

For Internal Use:

Account Number: <input type="text"/> - <input type="text"/>	Authorized Officer:	Authorized Officer Number:	Date: (month/day/year)
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1 Select an Account Registration
Account's Registration *(you may select more than one if necessary)*
Date: | |
mm | dd | yyyy

Type of Account:	<input type="checkbox"/> Checking with checks	<input type="checkbox"/> Money Market	Terms: <input type="text"/>	Amount USD: <input type="text"/>
	<input type="checkbox"/> Checking without checks	<input type="checkbox"/> COD		

Full name:		Physical Address:		City:
State:	Country:	Zip Code:	Telephone:	Additional Telephone:
Mailing Address:, <i>(if it's different from the Physical Address):</i>				City:
State:	Country:	Zip Code:	Web Page:	
Type of Tax Identification <input type="checkbox"/> RFC <input type="checkbox"/> EIN <input type="checkbox"/> Other <i>(Explain):</i> <input type="text"/>			Tax Identification Number:	Place/Country issued ID:
Type of entity: <input type="checkbox"/> Partnership in Participation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Anonymous Society <input type="checkbox"/> Other <i>(Explain):</i> <input type="text"/>			Identification Document: <i>(Eg articles of incorporation, social statutes, etc.)</i>	
			Number of Document : <input type="text"/>	
Years of experience:	Nature of the Business		Countries of operation	
Number of offices:	Country of Corporation / Organization:		Date of Corporation: <i>(month/day/year)</i>	
Product or Services that offers:			Corporate email, <i>(if apply):</i>	

Financial Information

State the last fiscal Year:	Total annual income (in local currency):	Total sales (in local currency):
Total assets (in local currency)	Number of Employees:	Type of relationship with Intercam's Financial Group:
Account Purpose: <input type="checkbox"/> Personal Investments <input type="checkbox"/> Savings and investments <input type="checkbox"/> Payment of loans <input type="checkbox"/> Other <input type="checkbox"/> Receive Payments and commissions <input type="checkbox"/> Currency exchange <input type="checkbox"/> Payroll Payment Specify: <input type="text"/>		

Banking References of the Legal Entity

Bank name 1:	Country:	Account Number:	Account type:	Telephone:
Bank name 2:	Country:	Account Number:	Account type:	Telephone:

2 Information regarding the source of funds

Information related to USA Patriot Act:

Estimated amount of the initial deposit in dollars:	Origin of the initial deposit funds:
Source of wealth of the initial deposit: <i>(If the initial deposit is greater than 250,000 USD)</i>	

Origin of funds of future deposits. Select all the options that correspond:

- Shareholders Contribution
 Loan settlement
 Bill Invoice
 Sale of Assets
 Savings
 Other - Specify: _____
 Investment Income
 Income from Professional Activities

3 Main Customers and Suppliers

Main Customers (Individual or Corporate)

①	Full Name:	Last Name:	Country:
②			
③			

Main Suppliers (Individual or Corporate)

①	Full Name:	Last Name:	Country:
②			
③			

Supply Chain, Intermediaries and Counter - Parties (Individual or Entity)

①	Full Name:	Last Name:	Country:
②			
③			
④			

Estimated number of monthly operations to be performed in the Bank

Check Movements	Expected amount in USD for check deposits: <input type="checkbox"/> 1 - 50,000.00 <input type="checkbox"/> 50,000.01 - 100,000.00 <input type="checkbox"/> 100,000.01 - or more	Number of checks expected to be deposited monthly: <input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - or more
	Expected monthly amount in USD for issuance in checks: <input type="checkbox"/> 1 - 50,000.00 <input type="checkbox"/> 50,000.01 - 100,000.00 <input type="checkbox"/> 100,000.01 - or more	Number of checks expected to be issued monthly: <input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - or more

