# **Useful information about your OPN Endowment Plan Application Form - Legal Entities**



#### When to use this form

This application form is applicable to legal entities and Trusts where the elected beneficiaries are natural persons **or** other legal entities, wishing to invest funds in the OPN Endowment Plan.

#### **Contact details**

Email: admin@ppsinvestments.co.za Tel: 0860 468 777 (0860 INV PPS) Fax: 021 680 3680 Website: www.pps.co.za/invest

#### **Cut off and timelines**

- · All complete and valid instructions received before 14:00 on a business day will be processed on the same day.
- Complete and valid instructions received after 14:00 will be processed on the next business day.
- Investments will be processed and finalised within a maximum of five (5) business days.
- Any errors are to be reported within fourteen (14) days of your new business confirmation being received.

#### **Useful information**

Please refer to our website www.ppsinvestments.co.za for:

- · Product brochures and key benefits.
- Fund fact sheets (Minimum Disclosure Documents) for each of the available Investment Option(s).
- Financial Intelligence Centre Act (FICA) requirements.
- The Effective Annual Cost measure (EAC) is an industry-wide disclosure standard. It can be used by investors and financial advisers to compare charges on most retail investment products, and their impact on investment returns, so that investors are placed in a better position to make informed decisions around investment choices. The EAC is a measure of the charges that an investor will likely incur in purchasing and holding a financial product, and does not attempt to measure the features of a financial product.
- The latest Product Terms, Conditions and Declarations.
- You can manage your investment, view balances, transact and download tax certificates on the PPS Investments Secure Online Services website (www.ppsisecure.co.za) or the PPS for Professionals mobile app for IOS or Android.

#### Consider getting financial advice

PPS Investments does not provide financial advice. However, we believe in the merits of good financial advice. If you are not comfortable making your own investment decisions, consider using the services of a PPS Investments accredited financial adviser.

#### **Document checklist and supporting documents**

Please send through these documents with your application form to admin@ppsinvestments.co.za or fax 021 680 3680:

All FICA requirements per entity as set out in the FICA Requirements document on our website.

Collection from a legal entity account requires a letter from the bank listing the authorised signatories of the account, with copies of their ID documents along with 3 specimen signatures.

Proof of deposit.

Kindly strike through all sections of the application form not completed or not applicable.

# **OPN ENDOWMENT PLAN APPLICATION FORM - LEGAL ENTITIES**



PROFESSIONAL PROVIDENT SOCIETY INVESTMENTS PROPRIETARY LIMITED ("PPS INVESTMENTS" TEL: 0860 468 777 (0860 INV PPS) CLIENT SERVICE CENTRE CONTACT DETAILS EMAIL: admin@ppsinvestments.co.za

FAX: 021 680 3680 WEBSITE: www.pps.co.za/invest

# CONTACT PERSON FOR OUTSTANDING REQUIREMENTS

Name and surname

Telephone number **Email** 

Capacity

#### В PERSONALISED INVESTMENT NAME

You have the opportunity to name your investment (e.g. "My Holiday Fund").

Name my investment

Please note that the product does not guarantee performance in line with your personalised investment name.

### DETAILS OF LEGAL ENTITY Type of entity Company Partnership Trust Close Corporation Other (e.g. club/school/church) If a Trust, is the beneficiary: A natural person A legal entity Registered name Trading name Registration number Date of registration Country of registration VAT registration number Industry Registered address (head office) Postal code Is the business operating address the same as the registered address (head office)? Yes No If no, please provide the business operating address: Postal code Is the postal address the same as the registered address (head office)? Yes No Is the postal address the same as the business operating address? Yes No If neither, please provide the postal address: Postal code **Details of contact person:** Name and surname Telephone number Cellphone number

### **TAX INFORMATION**

Email (compulsory)

Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances we may be obliged to share information on your account with SARS. Should any information provided change in the future, please ensure you advise us of the changes promptly.

Depending on where you are a resident for tax purposes, PPS Investments may be required to deduct Dividend Withholding Tax (DWT) and/or Interest Withholding Tax (IWT) on your behalf.

#### The legal entity is a South African resident for tax purposes and

- A default DWT rate of 20% will apply on local dividends. Dividends declared by a Real Estate Investment Trust (REIT) are regarded as taxable income and are subject to tax at the applicable rate, such dividends will however be exempt from dividend tax.
- IWT will not apply.

