## Consent to report (FATCA-waiver)

To: Capital Bank – GRAWE Gruppe AG Burgring 16 8010 Graz Austria

## Explicit Consent (according to the Austrian banking secrecy and data protection laws) to report to the US tax authority - IRS (Internal Revenue Service)

Client Data:

Name of Client:	
Date of birth:	US Taxpayer Identification Number ("TIN"):
Residential Address:	SSN, ITIN, EIN (Please Specify)* *SSN = US Social Security Number *ITIN = US Individual Taxpayer Identification Number *EIN = US Employer Identification Number
Street:	
ZIP-Code: City:	
Country:	

I am/we are informed that under the Agreement between the United States of America and the Republic of Austria for Cooperation to Facilitate the Implementation of FATCA (BGBI. Xxx, hereinafter referred to as the "Agreement") and U.S. American regulations (i.e. the Foreign Account Tax Compliance Act - FATCA) Capital Bank – GRAWE Gruppe AG (hereinafter referred to as the "Bank") is obliged to report for the purpose of tax compliance and combating tax evasion on the basis of my/our respective consent certain data regarding my/our banking relationship with the Bank to the Internal Revenue Service of the United States of America (hereinafter referred to as "**IRS**").

The following data have to be reported to IRS on a yearly basis starting 2015 and I/we herewith give my/our consent to such reports with regard to my/our following business with the Bank: all present and future accounts, deposits and transactions generating payments (interest, dividends, gross proceeds, redemption or any other type of financial income) (hereinafter referred to as "my/our business"):

- First Name, Last Name of the account holder
- Date of birth of the account holder
- Address of registration of the account holder (Street, Street-number, ZIP-Code, City, Country)
- US Taxpayer Identification Number ("TIN") of the account holder Number and identification number of relevant accounts, deposits and transactions
- Amount and currency of the balance or value of relevant accounts, deposits and transactions at the reporting date / at the date of closure
- Type and amount of payments made during the reporting period.

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## CAPITAL DD BANK

The consent to report includes my/our at the time existing business, as well as any future business with the Bank. I/we do understand whenever I/we will enter into any future business (accounts, deposits, transactions generating payments as listed above) it will be pointed out to me/us by the Bank again at that time that this Consent to report applies to such new business entered into, too, and that the Consent may be revoked at any time.

For the purpose of this disclosure of data set out in the preceding paragraphs, I/we, by signing this consent, expressly release the Bank from banking secrecy pursuant to Section 38 (2) item 5 of the Austrian Banking Act (*Bankwesengesetz*).

My/our consent pursuant to Section 4 item 14 of the Federal Act concerning the Protection of Personal Data (DSG 2000) and the release from banking secrecy pursuant to Section 38 (2) item 5 of the Austrian Banking Act (*Bankwesengesetz*) may be revoked vis-à-vis the Bank at any time with immediate effect for any future transfer or release of data, preferably in writing/e-mail/telephone to:

If the consent requested above is not given or revoked later the Bank will be obliged under the Agreement to report aggregate information (the total number of account holders of the BANK who do not consent, the aggregate account balance and payment amount) to the IRS. Such information may give rise to a group request by the IRS for specific information about my/our business. In such case, the requested information shall be transmitted to the Austrian tax administration, and the Austrian tax administration may exchange this information with the IRS in accordance with the Agreement according to the specified procedure.

(Place, date)

(personal/corporate authorized signature of the Client)

