
Please fill in and check (✓) the appropriate box(es)							
A. Certification Type  Select and check one box	1. New 2. Optional 3	3. New&Optional 4. Update					
B. Legal Name **If you are an Estate Entity, please provide tax residence and other relevant information of its decedent in page 2 of	ABC Li	mited					
C - 1. Address	123 ABC Street	, London, UK					
C – 2. Country	☐ Japan <mark>☑ Other(</mark>	UK )					
D. Entity Classification Please check ( ) all applicable boxes.  **please complete the confirmation of controlling person(s) below if you are Passive NFEs.	listed entity), government, local government, foreign Central Entitle financial institution (including investigations) in the specified countries concluded tax to a specified countries concluded tax to a linear tentity that is a legal personal financial investment entity that is a non-legal of the second seco	person not listed above → fill in 2 below.  DOVE OR 3. below  ARTNERSHIP, and TRUST ONLY, provide below Specified Partners, etc  ]  theck (✓) here.  ities, more than 50% of the preceding fiscal year's gross income is passive					
Please fill in only when submitting a "2.Optional", "3. New & Optional" o Update"  Please fill in only when submitti "4. Update"	E. Account Number (Right-alligned)  F - 1 All of Tax Residences on	1 2 3 4 5 6 7  1 1 2 3 4 5 6 7					
G. Jurisdiction(s) of residence for tax purposes and TIN for each residence Please fill in all applicable countries	G = 1. Jurisdiction of residence	G – 2 . Taxpayer Identification Number (TIN) (If unable to provide TIN, please specify the reason) The pursuicular of residence of the controlling person is a deign country (D.3. @above), please fill in the entity's TIN(13					
and TIN(s). Please check (✓) all applicable □ boxes.  If you have no tax residence, please fill in jurisdiction in which place of effective management is situated.	United States	( 1234567890 ) Not Provided					
Please fill in if •Coutry name in C-2. differs fro jurisdiction of residence in G-1.	H. Specify reason jurisdiction by jurisdiction if it differs from the address shown in C-2.						
Please fill in if  ·you are D.3.③ above or  ·one or more contries other that are filled in G-1.	I — I . Legal Name  * If you entered field B in English, you may leave this column blank I — 2 . Address  * If you entered field C in English, you may leave this column blank	(In BLOCK-BODY English)  (In BLOCK-BODY English)					
J. Other referential information							

Example for Active NFEs						
I acknowledge that all information shown on this form is correct.  Furthermore, in case of any change affecting the information shown on this form, I agree to resubmit the form within 3 months.						
Date 2 0 X X / X X / X X						
Legal Name ABC Limited						
Capacity/Signature CEO John Smith						

## **CRS Self-Certification** [For Entities]

Example	TOT Passive NFES	incorporated in Japan
Please fill in and check (✓	) the appropriate box(es)	
A. Certification Type  Select and check one box	☐ 1. New	. New&Optional 4. Update
B. Legal Name **If you are an Estate Entity, please provide tax residence and other relevant information of its decedent in page 2 of	C Sangy	o K.K.
C - 1. Address	1−2−3 Minami Aoya	ma, Minato-ku, Tokyo, Japan
C – 2. Country	☑ Japan ☐ Other(	)
D. Entity Classification Please check (✓) all applicable boxes.	listed entity), government, local government, foreign Central B financial institution (including invest specified countries concluded tax transfer investment entity that is a legal person	aries whose voting rights are 50% or more owned by a vernment, Bank of Japan, foreign government, foreign ank, international organization, domestic or foreign them the entity established in Reportable Jurisdictions or eaty with Japan), entities equivalent to foreign not listed above → fill in 3 below.  Nerson not listed above → fill in 2 below.
of controlling person(s) below if you are Passive NFEs.	2. Entity other than 1. ab  PARTNERSHIP, OTHER ENTITY SIMILAR TO PAI  [ Name or Legal Name [ Address   If you are Specified Trustee, please ch	RTNERSHIP, and TRUST <b>ONLY</b> , provide below <b>Specified Partners, etc</b> ]  ]
	3. Passive NFEs (For unlisted entitions) income. or ① ①Our company has no controlli	ing persons (individuals only)  For ②・③, please reson(s) (individuals Japanese resident only)  move on to page
Please fill in only when submitting a "2.Optional", "3. New & Optional" o Update"  Please fill in only when submittin "4. Update"	(Right-alligned)  F - 1 . All of Tax Residences on	1 2 3 4 5 6 7  1 1.
G. Jurisdiction(s) of residence for tax	G = 1. Julisaiction of residence	G – 2. Taxpayer Identification Number (TIN) (If unable to provide TIN, please specify the reason)
purposes and TIN for each residence Please fill in all applicable countries and TIN(s). Please check ( ) all	Japan fore	ign country (D.3. above), please fill in the entity's TIN(13
applicable □ boxes. If you have no tax residence, please fill in jurisdiction in which place of effective management is situated.	United States	If unlisted entity, please also submit Mizuno substitution form W-9  ( ) Not Provided
Please fill in if •Coutry name in C-2. differs fro jurisdiction of residence in G-1.	H. Specify reason jurisdiction by jurisdiction if it differs from the address shown in C-2.	
Please fill in if ·you are D.3.③ above or ·one or more contries other tha are filled in G-1.	I — I . Legal Name  * If you entered field B in English, you may leave this column blank I — 2 . Address  * If you entered field C in English, you may leave this column blank	(In BLOCK-BODY English)  (In BLOCK-BODY English)
J. Other referential information		
Please complete this	form by signing on NEXT PA	GE 2.

