

Global Markets

Trust/Pension Scheme
Account Application



**Bank of
Ireland**

SECTION 1 (A): TRUST OR PENSION SCHEME DETAILS

To: The Governor and Company of the Bank of Ireland (the "Bank")

TRUST OR PENSION SCHEMES	
Name of Trust or Pension Scheme	
Residence address including postcode & country	Address Line 1
	Address Line 2
	Town/City
	County/State/Region
	Eircode/Post Code/Zip
	Country
Name & Address for Correspondence: (if different from above)	Address Line 1
	Address Line 2
	Town/City
	County/State/Region
	Eircode/Post Code/Zip
	Country
Purpose of Account:	
Tax Registration Number (TRN)	
Principal Business Activity (If none apply, select "Other" and specify below)	Retail <input type="checkbox"/> Hospitality <input type="checkbox"/> Technology <input type="checkbox"/> Agriculture <input type="checkbox"/> Manufacturing <input type="checkbox"/> Motor <input type="checkbox"/> Property <input type="checkbox"/> Healthcare <input type="checkbox"/> Other <input type="checkbox"/>
If Other, please specify:	
Is your Business a Prudential Regulation Authority regulated firm or Financial Institution?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide the Legal Entity Identifier (LEI):	

SECTION 1 (B) PENSION SCHEME DETAILS (WHERE RELEVANT)

Select Type of Pension	Tick Box
1. Occupational	<input type="checkbox"/>
2. Personal (Trust RAC and PRSA'S)	<input type="checkbox"/>
3. Post Retirement Investment Fund (ARF)	<input type="checkbox"/>

Name and Address of Pension Trustees (Occupational and Trust RAC)	Full Name
	Address Line 1
	Address Line 2
	Town/City
	County/State/Region
	Eircode/Post Code/Zip
	Country
Name and Address of Approved PRSA Provider (PRSA)	Full Name
	Address Line 1
	Address Line 2
	Town/City
	County/State/Region
	Eircode/Post Code/Zip
	Country
Name and Address of Qualifying Fund Manager (ARF)	Full Name
	Address Line 1
	Address Line 2
	Town/City
	County/State/Region
	Eircode/Post Code/Zip
	Country

Name and Address of Registered Pension Administrator	Full Name
	Address Line 1
	Address Line 2
	Town/City
	County/State/Region
	Eircode/Post Code/Zip
	Country
Name and Address of Settlor if applicable	Full Name
	Address Line 1
	Address Line 2
	Town/City
	County/State/Region
	Eircode/Post Code/Zip
	Country

SECTION 1 (C) LIST OF TRUSTEES*

If you choose to provide your own list instead of using this form, then such a list must: (i) be addressed to The Governor and Company of the Bank of Ireland; (ii) be certified to be given in connection with this Application; (iii) state the date of the Application; and (iv) contain all of the information requested below.

LIST OF TRUSTEES	
Name	
Residence address including postcode & country	Address Line 1
	Address Line 2
	Town/City
	County/State/Region
	Eircode/Post Code/Zip
	Country
Date of Birth	<input type="text"/>
Occupation	

LIST OF TRUSTEES	
Name	
Residence address including postcode & country	Address Line 1
	Address Line 2
	Town/City
	County/State/Region
	Eircode/Post Code/Zip
	Country
Date of Birth	<input type="text"/>
Occupation	

LIST OF TRUSTEES	
Name	
Residence address including postcode & country	Address Line 1
	Address Line 2
	Town/City
	County/State/Region
	Eircode/Post Code/Zip
	Country
Date of Birth	<input type="text"/>
Occupation	

* Where the Trustee / Settlor is not a natural person, in respect of each such entity please complete (1) the Board Resolution at Schedule 1 and (2) Section 4 - Entity Self-Certification for FATCA/CRS purposes

SECTION 1 (C) LIST OF TRUSTEES*

LIST OF TRUSTEES	
Name	
Residence address including postcode & country	Address Line 1
	Address Line 2
	Town/City
	County/State/Region
	Eircode/Post Code/Zip
	Country
Date of Birth	<input type="text"/>
Occupation	

Should you need to add further Trustees please photocopy this page.

* Where the Trustee / Settlor is not a natural person, in respect of each such entity please complete (1) the Board Resolution at Schedule 1 and (2) Section 4 – Entity Self- Certification for FATCA/CRS purposes

SECTION 2: AUTHORISED INDIVIDUALS

The individuals specified below are authorised to enter into Transactions with the Bank as specified below ("Mandated Transactions") and give instructions in writing on behalf of the Trust/Pension Scheme. Where indicated, individuals will also be authorised to provide the Bank with Instructions for the Mandated Transactions by telephone.

