



**DECLARATION OF FATCA SELF-CERTIFICATION
FOR AN ENTITY
BAROMETER MUTUAL FUNDS (THE “FUND” OR THE “FUNDS”)**

The Fund(s) will use the information provided in this form to determine its tax reporting requirements. If the self-certification establishes that the individual is a U.S. resident for tax purposes, is not completed, or the reasonableness of the self-certification cannot be confirmed, the Fund(s) will report the relevant information to the Canada Revenue Agency (CRA) which will report to the U.S. Internal Revenue Service (IRS).

1. Account Details	Full Legal Name of the Entity _____ Account Number (if applicable) _____
2. FATCA Entity Classification (Entity includes a corporation, trust, partnership, association or other organization)	<p>For tax reporting purposes, what is the FATCA classification of this entity?</p> <p><input type="checkbox"/> U.S. Person</p> <p><input type="checkbox"/> Specified U.S. Person. Provide U.S. Federal Taxpayer Identification Number (TIN)</p> <p>U.S. TIN: <input type="text"/></p> <p><input type="checkbox"/> Not a specified U.S. Person</p> <p>Reason this entity is not a specified U.S. person: <input type="text"/></p> <p><input type="checkbox"/> Non-Financial Foreign (non-U.S.) Entity (NFFE)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Active NFFE <input type="checkbox"/> Passive NFFE Complete section 2 below.</p> <p><input type="checkbox"/> Foreign (non-U.S.) Financial Institution (FFI). Select the type of FFI below and provide global identification number (GIIN).</p> <p style="padding-left: 40px;"><input type="checkbox"/> Exempt Beneficial owner (GIIN not required) <input type="checkbox"/> Deemed Compliant FFI</p> <p style="padding-left: 40px;"><input type="checkbox"/> Canadian Financial Institution <input type="checkbox"/> Other Partner Jurisdiction Financial Institution</p> <p style="padding-left: 40px;"><input type="checkbox"/> Participating FFI <input type="checkbox"/> Non-Participating Financial Institution (GIIN not required)</p> <p>GIIN: <input type="text"/></p>
3. Information about Controlling Persons of Passive NFFE	<p>Instructions: This section must be completed for passive NFFE’s. Other types of entities do not need to complete this section.</p> <p><input type="checkbox"/> For trusts: provide information below about every individual who is directly or indirectly, a beneficiary, settlor or Trustee of the trust</p> <p><input type="checkbox"/> For other Passive NFFE’s: Does any individual directly or indirectly own or control 25% or more of the entity?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

3. Information about Controlling Persons of Passive NFFE
(Continued...)

First name	Middle initial	Last name	
Address (street number and name)			
City	Province/State	Country	Postal/Zip code
Is the individual a U.S. resident for tax purposes (which includes a U.S. citizen)? <input type="checkbox"/> No <input type="checkbox"/> if Yes, provide a U.S. taxpayer identification number (TIIN) _____			
First name	Middle initial	Last name	
Address (street number and name)			
City	Province/State	Country	Postal/Zip code
Is the individual a U.S. resident for tax purposes (which includes a U.S. citizen)? <input type="checkbox"/> No <input type="checkbox"/> if Yes, provide a U.S. taxpayer identification number (TIIN) _____			
First name	Middle initial	Last name	
Address (street number and name)			
City	Province/State	Country	Postal/Zip code
Is the individual a U.S. resident for tax purposes (which includes a U.S. citizen)? <input type="checkbox"/> No <input type="checkbox"/> if Yes, provide a U.S. taxpayer identification number (TIIN) _____			
First name	Middle initial	Last name	
Address (street number and name)			
City	Province/State	Country	Postal/Zip code
Is the individual a U.S. resident for tax purposes (which includes a U.S. citizen)? <input type="checkbox"/> No <input type="checkbox"/> if Yes, provide a U.S. taxpayer identification number (TIIN) _____			
First name	Middle initial	Last name	
Address (street number and name)			
City	Province/State	Country	Postal/Zip code
Is the individual a U.S. resident for tax purposes (which includes a U.S. citizen)? <input type="checkbox"/> No <input type="checkbox"/> if Yes, provide a U.S. taxpayer identification number (TIIN) _____			