Electronic Bank Transfers	Amount expected to receive monthly in USD through transfers:	Number of transfers you expected to receive monthly
	<input type="checkbox"/> 1 - 10,000.00 <input type="checkbox"/> 10,000.01 - 50,000.00 <input type="checkbox"/> 50,000.01 - 100,000.00 <input type="checkbox"/> 100,000.01 - 500,000.00 <input type="checkbox"/> 500,000.01 - or more	<input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - or more
	Expected amount of monthly shipments in USD through transfers:	Number of transfers you expect to send monthly:
	<input type="checkbox"/> 1 - 10,000.00 <input type="checkbox"/> 10,000.01 - 50,000.00 <input type="checkbox"/> 50,000.01 - 100,000.00 <input type="checkbox"/> 100,000.01 - 500,000.00 <input type="checkbox"/> 500,000.01 - or more	<input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - or more

Specify origin of incoming DEPOSIT wire transfer

Countries
Purpose
Person
Corporation

Specify where wire transfers/payments are expected to be SENT

Countries
Purpose
Person
Corporation

4 Certification of Beneficial Owner(s)

Persons opening an account on behalf of a legal entity must provide the following information:

A. Full name of person opening account:	First Name:	Second Name:	Last name:
B. Name of legal entity for which the account is being opened:			

C. The following information for each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 10% percent or more of the equity interests of the legal entity listed in section (B):

Beneficial Owner 1

First Name:	Second Name:	Last name:	Date of Birth: (month/day/year)
Social Security Number: (Only for US Persons)		Passport Number: ¹	Country of Issuance:
Physical Address:			City:
State:	Country:	Zip Code:	Number of shares held:

Beneficial Owner 2

First Name:	Second Name:	Last name:	Date of Birth: <i>(month/day/year)</i>
Social Security Number: <i>(Only for US Persons)</i>		Passport Number: ¹	Country of Issuance:
Physical Address:			City:
State:	Country:	Zip Code:	Number of shares held:

Beneficial Owner 3

First Name:	Second Name:	Last name:	Date of Birth: <i>(month/day/year)</i>
Social Security Number: <i>(Only for US Persons)</i>		Passport Number: ¹	Country of Issuance:
Physical Address:			City:
State:	Country:	Zip Code:	Number of shares held:

Beneficial Owner 4

First Name:	Second Name:	Last name:	Date of Birth: <i>(month/day/year)</i>
Social Security Number: <i>(Only for US Persons)</i>		Passport Number: ¹	Country of Issuance:
Physical Address:			City:
State:	Country:	Zip Code:	Number of shares held:

D. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer)

(If appropriate, an individual listed under section (B) above may also be listed in this section (D).)

First Name:	Second Name:	Last name:	Date of Birth: <i>(month/day/year)</i>
Social Security Number: <i>(Only for US Persons)</i>		Passport Number:	Country of Issuance:
Position in company	Physical Address:		
City:	State:	Country:	Zip Code:

I, _____, hereby certify, to the best of my knowledge, that the information
Name of person opening account

provided above is complete and correct.

Signature: _____

Date: *(month/day/year)* _____

¹ In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

5 Information related to the directors of the corporation

(If necessary, include additional sheet)

①	Name:	Passport number:	Position:	Country of birth:	Country of Residence:
②	Name:	Passport number:	Position:	Country of birth:	Country of Residence:
③	Name:	Passport number:	Position:	Country of birth:	Country of Residence:
④	Name:	Passport number:	Position:	Country of birth:	Country of Residence:

6 Related Companies

(Example Branches, Affiliates, Related, Subsidiaries, Matrix)

①	Full Name:	Relationship:	City:	Country:
②	Full Name:	Relationship:	City:	Country:
③	Full Name:	Relationship:	City:	Country:
④	Full Name:	Relationship:	City:	Country:

AGREEMENT

Of the first part, the account holder(s) that sign below, from now on called "The Depositor", who has/have the following characteristic and particular facts:

7 Type of Depositor

A partnership, or organized society

Organized and doing business under the laws of _____ headquartered in _____, represented on this act by its _____, under the name _____, of civil status _____, originally from _____, who has been authorized to appear before this act through a Partnership Resolution by the Partnership or Corporate Resolution by the members of the boards of the Corporation, signed into action on (day) ____ of (month), _____ (year) _____ which is part of this agreement.