AUTHORISED INDIVIDUAL DETAILS		INSTRUCTIONS PERMITTED (PLEASE ✓ TICK AS APPROPRIATE)	
Full Name		Current & Deposit Accounts	<input type="checkbox"/>
Position/Job Title		Foreign Exchange Transaction	<input type="checkbox"/>
Telephone Number		Other (please specify below)	<input type="checkbox"/>
Email Address			
PPS Number (interest bearing accounts only)			
Signature			

AUTHORISED INDIVIDUAL DETAILS		INSTRUCTIONS PERMITTED (PLEASE ✓ TICK AS APPROPRIATE)	
Full Name		Current & Deposit Accounts	<input type="checkbox"/>
Position/Job Title		Foreign Exchange Transaction	<input type="checkbox"/>
Telephone Number		Other (please specify below)	<input type="checkbox"/>
Email Address			
PPS Number (interest bearing accounts only)			
Signature			

In accordance with clause 5 of the Treasury Terms and Conditions, where Instructions are provided by an Authorised Individual/Signatory by telephone, such telephone Instructions will override any provisions in the Account Mandate in relation to the number of signatures which are required to operate your account.

Do you have more Authorised Individuals to add? If so, please print this page again and complete for other Authorised Individuals

Number of Authorised Individuals required on Instructions

Any ONE of the Authorised Individuals	<input type="checkbox"/>	Any TWO of the Authorised Individuals	<input type="checkbox"/>	ALL of the Authorised Individuals	<input type="checkbox"/>
Other: Please provide further details					

SECTION 3: DEPOSIT GUARANTEES SCHEME – DEPOSITOR INFORMATION SHEET

If you have an Account with us or wish to open an Account with us, we are obliged to offer you a copy of our Deposit Guarantee Scheme Depositor Information Sheet.

This is available online here:

<https://www.bankofireland.com/mobile-app/depositor-information-sheet/>

Please confirm you have accessed and read the Deposit Guarantee Scheme – Depositor Information Sheet by ticking this box

SECTION 3 (A): ACCOUNT DETAILS

Please indicate in the box below type(s) of Account to be opened.

	Account A	Account B	Account C
Currency*			
Account Type Required	Current <input type="checkbox"/> Call <input type="checkbox"/> Fixed Term <input type="checkbox"/>	Current <input type="checkbox"/> Call <input type="checkbox"/> Fixed Term <input type="checkbox"/>	Current <input type="checkbox"/> Call <input type="checkbox"/> Fixed Term <input type="checkbox"/>
Term (Fixed Deposit only):	1 Month <input type="checkbox"/> 3 Month <input type="checkbox"/> 6 Month <input type="checkbox"/> 9 Month <input type="checkbox"/> 12 Month <input type="checkbox"/>		
Maturity Options:	Automatic reinvestment of Principal and Interest <input type="checkbox"/> or Automatic reinvestment of Principal and Payment of Interest <input type="checkbox"/>		
Initial Lodgement:			
By:	Cheque <input type="checkbox"/> Draft <input type="checkbox"/> SWIFT/Electronic <input type="checkbox"/> Other <input type="checkbox"/> Please specify <input type="text"/>		
Special Instructions (if applicable)			

*You can access a full list of the currencies on <https://corporate.bankofireland.com/library>

SECTION 4: TAX REPORTING INFORMATION REQUIRED UNDER FATCA/CRS

The Governor and Company of the Bank of Ireland ("the Bank") is obliged under Section 891E and Section 891F of the Taxes Consolidation Act 1997 (as amended), and Tax Regulations made pursuant to those sections, to collect certain information in respect of the Foreign Account Tax Compliance Act ('FATCA') and the Common Reporting Standard 'CRS').

Please complete, where applicable, the relevant sections below and provide any additional information as may be required. In certain circumstances (depending on your Trust/Pension Scheme's classification for FATCA and CRS purposes), we may be obliged to share this information with relevant tax authorities, who may then share it with tax authorities in other countries or territories. The information which we may be obliged to share with the tax authorities includes:

- the name and address of your Trust/Pension Scheme
- country(ies)/territory(ies) of tax residence and tax identification number(s) (TINs)
- the type of account that is being reported (e.g. depository account) and account number
- the account balance or value at the end of the reporting period (or date of closure if the account was closed)
- gross amounts paid or credited with respect to the account (e.g. interest, dividends, redemption payments)
- whether a valid self-certification is held
- whether the account is new (opened on or after 1 January 2016) or pre-existing (opened before 1 January 2016).
- In certain circumstances, the name, address, country(ies)/territory(ies) of tax residence, US citizenship, tax identification number (TIN), date of birth, place of birth and role(s) of the controlling persons of the Trust/Pension Scheme may also be shared.

