



INSTRUCTIONS: THIS FORM IS TO BE COMPLETED BY AN EXISTING MEMBER TO UPDATE THEIR ACCOUNT. PLEASE COMPLETE ALL RELEVANT SECTIONS. FOR SECTIONS WHERE THERE IS NO CHANGE, TICK BOX FOR NO CHANGE AND INITIAL.

MEMBER NAME

MEMBER NO.

DATE OF BIRTH

DATE

1 UPDATE NAME

CURRENT NAME

NO CHANGE

NEW NAME

INITIAL:

SUPPORTING DOCUMENTATION TO BE PROVIDED: MARRIAGE CERTIFICATE OR DEED POLL OR DISSOLUTION OF MARRIAGE CERTIFICATE AND UPDATED ID EVIDENCING CHANGE OF NAME

2 MEMBER IDENTIFICATION INFORMATION

ADULT MEMBER OR PARENT/GUARDIAN OF CHILD MEMBER
 D/LICENSE NATIONAL ID (VOTER SCARD/ELECTORAL CARD/CITIZENSHIP CARD)

CHILD MEMBER
 CERTIFIED PHOTO/SCHOOL ID
 PASSPORT

NO CHANGE

PASSPORT

INITIAL:

ID NUMBER

ID NUMBER

EXPIRY DATE:

EXPIRY DATE:

3 UPDATE TRANSACTION PROFILE

UPDATE APPROXIMATE DOLLAR VALUE DEPOSITS TO: \$

NO CHANGE

FREQUENCY OF DEPOSITS: WEEKLY BI-WEEKLY MONTHLY ANNUAL

INITIAL:

SUPPORTING DOCUMENTATION TO BE PROVIDED:

- MOST RECENT PAYSリップ (IF EMPLOYER HAS NOT CHANGED) OR
- UPDATED JOB LETTER ADDRESSED TO CICSA CO-OPERATIVE CREDIT UNION (IF EMPLOYER HAS CHANGED) *IF EMPLOYER HAS CHANGED, COMPLETE SECTION 3 OR
- OTHER (IF OTHER, PLEASE STATE SOURCE OF INCOME)

4 UPDATE EMPLOYER

EMPLOYEE STATUS: FULL-TIME PART-TIME SELF-EMPLOYED UNEMPLOYED RETIRED STUDENT

NO CHANGE

NAME OF EMPLOYER

INITIAL:

GOVT DEPT (IF APPLICABLE)

EMPLOYER ADDRESS

EMPLOYER TELEPHONE

OCCUPATION

MONTHLY INCOME

- SUPPORTING DOCUMENTATION TO BE PROVIDED:
- UPDATED JOB LETTER ADDRESSED TO CICSA CO-OPERATIVE CREDIT UNION OR
 - IF SELF-EMPLOYED:
 1. TRADE & BUSINESS LICENSE (IF APPLICABLE)
 2. RECENT ANNUAL RETURN (IF APPLICABLE)
 3. BANK REFERENCE (DATED WITHIN LAST 3 MONTHS)
 - IF RETIRED:
 1. LETTER FROM PENSION COMPANY CONFIRMING MONTHLY OR ANNUAL PENSION AMOUNT OR
 2. MOST RECENT PAYSリップ FROM PUBLIC SERVICE PENSION BOARD (IF MEMBER RECEIVES PUBLIC PENSION.)



5 UPDATE CONTACT INFORMATION

| | | | | |
|-----------------------|----------------------|-------------------------|----------------------|---|
| HOME TELEPHONE NUMBER | <input type="text"/> | MOBILE TELEPHONE NUMBER | <input type="text"/> | <input type="checkbox"/> NO CHANGE INITIAL: <input type="text"/> |
| EMAIL ADDRESS 1 | <input type="text"/> | | | |
| EMAIL ADDRESS 2 | <input type="text"/> | | | |

6 UPDATE ADDRESS

A. CHANGE PHYSICAL ADDRESS

| | | |
|------------------|----------------------|---|
| PHYSICAL ADDRESS | <input type="text"/> | <input type="checkbox"/> NO CHANGE INITIAL: <input type="text"/> |
| | <input type="text"/> | |
| COUNTRY | <input type="text"/> | |

SUPPORTING DOCUMENTATION TO BE PROVIDED:

- LEASE AGREEMENT
- UTILITY BILL IN MEMBER'S NAME
- UTILITY BILL AND COMPLETED CREDIT UNION PROOF OF RESIDENCE FORM (IF UTILITY BILL IS NOT IN THE NAME OF MEMBER)
- LETTER FROM EMPLOYER CONFIRMING ADDRESS

B. CHANGE POSTAL ADDRESS

| | |
|----------------|-----------------------------------|
| POSTAL ADDRESS | <input type="text" value="KY -"/> |
| COUNTRY | <input type="text"/> |

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 undertake to advise the recipient promptly and provide an updated Member Update form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information.

MEMBER SIGNATURE:

DATE

INTERNAL USE ONLY

Is the member a Politically Exposed Person: Yes No

| | NAME & SIGNATURE | ROLE | DATE |
|-------------------------------------|----------------------|----------------------|----------------------|
| Approved by Business Unit: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Approved by Compliance: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Officer Processing the Application: | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|--------------|----------------------|---------------|---|
| RECEIVED BY: | <input type="text"/> | DATE RECEIVED | <input type="text" value="DD / MM / YYYY"/> |
| UPDATED BY: | <input type="text"/> | DATE UPDATED | <input type="text" value="DD / MM / YYYY"/> |



DATE / /

THE CEO
CICSA CO-OP CREDITUNION LTD
PO BOX 1450
GRAND CAYMAN KY1-1110
CAYMAN ISLANDS

DEAR SIR OR MADAM

RE: (MEMBER NAME)

I HEREBY CONFIRM THAT THE ABOVE NAMED PERSON RESIDES AT:

MY RELATIONSHIP WITH THIS PERSON IS:

- FAMILY MEMBER (STATE RELATIONSHIP)
- TENANT
- OTHER (STATE RELATIONSHIP)

PHOTO IDENTIFICATION (AT LEAST ONE IS REQUIRED) DRIVER'S LICENSE PASSPORT VOTER'S REGISTRATION CARD

YOURS TRULY

NAME TELEPHONE

ADDRESS

SIGNATURE



This form is necessary, in the unfortunate event of your death, to disburse your net savings/shares (net of any loans or co-maker commitments) to your designated beneficiaries. Stating your beneficiaries in advance also protects them from the unnecessary expense of having to go through probate Court to collect what you had intended for them.