A commercial entity,

acting under the commercial name written above, represented in this act by its agent, representative or owner; by the name of _____, of civil status _____, originally from _____ who has the power of attorney to stand in, in accordance with the Partnership Agreement, or the Commercial Agreement included as part of this agreement.

Acting by my self or collectively with one or more persons as: Individual/Solidary (and/or) Jointly Indistinct

A legal entity,

represented hereby by agent, representative, owner or administrator, under the name _____, who is rightfully authorized to stand in here by a General Resolution approved by the Board of Directors of the entity, which is included as part of this agreement.

OF THE FIRST PART, the depositor (or depositors) that subscribes to the fit, (hereinafter referred to as " The Depositor ").

IN THE SECOND PART, Intercam Banco Internacional Inc, a banking entity organized and doing business under the laws of the Commonwealth of Puerto Rico, and represented in this act by the officer indicated below, who is duly authorized to campaign in this act in representation of Bank Whose faculties will credit as many times as necessary, (hereinafter referred to as "the bank").All of represented parties acknowledge to be within their civil rights and to possess all necessary faculties required to perform this agreement.

THEREFORE, the Depositor authorizes the Bank to begin investigations into the Depositor's credit, banking habits, personal or commercial references necessary for the opening of this account.

THEREFORE, according to the dispositions set forth by the "Unlawful Internet Gambling Enforcement Act" of 2006 and the GG Regulation, the Depositor certifies that he/she does not take part in the gambling business or illegal games of chance, or that accepts payments related with a person's participation in illegal games of chance or gambling over the Internet. Furthermore, the Depositor certifies that it will not process or will process any type of transactions (debit or credit, including and not limited to, ACH transactions or wire transfers) related to games of chance or gambling over the Internet through the accounts or products acquired with the Bank. The Depositor will not use services offered by the Bank in relation to those types of gambling and games of chance. The Depositor understands and accepts that the Bank will close all accounts and it will end all commercial relationships if at any moment the Depositor uses any products or services offered by the Bank for the payment, deposit or any other transaction related to gambling and games of chance over the Internet.

THEREFORE, the Depositor, with the sole purpose to induce the Bank to offer the services, based on the information supplied to the Bank in the application documents related to such services, signs and adheres to the terms and conditions in this Application and in the Deposit Accounts Agreement.

THEREFORE, the Depositor certifies to have received the Deposit Accounts and Other Banking Services Agreements, the disclosure of Information and Characteristics of Deposit Accounts and the Interest Rates Disclosure, when dealing with Savings and Checking Accounts. The Bank's Privacy Policy, Terms and Conditions of the products contracted and the Electronic Account Statement Agreement.

THEREFORE, considering the services of deposit accounts and considering the credit lines covered by such services and other services that the Bank will lend and the mutual lending and counter-lending of value, the Depositor will submit to the norms and procedures of the Bank, to the dispositions of this request and to the dispositions of the Deposit Account and Other Banking Services Agreement.

THEREFORE, The depositor recognizes and agrees that the deposits available through the Bank are not insured by the Federal Deposit Insurance Corporation (FDIC), and are not deposits or other obligations of any other financial institution, and are not warranted by any other financial institution, and involve risk of investment, including the possible loss of capital

Access only by Internet

- Signers expressly authorize Intercam Banco Internacional Inc., to use the Internet as the only communications channel. Account statements sent by other means will incur in a \$5.00 surcharge per page. The Client needs to request a User and temporary password to access Intercam Banco Internacional Inc., Online services. The signers understand and agree that if Intercam needs to notify or request additional documentation or information related to the account, we authorize electronic contact through one of the following methods:

Email:	Telephone:	Mobile:	Fax:
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To regain access to your account without your PIN, please answer the following security questions.