This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about how to complete this form or any other concerns about the impact of sharing of information, you should contact your tax advisor or local tax authority.

Please note that the Bank does not provide tax advice and will not be liable for any errors contained in this form. When filling in this form, read the FATCA/CRS Glossary guidance notes available online at <https://corporate.bankofireland.com/library> for definitions of specific words and Terms.

If a pension scheme does it meet the exemption criteria as set out in FATCA/CRS as guided by revenue. Refer to www.revenue.ie for information.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES proceed to section 6.		
If No or if a Trust, please proceed to CUSTOMER CHECKLIST below and complete as required.		

CUSTOMER CHECKLIST

SECTION	TO BE COMPLETED BY: NON- FINANCIAL ENTITIES	TO BE COMPLETED BY: FINANCIAL INSTITUTIONS
Section 4 (A) Details on Tax Residency	Yes	Yes
Section 4 (B) Non-Financial Entities	Yes	No
Section 4 (C) Financial Institutions	No	Yes
Section 4 (D) Financial Institutions CRS information	No	Yes
Section 5 Controlling Persons	Non-Financial Entities who classified themselves as Passive NFFE or Passive NFE in 4 (B) only	Financial Institutions who classified themselves as an Investment Entity in Non- Participating Jurisdiction in 4 (D) only

SECTION 4 (A): TAX RESIDENCY FOR FATCA & CRS (MANDATORY)

Please answer the following questions about your tax residency

1	Is your Trust/Pension Scheme a Specified U.S Person? (Note that a Specified U.S Person includes organisations)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please provide your Trust/Pension Scheme's U.S. Tax Identification Number (TIN)		
2	Is your Trust/Pension Scheme resident for tax purposes in any country other than the U.S. and the Republic of Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	If yes, Please list all countries/territories in which your Trust/Pension Scheme is tax resident and provide the corresponding Tax Identification Number (TIN), or functional equivalent for each country/territory or else a valid explanation as to why no TIN is available.		
	Country/Territory	Tax Identification Number (TIN)	Reason why no TIN provided (indicate A, B or C from the explanations outlined below)

If you have not been able to provide a TIN, please indicate why using one of the following explanations:

A. The country/ territory of tax residency does not issue TINs or functional equivalents to its residents;
B. The country/territory of tax residency has not issued a TIN to you (if selecting this option B, please also provide an explanation in the box above)
C. The domestic law of the country/ territory of tax residency does not require the collection of a TIN.

If you are a Non-Financial Entity, please complete section 4 (B), otherwise, please proceed directly to Section 4 (C)

SECTION 4 (B) NON- FINANCIAL ENTITIES

For more details on Non-Financial Entities, please refer to the FATCA/CRS Glossary at

<https://corporate.bankofireland.com/library/>

FATCA	
• I certify that the Trust/Pension Scheme is an Active NFFE	<input type="checkbox"/>
• I certify that the Trust/Pension Scheme is a Passive NFFE*	<input type="checkbox"/>
• I certify that the Trust/Pension Scheme is an Excepted NFFE	<input type="checkbox"/>
CRS	
• I certify that the Trust/Pension Scheme is an Active NFE, the stock of which is regularly traded on an established securities market	<input type="checkbox"/>
• I certify that the Trust/Pension Scheme is an Active NFE, a Government Entity or Central Bank	<input type="checkbox"/>
• I certify that the Trust/Pension Scheme is an Active NFE, an international organisation	<input type="checkbox"/>
• I certify that the Trust/Pension Scheme is an Active NFE, other than the above Active NFE categories	<input type="checkbox"/>
• I certify that the Trust/Pension Scheme is a Passive NFE*	<input type="checkbox"/>

***If you have classified yourself as a Passive NFFE or Passive NFE, please proceed to complete Section 5, otherwise please proceed directly to Section 6.**

SECTION 4 (C) FINANCIAL INSTITUTIONS INFORMATION REQUIRED FOR FATCA

All Financial Institutions must complete Section 4 (C) and Section 4 (D).

The information provided in this Section is for FATCA, please note your classification may differ from your CRS classification in Section 4 (B). If your Entity/ Organisation is a Financial Institution under FATCA, Please tick one of the following options below. For more information, Please refer to the Glossary in form 4-1070R.

