

--	--	--	--	--	--	--	--	--	--	--	--

Entity Tax Residency Self Certification Form (FATCA and CRS)

Please read these instructions before completing the form.

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 account holder's tax residence. Each jurisdiction has its own rules for defining tax residence. In general, for entities tax residence is defined as the jurisdiction where the entity has its place of management. Special circumstances may cause the entity to be resident elsewhere or resident in more than one jurisdiction at the same time (multiple residencies). 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 the tax residence of the account holder 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 circumstances relating to the account holder's tax status, (e.g. a change in the ownership structure of the entity adding controlling person) or other mandatory fields included on this form. 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.

This form is intended to request information only where such request is not prohibited by applicable local law or regulations.

Please complete this form if you are notifying us of a change in circumstances.

If you are an individual account holder or sole trader or sole proprietor do not complete this form. Instead please complete an "Individual / Controlling Person Self Certification Form (FATCA and CRS)".

Where the account holder is a passive non-financial entity ("NFE"), or an investment entity located in a non-participating jurisdiction managed by another financial institution.

Please provide information on the natural person(s) who exercise control over the account holder (such individuals referred to as "Controlling Person(s)") by completing an "Individual / Controlling Person Self Certification Form (FATCA and CRS)" for each Controlling Person. This information should be provided in respect of any account holder which is a passive NFE or investment entities located in a non-participating jurisdiction and managed by another financial institution.

If you are completing the form on the account holder's behalf

You should indicate the capacity in which you have signed in Section 4. For example you may be completing the form under a signatory authority or power of attorney.

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.

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

A : DECLARATION PURSUANT TO FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Please tick one of the below categories as appropriate

- a) Reporting FI in an IGA jurisdiction (please provide GIIN below*)
- b) Participating Foreign Financial Institution in a non-IGA jurisdiction (please provide GIIN below*)
- c) Non-Participating Foreign Financial Institution
- d) Deemed-Compliant Foreign Financial Institution (please provide GIIN below if you are a registered-deemed compliant foreign financial institution or sponsored entity with a GIIN)

For Trustee documented trust or sponsored entity, please provide the name of the trustee or sponsor and associated GIIN

Name of trustee(s) or sponsor(s)

Global Intermediary Identification Number (GIIN) of the trustee(s) or sponsor(s)

- e) Exempt Beneficial Owner
- f) Passive Non-Financial Entity. *Please complete individual (Controlling Person's) tax residency self-certification for each controlling person*
- g) Others, please specify

*Global Intermediary Identification Number (GIIN)

B : CRS CLASSIFICATION

Please tick one of the below categories as appropriate

- a) Financial Institution - other than a Professionally Managed Investment Entity (e.g. a fund), tax resident in a Non-Participating Jurisdiction under CRS
- b) Professionally Manged Investment Entity, tax resident in a Non-Participating Jurisdiction under CRS
Please complete individual (Controlling Person's) tax residency self-certification for each controlling person
- c) Passive Non-Financial Entity
Please complete individual (Controlling Person's) tax residency self-certification for each controlling person

SECTION 2A : DECLARATION PURSUANT TO FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I/We 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/we may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I/We have read and understood the applicable provisions of the latest prospectus of the relevant fund (the "Fund") to which this account relates in relation to the gathering, storage, use, processing, disclosure and reporting of information provided by me/us 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/We acknowledge, consent to and instruct (a) the gathering, retention and processing 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/us, 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/We undertake to advise the recipient and provide an updated self-certification form **within 30 days** of the occurrence of any change in circumstance which causes any of the information contained in this form to be incorrect or incomplete.

Authorised Signature(s)* :

 Authorised Signature #1
 Name #1 :
 Date (dd/mm/yyyy) :

 Authorised Signature #2
 Name #2 :
 Date (dd/mm/yyyy) :

Note : If you are not the account holder 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.

 Authorised Signature #1
Capacity in which declaration is made* :

 Authorised Signature #2