<input type="checkbox"/> Name of your middle school:
<input type="checkbox"/> What is your favorite color:
<input type="checkbox"/> Your first employer:
<input type="checkbox"/> What is the name of your maternal grandmother?
<input type="checkbox"/> Name of your favorite pet:
<input type="checkbox"/> What is your favorite sport:

General Resolution
Account Opening Authorization

Entity's Name: _____
 (Full Name)

I, the underwritten, _____ of the aforementioned Entity, rightfully constituted under the Laws of _____
 (position occupied in the institution), certify that this is a faithful and exact copy of the resolution adopted by the Board of Directors of the

Entity during a meeting or session duly invoked and held on ____ of _____ of the year _____ which has not been revoked or modified in anyway as of today, therefore, it is in full vigor and effect:

RESOLUTION, to designate Intercam Banco Internacional Inc., (from now on "the Bank") as the depository Bank of this Entity and to open a commercial deposit, checking, or savings account(s) in this Entity's name, for which, every check, money order, or payment order against said accounts, will be signed by:

① Name _____ Last Name _____ Title/Position _____
 Only signer Joint signer Indistinct signer Specify how: _____

② Name _____ Last Name _____ Title/Position _____
 Only signer Joint signer Indistinct signer Specify how: _____

③ Name _____ Last Name _____ Title/Position _____
 Only signer Joint signer Indistinct signer Specify how: _____

④ Name _____ Last Name _____ Title/Position _____
 Only signer Joint signer Indistinct signer Specify how: _____

RESOLUTION, All the above mentioned officers are authorized according to the instructions given herein to endorse any promissory notes, money orders, checks, letters of credit, deposit certificates and others, that are payable to this Entity, or which owned or be the holder, to be deposited in said accounts, or to be collected or discounted by the Bank; and to accept money orders and to decline any protest of any check, promissory notes, letters or any other instrument, made payable to or endorsed by the order of this Entity.

RESOLUTION, The following officer (s) are designated to approve:

① Name _____ Last name _____
 ② Name _____ Last name _____
 ③ Name _____ Last name _____
 ④ Name _____ Last name _____

To act in representation of this Entity and signing on its behalf discounts, endorsements or negotiating promissory notes, money orders and any other negotiable or commercial document, credit letters and to take out loans in said Bank in the name of said Entity with the guarantee that the Bank requires;

for and in the name of the Entity ignore, yield or mortgage or in any way place a lien on movable and immovable assets and things of this Entity, and complete agricultural refraction contracts, liquidating and paying off said contracts, in the name of this Entity; to complete banking transactions, sign agreements, contracts and other deals to book and subscribe the services of any kind with said Bank, at any point and in the form, mode and manner in which the persons here designated deem necessary; therefore, the Bank is clear to act in all this transactions in accordance of this General Resolution and trusting in it, until the Bank is notified with a certified copy that a later resolution from the board of directors of the Entity renders this resolution modified or revoked.

RESOLUTION, That this resolution will stay in full vigor and effect until the Bank receives written notification of any modifications or annulment, and the receiving of such notification by the Bank will not affect any action taken before receiving the said notification.

RESOLUTION, The Bank is absolved of all responsibility towards this Entity, and will be indemnified, and protected by this Entity from any claim, lawsuit, expenses, losses and damages that result from the Bank accepting and honoring the signature of a designated official in the name of the Entity; or any other person that appears in the active resolution at the time of the Bank's actions; or by the Bank's refusal to honor or accept any signature that is not correctly identified and registered or that has been rendered ineffective by an amend or later modification or in vigor at the time of the Bank's actions.

RESOLUTION, In the event that the Entity had provided a "Facsimile Resolution" corresponding to the valid electronic signatures of the officials according to this General Resolution; and that this General Resolution were to be amended in the future, without submitting simultaneously an amended "Facsimile Resolution", the Bank will keep in effect and full vigor the last version provided.