1. Please choose from one of the following options

i) Registered Deemed Compliant Foreign Financial Institution	<input type="checkbox"/>
ii) Participating Foreign Financial Institution	<input type="checkbox"/>
iii) Partner Jurisdiction Financial Institution (including Irish Financial Institutions)	<input type="checkbox"/>

2. Please provide your Global Intermediary Identification Number (GIIN)

OR If your Entity is a Financial Institution but unable to provide a GIIN, please choose one of the below reasons:

a) Certified Deemed Compliant Foreign Financial Institution	<input type="checkbox"/>
b) Exempt Beneficial Owner	<input type="checkbox"/>
c) Non-Participating Foreign Financial Institution	<input type="checkbox"/>
d) Excepted Foreign Financial Institution	<input type="checkbox"/>

SECTION 4 (D) FINANCIAL INSTITUTIONS CRS INFORMATION REQUIRED FOR CRS

This section is to be completed by Financial Institutions only.

Please choose from one of the following options

• Investment Entity in Non- Participating Jurisdiction	<input type="checkbox"/>
• Financial Institution (other than an Investment Entity in Non-Participating Jurisdiction)	<input type="checkbox"/>

If you have chosen "Investment Entity in Non- Participating Jurisdiction" please proceed to Section 5 to complete. If you have chosen "Financial Institution", proceed directly to Section 6.

SECTION 5: CONTROLLING PERSON DECLARATION UNDER FATCA/CRS*

If your Trust/Pension Scheme has certified in this Form as being:

1. A Passive NFFE/NFE, or
2. An Investment Entity in a Non-Participating Jurisdiction,

the Bank is required to establish the role(s) of any Controlling Person detailed in the mandate (i.e. a Director, Trustee or Beneficial Owner whose percentage of ownership is 25% or greater, or who otherwise exercises control over the Trust or Pension Scheme) and whether such a person is a U.S. citizen or resident in any country/territory other than the Republic of Ireland for tax purposes.

If the Controlling Person is tax resident in more than three countries/territories please use a separate sheet.

CONTROLLING PERSON'S DETAILS		
1	Name	
2	Residence address including postcode & country	Address Line 1
		Address Line 2
		Town/City
		County/State/Region
		Eircode/Post Code/Zip
		Country
3	Date of Birth	<input type="text"/>
4	Telephone number (including international country code)	
5	Is the Controlling Person a U.S. citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please provide U.S. Tax Identification Number (TIN) Note: If United States is the country of tax residency, a U.S. Tin must be provided. U.S. TINs must be 9 digits.	
6	Is the Controlling Person resident in any other country or territory other than the Republic of Ireland for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes", list below all countries/territories in which the Controlling Person is tax resident, and provide a Tax Identification Number (TIN) for each country/ territory. A TIN, or else a valid explanation as to why no TIN is available, is mandatory for each country/territory listed. Note: if United States is the country of tax residency, a U.S. TIN must be provided. U.S. TINs must be 9 digits.	
	Country/Territory	TIN (or Equivalent) Reason why no TIN provided (indicate A, B or C from the explanations outlined below)

If you have not been able to provide a TIN, please indicate why using one of the following explanations:

A. The country/ territory of tax residency does not issue TINs or functional equivalents to its residents;
B. The country/territory of tax residency has not issued a TIN to you (if selecting this option B, please also provide an explanation in the box above)
C. The domestic law of the country/ territory of tax residency does not require the collection of a TIN.

Please select a Controlling Person Type from the list to indicate the role(s) by virtue of which you are a Controlling Person in the Entity/Organisation.

	(PLEASE <input checked="" type="checkbox"/> TICK ALL THAT APPLY)
Controlling Person of Legal Person	Control by ownership <input type="checkbox"/> Control by other means <input type="checkbox"/> Senior managing official <input type="checkbox"/>
Controlling Person of Legal Arrangement – Trust	Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Protector <input type="checkbox"/> Other <input type="checkbox"/>
Controlling Person of Legal Arrangement – Other	Settlor – equivalent <input type="checkbox"/> Trustee – equivalent <input type="checkbox"/> Beneficiary – equivalent <input type="checkbox"/> Protector – equivalent <input type="checkbox"/> Other – equivalent <input type="checkbox"/>

CONTROLLING PERSON'S DETAILS		
1	Name	
2	Residence address including postcode & country	Address Line 1
		Address Line 2
		Town/City
		County/State/Region
		Eircode/Post Code/Zip
		Country
3	Date of Birth	<input type="text"/>
4	Telephone number (including international country code)	
5	Is the Controlling Person a U.S. citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please provide U.S. Tax Identification Number (TIN) Note: If United States is the country of tax residency, a U.S Tin must be provided. U.S TINs must be 9 digits.	
6	Is the Controlling Person resident in any other country or territory other than the Republic of Ireland for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes", list below all countries/territories in which the Controlling Person is tax resident, and provide a Tax Identification Number (TIN) for each country/ territory. A TIN, or else a valid explanation as to why no TIN is available, is mandatory for each country/territory listed. Note: if United States is the country of tax residency, a U.S. TIN must be provided. U.S. TINs must be 9 digits.	
	Country/Territory	TIN (or Equivalent) Reason why no TIN provided (indicate A, B or C from the explanations outlined below)