#### Tax number provided by SARS

Various legal entities are exempt from DWT, if you qualify for an exemption please select the reason below:

Tick	Para- graph	Reason
	А	Company which is resident in South Africa
	В	Government, provincial government or municipality (of the Republic of South Africa)
	С	A public benefit organisation (approved by SARS in terms of section 30(3) of the Act)
	D	A trust contemplated in section 37A of the Act (mining rehabilitation trusts)
	E	An institution, body or board contemplated in section 10(1)(cA) of the Act
	F	A fund contemplated in section 10(1)(d)(i) or (ii) of the Act (pension fund, pension preservation fund, provident fund, provident preservation fund, retirement annuity fund, beneficiary fund or benefit fund)
	G	A person contemplated in section 10(1)(t) of the Act (CSIR, SANRAL etc.)
	Н	A shareholder in a registered micro business as defined in the Sixth Schedule to the Act to the extent that the aggregate amount of the dividends paid by their registered micro business to its shareholders during the year of assessment in which that dividend is paid does not exceed R200 000)
	J	A person that is not a resident and the dividend is a dividend contemplated in paragraph (b) of the definition of "dividend" in section 64D (i.e. dividend on a foreign company's shares listed in SA, such as dual-listed shares)
	К	A portfolio of investment schemes in securities
	N	Fidelity and indemnity funds contemplated in section 10(1)(d)(ii) - i.e. only the two, not the other entities mentioned.

#### The legal entity is a non-South African resident for tax purposes and

- A default DWT rate of 20% will apply except if a reduced DWT rate is applicable.
  Dividends declared by a Real Estate Investment Trust (REIT) are exempt from South African Income Tax but will be subject to DWT. A default IWT rate of 15% will apply except if a reduce IWT rate is applicable.

Country of residence for tax purposes

Tax Identification Number (TIN) provided by your tax authority

Effective date of tax residency

As a non-South African resident you may qualify for a reduced rate if there is a Double Taxation Agreement (DTA) in place between South Africa and your country of residence. By declaring a country of residence for tax purposes other than South Africa you declare you are not a South African resident and that the reduced rate and article number as contained in the Withholding Tax Annexure (available from the Client Services Centre applies to your

#### Are you a tax resident anywhere else, if so please complete the table below:

Country / Countries of Tax Residence	Tax Identification Number (TIN)

#### If you are unable to provide a TIN, please select one of the reasons below:

My tax authority does not require me to provide a TIN/FE (does not apply to South African or United States tax residents).

My country does not issue TIN/FE to its tax residents (does not apply to South African or United States tax residents).

I am unable to obtain a TIN/FE (please provide a reason).

#### Is the legal entity a "US Person"?

Do you or any controlling persons associated with this investment (e.g. authorised signatory) have a United States tax number, residency or citizenship?

If PPS Investments identifies, through the information provided on this application form, that you are considered a US person or have a Reportable Account, from any other country you may be required to submit further documents.