### **Example for Passive NFEs incorporated in Japan** I acknowledge that all information shown on this form is correct.

Furthermore, in case of any change affecting the information shown on this form, I agree to resubmit the form within 3 months.

(YYYY/MM/DD)

2 0 X X / X X / X X

Legal Name

Capacity/Signature

C Sangyo K.K.
Representative Director, 7aro Mizuho

### **CRS Self-Certification** [For Entities]

# **Example For PASSIVE NFEs incorporated outside Japan**

Example For	TAGGIVE IVI EST	neor por aced outside supu				
Please fill in and check (✓) the appropriate box(es)						
A. Certification Type	1. New 2. Optional	3. New&Optional 4. Update				
Select and check one box		ormonospasma				
B. Legal Name  **If you are an Estate Entity, please	ABC Fund					
provide tax residence and other relevant	ABC Furia					
information of its decedent in page 2 of $C-1$ . Address	122 APC Street Lands	an III/				
	123 ABC Street, Londo	<u> </u>				
C – 2. Country		UK )				
D. Entity Classification	· · · · · ·	diaries whose voting rights are 50% or more owned by a				
Please check (✓) all		overnment, Bank of Japan, foreign government, foreign Bank, international organization, domestic or foreign				
applicable boxes.		estment entity established in Reportable Jurisdictions or				
	specified countries concluded tax to * Investment entity that is a legal pers	treaty with Japan), entities equivalent to foreign				
**please complete the confirmation	,	person not listed above $\rightarrow$ fill in 2 below.				
of controlling person(s) below if you are Passive NFEs.	2. Entity other than 1. a	above or 3. below				
you are Passive NFES.	PARTNERSHIP, OTHER ENTITY SIMILAR TO I	PARTNERSHIP, and TRUST <b>ONLY</b> , provide below <b>Specified Partners, etc</b>				
	[ Name or Legal Name	]				
	[ Address	]				
	☐ If you are Specified Trustee, please					
	3. Passive NFEs (For unlisted er	ntities, more than 50% of the preceding fiscal year's gross income is passive				
		olling persons (individuals only) For ②·③, please				
	②Our company has (a) controlling p	person(s) (individuals Japanese resident only) move on to page				
	③Our company has (a) controlling p	verson(s) (individuals only, foreign resident) 3 and fill in.				
Please fill in only when submitting a	TE. ACCOUNT NUMBER					
"2.Optional", "3. New & Optional" o Update"	(Right-alligned)	1 2 3 4 5 6 7				
opuate	F-1. All of Tax Residences or					
Please fill in only when submittir	ng an last submitted certification					
"4. Update"	F – 2. Entity classification on	☐ 1. ☐ 2. ☐				
	last submitted certification	3. 1 3. 2 3. 3				
G. Jurisdiction(s) of	G – 1. Jurisdiction of	G – 2. Taxpayer Identification Number (TIN)				
residence for tax	residence	(If unable to provide TIN, please specify the reason)				
purposes and TIN for	for	reign country (D.3. above), please fill in the entity's TIN(13				
each residence Please fill in all applicable countries		aite.)				
and TIN(s). Please check (✓) all						
applicable □ boxes. If you have no tax residence,	United States					
please fill in jurisdiction in which		*If unlisted entity, please also submit Mizuno substitution form W-9				
place of effective management is situated.		( <b>1234567890</b> )				
Please fill in if	H. Specify reason jurisdiction					
•Coutry name in C-2. differs fro						
jurisdiction of residence in G-1.	the address shown in C-2.					
	<ul><li>I − I . Legal Name</li><li>※ If you entered field B in</li></ul>	(In BLOCK-BODY English)				
Please fill in if	English, you may leave this					
<ul><li>you are D.3.③ above or</li><li>one or more contries other tha</li></ul>	rolumn blank In Japan I – 2. Address	(In BLOCK-BODY English)				
are filled in G-1.	※ If you entered field C in	,,				
	English, you may leave this					
J. Other referential information	T					
Please complete this	form by signing on NEXT PA	AGE 2.				

# Example For PASSIVE NFEs incorporated outside Japan I acknowledge that all information shown on this form is correct. Furthermore, in case of any change affecting the information shown on this form, I agree to resubmit the form within 3 months. Date 2 0 X X / X X / X X Legal Name Capacity/Signature ABC Fund CEO. John Smith