If you have not been able to provide a TIN, please indicate why using one of the following explanations:

A. The country/ territory of tax residency does not issue TINs or functional equivalents to its residents;
B. The country/territory of tax residency has not issued a TIN to you (if selecting this option B, please also provide an explanation in the box above)
C. The domestic law of the country/ territory of tax residency does not require the collection of a TIN.

Please select a Controlling Person Type from the list to indicate the role(s) by virtue of which you are a Controlling Person in the Entity/Organisation.

	(PLEASE <input checked="" type="checkbox"/> TICK ALL THAT APPLY)
Controlling Person of Legal Person	Control by ownership <input type="checkbox"/> Control by other means <input type="checkbox"/> Senior managing official <input type="checkbox"/>
Controlling Person of Legal Arrangement – Trust	Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Protector <input type="checkbox"/> Other <input type="checkbox"/>
Controlling Person of Legal Arrangement – Other	Settlor – equivalent <input type="checkbox"/> Trustee – equivalent <input type="checkbox"/> Beneficiary – equivalent <input type="checkbox"/> Protector – equivalent <input type="checkbox"/> Other – equivalent <input type="checkbox"/>

*In the case of a trust, the term "Controlling Persons" means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust. The settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, must always be treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the trust. In addition, any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership) must also be treated as a Controlling Person of the trust. With a view to establishing the source of funds in the account(s) held by the trust, where the settlor(s) of a trust is an Entity, you must also identify the Controlling Person(s) of the settlor(s) and report them as Controlling Person(s) of the trust.

CONTROLLING PERSON'S DETAILS		
1	Name	
2	Residence address including postcode & country	Address Line 1
		Address Line 2
		Town/City
		County/State/Region
		Eircode/Post Code/Zip
		Country
3	Date of Birth	<input type="text"/>
4	Telephone number (including international country code)	
5	Is the Controlling Person a U.S. citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please provide U.S. Tax Identification Number (TIN) Note: If United States is the country of tax residency, a U.S Tin must be provided. U.S TINs must be 9 digits.	
6	Is the Controlling Person resident in any other country or territory other than the Republic of Ireland for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes", list below all countries/territories in which the Controlling Person is tax resident, and provide a Tax Identification Number (TIN) for each country/ territory. A TIN, or else a valid explanation as to why no TIN is available, is mandatory for each country/territory listed. Note: if United States is the country of tax residency, a U.S. TIN must be provided. U.S. TINs must be 9 digits.	
	Country/Territory	TIN (or Equivalent) Reason why no TIN provided (indicate A, B or C from the explanations outlined below)

If you have not been able to provide a TIN, please indicate why using one of the following explanations:

A. The country/ territory of tax residency does not issue TINs or functional equivalents to its residents;
B. The country/territory of tax residency has not issued a TIN to you (if selecting this option B, please also provide an explanation in the box above)
C. The domestic law of the country/ territory of tax residency does not require the collection of a TIN.

Please select a Controlling Person Type from the list to indicate the role(s) by virtue of which you are a Controlling Person in the Entity/Organisation.

	(PLEASE <input checked="" type="checkbox"/> TICK ALL THAT APPLY)
Controlling Person of Legal Person	Control by ownership <input type="checkbox"/> Control by other means <input type="checkbox"/> Senior managing official <input type="checkbox"/>
Controlling Person of Legal Arrangement – Trust	Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Protector <input type="checkbox"/> Other <input type="checkbox"/>
Controlling Person of Legal Arrangement – Other	Settlor – equivalent <input type="checkbox"/> Trustee – equivalent <input type="checkbox"/> Beneficiary – equivalent <input type="checkbox"/> Protector – equivalent <input type="checkbox"/> Other – equivalent <input type="checkbox"/>

SECTION 6: DEPOSIT INTEREST RETENTION TAX DECLARATION

We, the Trust/Pension Scheme, wish to apply for DIRT exemption and will tick the appropriate box below. We understand that if no box is ticked, then DIRT will be applied to any interest earned.

<input type="checkbox"/> The Trust/Pension Scheme is an Irish Resident Trust/Pension Scheme and the relevant tax reference number is	
<input type="checkbox"/> An exempt Pension scheme. EG ARF. State basis of exemption.	

If the Trust/Pension Scheme qualifies for DIRT exemption under any other provisions, please contact your relationship manager for the required forms.