If yes, please	e complete 1 (a)	or (b) below (a	s appropriate). If not,	, please pro	ceed to question	n 2 below.		
(a) (i) Please pro	ovide your Globa	al Intermediary	Identification Numb	er (GIIN)				
(ii) If you do	not have a GIIN	but you are sp	oonsored by another	entity whic	h does, please p	rovide your spons	or's GIIN and state you	ır sponsor's name:
SPONSOR I	NAME				GII	N		
(b) If you are ur	nable to provide	a GIIN, please	indicate your FATCA	status by se	electing one of t	he options below:		
(i) We are ar	n Exempt Benefic	cial Owner Ye	es No					
If yes, pleas	e specify which E	exempt Benefic	ciary Owner category	is applicab	le			
(ii) We are a	Deemed Compl	iant Foreign In	stitution Yes	No				
If yes, please is applicable		ategory of De	emed Compliant Fore	eign Financi	al Institute			
(iii) We are a	n Non-Participati	ng Foreign Fin	ancial Institution Y	'es	No			
2. If you are NO	OT a Financial Ins	stitution as set	out in 1 above, pleas	se confirm y	our Non-Financ	ial Foreign Entity (f	NFFE) status below:	
			ution, then you are ating Foreign Financ				sifications. Failure to	complete either
(a) We are an A	ctive NFFE	Yes	No					
If yes, please	e specify which c	ategory of Act	ive NFFE applies					
(b) We are a Pa		Yes	No					
If yes, and y	ou have one or r	nore Controllir	ng Persons, please co	mplete Anr	nexure A (Contro	olling Person Self-C	ertification)	
			IFE ASSURED					
The Life Assure	d MUST be a nat	tural person.						
Title	Surname							
First name(s)								
Date of birth			Identity or pa	ssport num	ber			
F ACTIN	IG ON BEHA	LF OF THE	LEGAL ENTITY					
F1. Persons ac	ting on behalf o	of the legal en	tity. Proof to be sen	t to PPS Ir	vestments.			
Title	Surname							
First name(s)								
Identity or pass	port number				Capacity			
F2. Mandate fo	or dealing with	the discretion	nary FSP acting on b	ehalf of th	e policyholder.	Please send us a	copy of the signed m	andate.
I have entered	into a discretiona	ary mandate w	rith a FAIS category II	FSP.			Full	Limited
I authorise PPS	Investments to a	accept instruct	ions submitted by the	e FSP on m	y behalf.		Yes	No
Please send us	a copy of the sig	ned mandate.						

**FATCA Classification** 

1. We are a Financial Institution

Yes

No

G LUMP S	SUM INVE	STMENT DETAILS				
Lump sum contr	ibution (minir	mum R10,000)			Date of depo	osit / transfer
Please indicate th	ne method of	payment below:				
Electronic / ir	nternet transfe	ers – Electronic transfer	rs may take a few	days to appea	r in the product	s bank account.
will require th <b>business</b> day	ne Administra after the last	tor to make multiple d	ebits, which may reference on you	result in addit ir bank accoun	onal transaction	,000,000 per debit. An amount greater than this costs. The investment will be processed <b>one (1)</b> nation of the abbreviated product name (OPN
Please do th	e electronic	collection on			or as soon a	s possible thereafter.
Source of funds	for this inve	stment (compulsory)				
Salary	Savings	Business Gif	t/Inheritance	Other		
Phasing-in deta Lump sum invest	<b>ils</b> ments can be ies will be inv	ested in the PPS Enhan				phased in over a period of time. If this option is ected Investment Option(s). Your investment will not
Please phase-in r	my investmen	t over 3	months	6 months	12 months	5
		n the <b>9<sup>th</sup> of the month</b> , following business da		he <b>10</b> <sup>th</sup> . Should	either of these of	days fall on a weekend or public holiday, the
H DEBIT	ORDER IN	VESTMENT DETA	ILS			
<b>Debit order inve</b> (minimum R500)	estment amo	unt			Commencemer month	nt
Collection date	1 <sup>st</sup>	$7^{\text{th}}$	15 <sup>t</sup>	th	28 <sup>th</sup>	
Frequency	Monthly	Quarterly	Half-yearly	y	Yearly	
Annual increase	5%	10%	15%	6	%	
Consider escalati	ng your debit	order amount annuall	y in order to ens	ure your contri	butions are in lir	ne with inflation.
If cut-off for your The reference on e.g. PPS END1 P	r specific colle your bank ac OL123456789	count will be a combin 90123.	ne debit order wi nation of the abb	reviated produ	ct name (PPS ÉN	of the following month. ID1) and a 16- digit investment number
		DETAILS FOR DE				NS
		be used for the debit our bank account details				sonal Details Amendment Form.
Account holder n	ame					
Bank				Acc	ount number	
Branch					Branch code	
Type of account				count holder IE		
Current	Savings	Transmission	-	mber/Trust nur mpany registra		
Source of funds	for this inve	stment (compulsory)				
Salary	Savings	Business Gif	t/Inheritance	Other		

Signature of bank account holder/ Authorised person for third party legal entity

Please note additional documents may be required

] _	
Date	

If bank account holder is a third party legal entity, we require a letter from the bank listing the authorised signatories of the bank account along

If the bank account holder is a third party individual, we require a copy of their ID documents with 3 specimen signatures.