RESOLUTION, That this General Resolution will remain in effect and full vigor, and will stay in place until the Bank receives proper notification of a newer certified resolution from the Entity that amends or nullifies the previous General Resolution; and that this amendment or nullification will never affect the actions already taken by the bank before the Bank was notified of said amendment or annulment.

RESOLUTION, finally, the underwritten from the Entity, is hereby, properly authorized to notify said Bank, with a certified copy, of this General Resolution, and that the provisions of this General Resolution are in accordance with the documents that governs the Entity. It certifies that no document that governs the Entity, nor in the applicable laws, there is any disposition that limits the reach and powers of the officials from the Entity to take this General Resolution, and that this General Resolution is in accordance to said documents because it governs said Entity. Similarly, it certifies that the people identified below are officials of the Entity and are designated in this General Resolution, and that they have been properly qualified and are acting as such officials:

①

 Signer's name Last name Title/Position

②

 Signer's name Last name Title/Position

③

 Signer's name Last name Title/Position

④

 Signer's name Last name Title/Position

STEPS FOR SENDING THIS RESOLUTION WITH THE SIGNATURES:

- ① Print and sign in the middle of the right square.
- ② Scan in JPG or PDF format, or take a picture with a smart phone camera.
- ③ Upload the agreement to www.intercam.com.pr or send by email to info@intercam.com.pr.

IN TESTIMONY OF WHICH, I subscribe this General Resolution with my name and stamp in it the Entity seal,

Today ____ of _____ of _____, in _____, _____.

Corporate Seal (If the corporate seal was included, it is not required that the signature is notarized)

Authorized Signature of the Entity (The person signing this resolution must be authorized by a valid document of the Entity that is accepted by the Bank)

SECURITY PROCEDURE

The client understands and agrees that the authenticity of all transfer requests made will be verified according to the following parameters:

- The Bank, at the time of authenticating your request, will ask you to provide some personal information, which will be compared to the previously provided with the account application.
- The Bank will confirm the payments according to the limitations established for each one of the authorized signers.

CONDITIONS FOR THE CONFIRMATION OF TRANSFERS

Please select one of the following options:

We agree with the standard confirmations made by the Bank. We wish to confirm all transaction requests considering the following parameters:

Amount in Dollars	Transfers between accounts of the same owner	Payments to third parties
0 - \$10,000.00	Do not call	Do not call
\$10,000.00 - \$50,000.00	Do not call	Call
\$50,000.01 – and above	Call	Call

I want the bank to confirm ALL our transfer requests regardless of the amount.

I DO NOT want to receive confirmation calls for ANY of our transfer requests.

To secure your funds, the bank will make a confirmation call via telephone to the client, to verify the transfer request's authenticity. The bank will only be considering the data provided by the client in the account opening request.

ADDITIONAL SUPPORTS

The client understands that due to bank procedures, supporting documents may be required to support the payment he is making. The client understands that these documents can be requested at any time by the Bank, even after they have been processed. The request for additional supporting documents will be sent to the email designated by the client.

Name:

Account Number:

Signature:

Date:

FACTS

WHAT DOES INTERCAM BANCO INTERNACIONAL INC., DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • social security number and income • account balance and payment history • credit history and credit scores
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Intercam Banco Internacional Inc., chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Intercam Banco Internacional Inc., share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes - to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes - information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes - information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	No