We understand that the Bank is obliged to provide a return to the Irish Revenue Commissioners with this number together with the name of the recipient and the amount of interest paid gross to the recipient.

SECTION 7: DATA PRIVACY

DATA PRIVACY

The information you have provided will be treated as confidential and retained and processed by the Bank as set out in our Data Privacy Notice (www.bankofireland.com/privacy).

SECTION 8: DECLARATIONS AND AGREEMENTS

We request and authorise the Bank on behalf of the Trust/Pension Scheme to act on instructions given in accordance with the following resolutions passed at a meeting of the Trustees of the Trust/Pension Scheme and we hereby certify that these resolutions are correctly set out below:

1. THAT the Bank be requested and authorised to open and/or continue one or more accounts in the name of the Trust/Pension Scheme.
2. THAT the Bank be requested and authorised to enter into those Transactions with the Trust/Pension Scheme in relation to the Account(s) that have been specified in the Account Mandate and in accordance with the Treasury Terms and Conditions and/or Treasury Terms of Business (as appropriate) which have been provided to, read by and understood by the Trustees of the Trust/Pension Scheme, and which the Trustees of the Trust/Pension Scheme agree to be bound by.
3. THAT the Trust/Pension Scheme chooses to receive relevant information Treasury Terms and Conditions and/or Treasury Terms of Business (including Special T&C's) by means of a website and the Trust/Pension Scheme confirm that it has regular access to the internet.
4. THAT the Bank be requested and authorised to act on the Instructions from the Authorised Individuals in relation to the Account(s) that are set out in Section 2 of the Account Mandate.
5. THAT if the Trust/Pension Scheme is using DocuSign or other electronic means to receive and sign the Account Mandate, the Trust/Pension Scheme agrees that it will sign the Account Mandate using an e-signature electronic form
6. THAT the Bank be requested and authorised, in respect of any information and/or copy documents supplied to the Bank, to disclose to, transfer to, or send copies to any branch, division or other member of the Bank of Ireland Group, any regulatory authority or any other designated body to enable the Bank to comply with its obligations to establish the identity of the Trust/Pension Scheme, the beneficial owners, Authorised Individuals or Trustees / Qualifying Fund Manager, in accordance with applicable anti-money laundering legislation (as may be amended or varied from time to time).
7. THAT the Bank be requested and authorised to make all and any enquiries which the Bank considers appropriate or to disclose any information provided to the Bank to any third party providing a credit reference or anti-fraud service.
8. THAT the Bank will be supplied with such documentation as required by the Account Mandate, the Treasury Terms and Conditions and/or Treasury Terms of Business as applicable.
9. THAT these resolutions will be communicated to the Bank and will in conjunction with the Mandate, and the Treasury Terms and Conditions and/or Treasury Terms of Business as appropriate provide the authority to the Bank to act on behalf of the Trust/Pension Scheme.
10. THAT the Trust/Pension Scheme will notify the Bank in writing, signed by the Trustees in accordance with the then current signing instructions binding upon them or by the Authorised Individuals in accordance with this Account Mandate, of any changes to the Authorised Individuals, to the Trustees or settlor/beneficial owners/Stakeholders, or where such persons assume or renounce U.S. citizenship/residency or U.S. residence for tax purposes.
11. THAT these resolutions and the Account Mandate will remain in force until an amending Mandate signed by the Trustees or a Trustee and an Authorised Individual is delivered to the Bank.

We will only request the Bank to enter into Transactions that are strictly permitted by the Instrument establishing the Trust/Pension Scheme, and we hereby indemnify the Bank from any loss howsoever arising from any Transaction entered into pursuant to our Instructions which the Trust/Pension Scheme was not authorised to enter into. If we request the Bank to enter into foreign exchange transactions it will be limited to dealings in spot rate exchange (the "FX Transactions"). In the event we fail to deliver any currency to the Bank pursuant to these FX Transactions, we will be liable to pay the Bank the amount of any loss that may arise. The Bank is authorised to debit one or more of my accounts with the Bank in respect of any amount due and not paid under these FX Transactions. For this purpose, the Bank may convert any obligation under these FX transactions into the currency in which the other is denominated at the Bank's spot rate of exchange for the relevant currencies.