I, the undersigned, request and authorise PPS Investments to debit the bank account specified above.

with copies of their ID documents with 3 specimen signatures.

INVESTMENT OPTION(S	-7.1
	-
	٠,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

For a comprehensive list of available Investment Option(s), please refer to the Investment Option Schedule available on www.ppsinvestments.co.za or from the PPS Investments Client Service Centre.

Please ensure that the percentages completed in the debit order investment and lump sum investment column total 100%.

Investment Option (complete full Investment Option name and class)	Lump sum investment %	Debit order investment %
TOTAL	100%	100%

# K BENEFICIARY NOMINATION FOR PROCEEDS

You are required to nominate at least one beneficiary who may receive a benefit following the death of the life assured under this policy. If you elect to review and make changes to the nomination of any beneficiaries, a signed instruction must be received before the death of the life assured. Should you NOT nominate a beneficiary for proceeds the life assureds estate will receive the benefit of this investment. This may have a negative impact on estate duty, executor fees and income tax payable on the death of the life assured.

	Beneficiary 1	Beneficiary 2
Surname		
First name(s)		
Relationship		
ID / Passport number		
Contact number		
Postal address		
Percentage		

	Beneficiary 3	Beneficiary 4
Surname		
First name(s)		
Relationship		
ID / Passport number		
Contact number		
Postal address		
Percentage		

If there are additional beneficiaries, please attach this information on a separate signed page. Please ensure the total percentages nominated are equal to 100%.

Should the PPS Beneficiaries Trust (IT 4876/01) be utilised when effecting payment to minors? Yes No

L COMPULSORY	COMPLETION BY POLICYHOL	_DER		
The signature of the policy other than the policyhold	cyholder's spouse is required if the poler's spouse.	olicyholder is married in	community of property	and nominates a beneficiary
Are you married in commu	nity of property?	Yes	No	
If yes, have you nominated	a beneficiary other than your spouse?	Yes	No	
If yes to all the above, you	require your spouse's written consent.			
Name of spouse				
Signature of spouse			Date	
M FINANCIAL AD	NUCE ELEC			
M FINANCIAL AD	received financial advice from the financial	cial adviser whose details	are completed in the secti	on P below. This is my
appointed financial adviser	r and I agree to the payment of advice f	fees as follows:	are completed in the secti	on r below. This is my
Initial lump sum fee	Initial debit ord	er fee	Ongoing fee	es per annum
Max. 3	3% (excl. VAT)	Max. 3% (excl. V	AT)	Max. 1% (excl. VAT)
Fees will be paid proport	ionately from all Investments Option	(s) unless a specific Inve	stment Option is indicate	ed below:
A specific Investment Option	on			
therefore accrue to the Adi	ongoing advice fees to your financial a ministrator as an additional fee over an	dviser on your behalf and d above the administratio	will recover these fees fro n fee applicable to your in	m your investment. These fees will vestment in terms of PPS
Investments' fee structure.  Policy replacement				
Is this proposal to replace immediately or to replace a	the whole or any part of your existing p a policy discontinued within the past fo	policy with any product pro ur months or within the no	ovider/supplier (whether re ext four months)?	eplacement is to occur
Yes No				
termination charge (causal	ute a replacement of an investment wit event charges and administration char Long-Term Insurance Act, 1998 (comm	ges) of more than 15% of	at will lead to or has led to the replaced investment v	the levying/deduction of a alue? Refer to the definitions in Part
Yes No				
If "Yes" to either of the aboapplication form.	ove questions, the financial adviser must	t discuss and complete the	e Replacement Policy Advi	ce Record and attach it to this
N POLICYHOLDE	R DECLARATION	_	_	
	,			, hereby confirm that:
ι,				
<ul><li>I am responsible for t</li><li>I will inform PPS Invest</li></ul>	ded in this form and all other document the accuracy and completeness of all an stments if any of the information suppli dvice from PPS Investments or the Adm	swers, statements or othe ied changes		
<ul> <li>Under penalties of pe belief it is true, correct</li> </ul>	erjury, I declare that I have examined the ct. and complete.	e information completed i	n section C on this form a	nd to the best of my knowledge and
<ul> <li>I also certify that the</li> </ul>	information provided in terms of Foreig OECD") and Common Reporting Standa			
and I have read, understoo	od and agreed to:			
	onditions and Declarations which may of the chosen to		limited to, the Total Expen	se Ratio (TER) and Transaction Cost
	investment. nised Solutions, the Minimum Disclosur Cost disclosure available from my finan			
Authorised signatory			Date	•
Capacity		•		