MEMBER ACCOUNT # [] I, (NAME) []

PHYSICAL ADDRESS: (HOUSE NUMBER) [] (STREETNAME, ADDRESS & DISTRICT) []

A member of the above mentioned-named Society, do hereby nominate the following as the only person or persons (none of them being an officer or servant of the Society, unless such persons is the husband, wife, father, mother, child, brother, or sister of myself, the nominator) to or among whom shall be transferred my property in the Society, whether in shares, loans, deposits or otherwise at my decease in such proportions as is set forth below to their respective names:

| NAME | ADDRESS | TELEPHONE NUMBER | DATE OF BIRTH (DD/MM/YYYY) | RELATIONSHIP | OCCUPATION | PROPORTION % |
|------|---------|------------------|----------------------------|--------------|------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

I, further appoint the following person(s) for the minor(s) nominated above until he or she attains the age of eighteen (18) (a Trustee appoint must be eighteen (18) years of age or older)

| NAME | ADDRESS | TELEPHONE NUMBER | DATE OF BIRTH (DD/MM/YYYY) | RELATIONSHIP | OCCUPATION | MINOR'S NAME |
|------|---------|------------------|----------------------------|--------------|------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Where the Nomination is not intended to comprise the whole of the Member's property in the Society, the amount to be comprised in it, is to be specified. Any previous nomination is hereby cancelled.

As witness to my hand, this [] day of [], 20 []

| | | |
|--|---|-------------------------|
| [] SIGNATURE OF MEMBER MAKING NOMINATION | [] SIGNATURE OF WITNESS (CU STAFF MEMBER, JP OR NOTARY PUBLIC) | [] POSITION/ADDRESS |
| | [] SIGNATURE OF WITNESS (CU STAFF MEMBER, JP OR NOTARY PUBLIC) | [] POSITION/ADDRESS |

FOR CREDIT UNION
USE ONLY

APPLICATION RECEIVED BY

REVIEWED AND APPROVED BY

INPUT BY

INPUT CHECKED BY

DATE



Instructions for completion

We are obliged under the Tax Information Authority Law, the Regulations, and Guidance Notes made pursuant to that Law, and treaties and intergovernmental agreements entered into by the Cayman Islands in relation to the automatic exchange of information for tax matters (collectively "AEOI"), to collect certain information about each account holder's tax status. Please complete the sections below as directed and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant Cayman Islands Regulations, Guidance Notes or international agreements. If any of the information below regarding your tax residence or AEOI classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this Form, please contact your tax advisor.

COMPLETE ALL SECTIONS. Do not leave any section blank. If N/A, state so.

SECTION 1: ACCOUNT HOLDER IDENTIFICATION

ACCOUNT HOLDER NAME

DATE OF BIRTH (DD/MM/YYYY) PLACE & COUNTRY OF BIRTH

PERMANENT RESIDENCE ADDRESS:

NUMBER & STREET CITY/TOWN

STATE/PROVINCE POST CODE COUNTRY

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

NUMBER & STREET CITY/TOWN

STATE/PROVINCE POST CODE COUNTRY

SECTION 2: DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

PLEASE TICK EITHER (A) OR (B) OR (C) AND COMPLETE AS APPROPRIATE.

- A I CONFIRM THAT I AM A U.S. CITIZEN AND/OR RESIDENT IN THE U.S. FOR TAX PURPOSES (GREEN CARD HOLDER OR RESIDENT UNDER THE SUBSTANTIAL PRESENCE TEST) AND MY U.S. FEDERAL TAXPAYER IDENTIFYING NUMBER (U.S. TIN) IS AS FOLLOWS:
- B I CONFIRM THAT I WAS BORN IN THE U.S. (OR A U.S. TERRITORY) BUT AM NO LONGER A U.S. CITIZEN AS I HAVE VOLUNTARILY SURRENDERED MY CITIZENSHIP AS EVIDENCED BY THE ATTACHED DOCUMENTS.
- C I CONFIRM THAT I AM NOT A U.S. CITIZEN OR RESIDENT IN THE U.S. FOR TAX PURPOSES.

SECTION 3: DECLARATION OF TAX RESIDENCY (OTHER THAN U.S.) Complete section 3 if you have non-U.S. tax residences.

I HEREBY CONFIRM THAT I AM, FOR TAX PURPOSES, RESIDENT IN THE FOLLOWING COUNTRIES (INDICATE THE TAX REFERENCE NUMBER TYPE AND NUMBER IN EACH COUNTRY).

| COUNTRY/COUNTRIES OF TAX RESIDENCY | TAX REFERENCE NUMBER TYPE | TAX REFERENCE NUMBER |
|------------------------------------|---------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities. I acknowledge that it is an offence to make a self-certification that is false in a material particular.

SIGNATURE PRINT NAME DATE (DD/MM/YYYY)

FOR CREDIT UNION USE ONLY VALID SELF-CERTIFICATION YES NO VALIDATED BY DATE VALIDATED