We further certify that:

1. All information in this Account Mandate is accurate and has been completed to the best of my knowledge and belief.
2. The Trust/Pension Scheme has received or accessed, has read and agrees to be bound by the terms of this Account Mandate and the documents to be provided by the Bank listed under 'Customer Checklist' in this Account Mandate as applicable for the operation of our Account(s)**.
3. The Trust/Pension Scheme has read and understood the terms relating to the use and disclosure of data and personal information set out in the Data Privacy Notice (www.bankofireland.com/privacy). The Trust/Pension Scheme warrants that it has the consent of the owners of any personal data given to the Bank under this Agreement to use and disclose this data. The Trust/Pension Scheme warrants that it has provided any relevant party such as Authorised Individual with a copy of the Data Privacy Notice.
4. The Trust/Pension Scheme understands that that all conversations such as telephone conversations and electronic communications will be recorded (even where they do not lead to the conclusion of a Mandated Transaction).
5. As a representative authorised to sign on behalf of the Trust, I agree to submit a new FATCA/CRS self-certification form within 30 days if, due to a change of circumstances, any FATCA/CRS self-certification or information on this form becomes inaccurate.
6. The Trust/Pension Scheme has read and understood the Deposit Guarantee Scheme - Depositor Information Sheet supplied.
7. As a representative authorised to sign on behalf of the entity, I declare that I have obtained permission from the Controlling Persons, if applicable, to disclose the information related to them for the purpose of it being reported to the tax authorities.
8. The Trust/Pension Scheme expressly consents to the execution of the order outside of a trading venue.

We the undersigned, do hereby jointly and severally indemnify and agree to keep indemnified and to hold harmless the Bank and all its officers, or any of them, against all demands, claims, liabilities, losses, damages, costs and expenses whatsoever (including all legal and other costs, charges and expenses which the Bank and all its officers or any of them may incur or sustain in enforcing or attempting to enforce the Banks rights under this indemnity) which it, they or any of them, may incur, or be put to, for or by reason of any claim or demand that may be made hereafter on it, them or any of them acting under this Mandate.

Signatory Name:		Signatory Name:	
Signature:		Signature:	
Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Signatory Name:		Signatory Name:	
Signature:		Signature:	
Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

**SCHEDULE 1: BOARD RESOLUTION TO BE COMPLETED BY EACH TRUSTEE OF THE TRUST/
PENSION SCHEME THAT IS A COMPANY**

TERMS OF BOARD RESOLUTION

At a meeting of the Board of Directors of (the "Company") being a Trustee of the Trust/Pension Scheme, it was resolved:

1. THAT the Bank be requested and authorised to open and/or continue one or more accounts in the name of the Trust/Pension Scheme.
2. THAT the Bank be requested and authorised to enter into those Transactions with the Trust/Pension Scheme in relation to the Account(s) that have been specified in the Mandate and in accordance with the Treasury Terms and Conditions and/or the Treasury Terms of Business (as appropriate) which have been provided to, read by and understood by the Company, and which the Company agrees to be bound by.
3. THAT the Bank be requested and authorised to act on the Instructions from the Authorised Individuals as set out in Section 2 of the Mandate in relation to the account(s) in the name of the Trust/Pension Scheme.
4. THAT if the Trust/Pension Scheme is using DocuSign or other electronic means to receive and sign the Account Mandate, the Trust/Pension Scheme agrees that it will sign the Account Mandate using an e-signature electronic form
5. THAT the Bank be requested and authorised, in respect of any information and/or copy documents supplied to the Bank, to disclose to, transfer to, or send copies to any branch, division or other member of the Bank of Ireland Group, any regulatory authority or any other designated body to enable the Bank to comply with its obligations to establish the identity of the Trust/Pension Scheme, the beneficial owners, Authorised Individuals or Trustees/Qualifying Fund Manager (including the Company) in accordance with applicable anti-money laundering legislation (as may be amended or varied from time to time).
6. THAT the Bank be requested and authorised to make all and any enquiries which the Bank considers appropriate or to disclose any information provided to the Bank to any third party providing a credit reference or anti-fraud service.
7. THAT the Bank will be supplied with such documentation as required by the Mandate, EMIR Reporting Service Special Terms and Conditions, if applicable, the Treasury Terms and Conditions and/or the Treasury Terms of Business as applicable.
8. THAT these resolutions will be communicated to the Bank and will in conjunction with the Mandate, EMIR Reporting Service Special Terms and Conditions, if applicable, and the Treasury Terms and Conditions and/or the Treasury Terms of Business as appropriate provide the authority to the Bank to act on behalf of the Trust/Pension Scheme.
9. THAT the Trust/Pension Scheme will notify the Bank in writing, signed by the Trustees in accordance with the then current signing instructions binding upon them or by the Authorised Individuals in accordance with this Mandate, of any changes to the Authorised Individuals, to the Trustees or settlor/beneficial owners/stakeholders, or where such persons assume or renounce U.S. citizenship/ residency or U.S. residence for tax purposes.
10. THAT these resolutions and the Mandate will remain in force until an amending Mandate signed by the Trustees or a Trustee and an Authorised Individual is delivered to the Bank.
11. THAT the Company will, jointly and severally with other Trustees of the Trust/Pension Scheme, indemnify and agree to keep indemnified and to hold harmless the Bank and all its officers, or any of them, against all demands, claims, liabilities, losses, damages, costs and expenses which the Bank and all its officers or any of them may incur or sustain in enforcing or attempting to enforce the Banks rights under this indemnity whatsoever (including all legal and other costs, charges and expenses) which it, they or any of them, may incur, or be put to, for or by reason of any claim or demand that may be made hereafter on it, them or any of them acting under the Mandate