To limit our sharing	<ul style="list-style-type: none"> • Call 800-099-0259 - our menu will prompt you through your choice(s) • Visit us online: www.intercam.com.pr • Send us the exclusion request that is included below <p>Please note:</p> <p>If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing.</p>
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Questions?	Call 800-099-0259 or go to www.intercam.com.pr
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Mail-in Form	NO NEED TO COMPLETE if previous option was not to share your information.	
Leave Blank or [If you have a joint account, your choice(s) will apply to everyone on your account unless you mark below.] <input type="checkbox"/> Apply my choices only to me]	Mark any/all you want to limit: <input type="checkbox"/> Do not share information about my creditworthiness with your affiliates for their everyday business purposes. <input type="checkbox"/> Do not allow your affiliates to use my personal information to market to me. <input type="checkbox"/> Do not share my personal information with nonaffiliates to market their products and services to me.	
	Name:	
	Address City, State, Zip Code:	
	Account Number:	
	Send to: Intercam Banco Internacional Inc. info@intercam.com.pr	

Who we are	
Who is providing this notice?	Intercom Banco Internacional Inc., and its affiliates (see definition below).
What we do	
How does Intercam Banco Internacional Inc. protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>In addition, we limit access only to employees to provide products, services or to comply with local and federal regulations.</p>
How does Intercam Banco Internacional Inc., collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account or deposit money • pay your bills or apply for a loan • use your credit or debit card <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes—information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account—unless you tell us otherwise.
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include companies with a Intercam name.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Intercam Banco Internacional Inc., does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>Intercam Banco Internacional Inc., Our joint marketing partners.</i>

Disclosure under FATCA Regulation

Dear Customer:

Since July 1st, 2014, Foreign Account Tax Compliance Act (FATCA) under the Internal Revenue Services of the United States (IRS) has been in effect. Some of the FATCA requirements includes due diligence when opening of a deposit account (Checking, Savings, CDs and IRAs), or when the customer changes its residential address. The customer must comply with the requirements of due diligence, which consists of a declaration or statement certifying his/her place of residency by using one of the forms listed below. The form to be use depends on the type of customer and must be delivered to Intercam as evidence of the proper due diligence.

Customer type (Consumer/Individual)	Form/Certification	Customer type (Commercial/Corporate)	Form/Certification
Resident in USA	W-9	Resident in USA	W-9
Resident in Foreign Country	W-8BEN	Foreign	W-8BEN-E
		USA Financial Institution	W-9
		PR Financial Institution	W-8BEN-E & W8MY

Requirements for the Customer at the Opening of the Account or when Changing Personal Circumstances on Deposit Accounts (Checking, Savings, CDs & IRAs):

- Complete and submit to Intercam the corresponding IRS form during the account opening day. The Regulation grants thirty (30) calendar days from the day of the opening of the account.
- Submit to Intercam within 90 calendar days from the date of changes in residency address or customer data in the account, known as: Change in Circumstances. Applicable changes are: Name, postal and residence address, especially if it is in the United States; and changes in percentages of shareholders' participation (for legal entities).
- Customer will receive an annual disclosure of interest paid to the IRS (form 1099/1042 form, as applicable).

All IRS forms may be downloaded from their web page: www.irs.gov.

Intercam Responsibility in Case Customer Does Not Bring Required IRS Forms:

- Must withhold 28% to 30% of the income paid for monthly interest or as provided for the accounts maturity of deposit accounts (checking , savings, CDs and IRAs).
- The withholding will be effective according to the following time-table:
 - Day 31st from the date of the opening of the account.
 - Day 91st from the change in circumstances.
 - No withholding of the income paid is performed once the required IRS forms in received.
- The customer's withheld amounts under FATCA will be sent to the IRS as tax withheld to the customer's account.
- Intercam does not benefit of the withholding, it is an obligation imposed by the IRS and FATCA.

For any claim about withholdings made to your account you should visit: <http://www.irs.gov/uac/Contact-My-Local-Office-in-Puerto-Rico>.

By signing this release, you confirm that you were properly oriented on the responsibility of completing the FATCA form/certification applicable at the opening of an account or when change of address; and the withholding of 28% to 30% of the income paid if the corresponding form pursuant the above mentioned table is not deliver to Intercam under FATCA Regulation.

Customer Name _____

Signature _____

Effective Date (mm/dd/yyyy) _____