#### FINANCIAL ADVISER DETAIL AND DECLARATION

Financial adviser name

Financial adviser institution

Financial adviser code FSP number

To ensure fair outcomes for investors, we (as the product supplier) are required to ensure appropriate sharing of responsibility between ourselves and you (the financial adviser). As such, we request that you provide the following assurance to us:

- I confirm that I have concluded the analysis necessary to provide appropriate advice (which is both suitable for the investor and takes into account their circumstances) with respect to the product suppliers products considered and selected.
- I declare that I am a licensed Financial Services Provider and have made the disclosures required in terms of the Collective Investment Schemes Control Act, No. 45 of 2002; the Financial Advisory and Intermediary Services Act, No. 37 of 2002; and all subordinate legislation to the investor.
- I acknowledge and confirm that in my capacity as the primary accountable institution, with PPS Investments being the secondary accountable institution, I have established and verified the identity of the policyholder in accordance with section 21 of the Financial Intelligence Act, 2001 ("the Act") and I will keep records of such identification and verification according to the provisions of section 22 of the Act.
- I confirm that I have met directly with the client or the person acting on behalf of the client recorded in this application, and confirm that he/she bears a likeness to the photograph on his/her identity document; and
- I have verified his/her identity with original acceptable documentation, copies of which are attached.
- I warrant that I have explained all fees to the investor, including but not limited to the Effective Annual Cost (EAC), that relate to this investment and I understand and accept that the investor may withdraw his / her authority for payment of advice fees in writing to PPS Investments.
- I declare that I have requested and recorded the policyholder's response with regards to replacement and that the client is aware of the possible detrimental consequences of the replacement of the policy.
- I further declare that I explained the following to the policyholder:
  - · The meaning of replacement;

  - That a replacement is potentially prejudicial;
    The levying / deduction of a termination charge; and
  - That where a replacement is considered, the policyholder is legally entitled to comprehensive information regarding the consequences of

replacement.					
Signature of financial adviser					
	Date				



PPS Investments (Pty) Ltd, PPS Multi-Managers (Pty) Ltd, PPS Investment Administrators (Pty) Ltd and PPS Insurance Company Ltd are licensed financial services providers.

PPS Management Company (RF) (Pty) Ltd is a licensed collective investment scheme manager.

PPS House, Boundary Terraces, 1 Mariendahl Lane, Newlands, 7700 Website: www.pps.co.za/invest Email: clientservices@ppsinvestments.co.za

# ANNEXURE A - CONTROLLING PERSONS FATCA CRS SELF CERTIFICATION



"Controlling Person" is a natural person who exercises control over an entity. Where that entity is treated as a Passive Non-Financial Entity ("NFE") then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owned" as described in **Section 21 (B)(2) of the Financial Intelligence Act (2001).** 

"Beneficial owner" in respect of a legal person, means a natural person who, independently or together with another person, directly or indirectly; (a) owns the legal person; or

(b) exercises effective control of the legal person

#### Please select applicable controlling person (complete a form for each controlling person)

_							
Partner	Persons exercising exe			or founder of trust a member			
Person holding 25% or more of the voting rights			Member	Authorised representative			
A PERSONA	A PERSONAL DETAILS OF CONTROLLING PERSON						
Title	Surname						
First name(s)							
Date of birth		Identity or pa	assport number	er			
Country of birth		Country where	e passport issue	ied			
Gender	Male	Female					
Nationality	South African	Other (Please specify)					
Physical address							
				Postal code			
Postal address							
				Postal code			
Telephone number	(home)		Tele	lephone number (work)			
Cellphone number			Fax	K			
Email							
Entity for which you	u are a controlling perso	on					
Where are you res	ident for tax purposes	5					
Country / Countries of Tax Residence			Tax Id	dentification Number (TIN)			

#### If you are unable to provide a TIN, please provide us with a reason below

Where you are unable to provide a Tax Identification Number (TIN) or its Functional Equivalent (FE), please tick one of the following reasons:

My tax authority does not require me to provide a TIN/FE (does not apply to South African or United States tax residents)

My country does not issue TIN/FE to its tax residents (does not apply to South African or United States tax residents)

I am unable to obtain a TIN/FE (please provide reason)

#### **B** CONTROLLING PERSON DECLARATION

I , hereby confirm that:

- · All information provided in this form and all other documents signed by me, whether in my handwriting or not, is correct
- · I am responsible for the accuracy and completeness of all answers, statements or other information provided by me or on my behalf
- I will inform PPS Investments if any of the information supplied changes
- Under penalties of perjury, I declare that the information on this form is true, correct, and complete.
- I also certify that the information provided in terms of Foreign Accounts Tax Compliance Act ("FATCA"), the Organisation for Economic Co-operation and Developments ("OECD")") and Common Reporting Standard ("CRS") is correct and that unless stated otherwise, I am not a tax resident of the United States of America.

Signature		Date
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#### **GLOSSARY**

**Active Non-Financial Foreign Entity** 

An entity who generally earns its income through actual trading or via sales.

**Common Reporting Standard (CRS)** 

Calls on tax jurisdictions (other than the United States of America) to obtain information from financial institutions and automatically exchange that information with other tax jurisdictions on an annual basis in order to reduce potential tax evasion.

**Controlling Person** 

A natural person who is in control over an entity. Where the entity is a Passive Non-Financial Entity, a financial institution is required to determine if the Controlling Person is a Reportable Person.

**Deemed Compliant Financial Institution** 

A Foreign Financial Entity that is exempt from the requirements of FATCA due to the nature of its business

**Dividend Withholding Tax (DWT)** 

A tax applied on shareholders (beneficial owners) when dividends are paid to them, and under normal circumstances, is withheld from their dividend payment by a withholding agent (either the company paying the dividend or, where a regulated intermediary is involved, such as a collective investment scheme, by the latter) and paid to the South African Revenue Services.

**Double Taxation Agreement (DTA)** 

An agreement between two jurisdictions to ensure a taxpayer is not double taxed.

**Exempt Beneficial Owner** 

Entities that do not fall under the definition of Financial Institution, and are excluded from FATCA Reporting.

Foreign Accounts Tax Compliance Act (FATCA)

A United States (US) legislation aimed at reducing the potential for offshore tax evasion. FATCA requires that financial institutions outside the US provide the Inland Revenue Service (IRS) with financial account information they hold on US citizens.

Global Intermediary Identification Number (GIIN)

An identity number issued to a financial institution to identify their registration with the Inland Revenue Service under FATCA.

Interest Withholding Tax (IWT)

IWT is a tax charged on interest paid (on or after 1 March 2015) by any person to or for the benefit of a foreign person (which includes individuals, companies, etc.) from a source within South Africa.

Non-Financial Entity

An entity that does not qualify to fall under the definition of a Financial Institution. These would generally be entities that do not fall within the financial services industry.

**Non-Participating Financial Entity** 

An entity that does not enter into a Foreign Financial Institution agreement with the Inland Revenue Service.

Organisation for Economic Co-Operation and Development (OECD)

A forum where 34 democratic governments discuss ways to promote economic growth, and successful and sustainable development.

**Participating Financial Entity** 

An entity that enters into a Foreign Financial Institution agreement with the Inland Revenue Service and would therefore have been issued with a Global Intermediary Identification Number.

**Passive Non-Financial Entity** 

These are entities who primarily earn passive income, e.g. interest, dividends, rental income, etc.

**Reportable Person** 

An individual or entity that is a resident in a jurisdiction that is under obligation to provide financial information, under the laws of that jurisdiction.

Tax Identification Number (TIN)

The number used by each jurisdiction to identify an entity for tax purposes.

US Person refers to:

- Any US citizen or resident:
  - including citizens living outside of the US; or
  - including green card holders that are operating a business outside of the US.
- Any corporation or partnership initiated in the US or under any US state laws, even if the entity
  operates outside of the US.
- A trust if:
  - a US court would have authority under applicable law to render orders or judgments concerning all substantial issues regarding administration of the trust,
  - one or more US persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the US.