The board resolution on this page was duly passed at a meeting of the Board of Directors of the Company on the	<input type="text"/>
Company Secretary or (duly authorised) Director to sign	
Signatory Name: (Block Capitals)	Signature:
Date:	<input type="text"/>

Company Secretary/Director (delete as appropriate)

Please note the additional Customer Identification Documentation required by a Trustee that is a company on page 1. For each Trustee/settlor/beneficiary that is a not a natural person, please complete Schedule 4 Entity Self – Certification for FATCA purposes.

Where more than one Trustee of the Trust/Pension Scheme is a company, please photocopy this page.

COMPLETION INSTRUCTIONS

You must complete the following details in the form:

- Section 1 (A) Trust and Pension Scheme details
- Section 1 (B) Pension Schemes
- Section 1 (C) List of Trustees
- Section 2 Authorised Individuals
- Section 3 Deposit Guarantee Scheme - Deposit Information Sheet
- Section 3(A) Account Details
- Section 4 Entity Self-Certification for FATCA & CRS Purposes
- Section 5 Controlling Person Declaration Under FATCA & CRS where required
- Section 6 Deposit Interest Retention Tax Declaration
- Section 7 Data Privacy
- Section 8 Declarations & Agreements

You have received or have been provided with the source location for:

- Governor and Company of the Bank of Ireland Terms of Business
- Treasury Terms & Conditions (Global Markets)
- Treasury Terms of Business (Global Markets)
- Deposit Guarantee Scheme - Deposit Information Sheet
- Currency Fixed Deposit Accounts Product Overview Sheet (if applicable)
- Global Markets Accounts Fees and Charges Schedule
- Data Privacy Notice (if not already previously provided)

EVIDENCE OF THE TRUST/PENSION SCHEME

A certified copy of the current version of the instrument establishing the Trust/Pension Scheme (e.g. Deed of Trust / Letter of authorisation from the Revenue Commissioners), along with any amending documents, rules of management and/or any document which evidences the power of the trustees to open accounts. Where the Trust/Pension Scheme is governed by a law other than Irish law, a legal opinion may be required.

IDENTIFICATION REQUIREMENTS

Does your organisation/entity have an account with the Bank of Ireland?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account	<input type="text"/>
If No, we need to verify your identity and address. We need to do this as we have obligations under applicable Irish & European legislation. We require the following: *To note we may require further details or documentation			
Identification A certified copy of one of the following: <ul style="list-style-type: none"> • Current Passport • Irish/ UK Driving Licence • EEA ID Card A certified copy is an original document which is copied and certified by a member of Bank of Ireland Staff, staff from another financial institution, A Garda, Solicitor, Accountant or a member of Embassy Staff * Proof of PPS required include: P60, P45, P21 Balancing Statement, Payslip (where employer is identified by name or tax number), Drug Payment Scheme Card, European Health Insurance Card, Tax Assessment, Tax Return Form, PAYE Notice of Tax Credits, Child Benefit Award Letter/Book, Pension Book, Social Services Card, any printed documentation from the Revenue Commissioners or Department of Social and Family Affairs that contain name, address and PPS number.		Address A certified copy of one of the following: <ul style="list-style-type: none"> • Utility bill e.g ESB/GAS/Broadband (dated within the last 6 months) • Bank Statement (dated within the last 6 months) • Certificate of Tax Credit (dated within the last 12 months) • Current household/ car insurance documents (dated within the last 12 months) 	

Please note: For certain product types a Customer Suitability Statement may be required.

The minimum cleared balance required on a Fixed Term Account is £20,000, US\$30,000 or the equivalent of €25,000 in any other currency. The minimum cleared balance required on a Call Account is €2,500 or the equivalent in any other currency.

Please return to:

Global Markets Documentation, Bank of Ireland, 3rd Floor, Block C Baggot Plaza, 27-33 Upper Baggot Street, Dublin 4, D04 VX58

Bank of Ireland is authorised and regulated by the Central Bank of Ireland. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.