

Welcome to Banco Best

In order to finish the account opening process and start managing your day to day banking, please complete the following steps:

01

The documents list is as per Bank of Portugal's notice no. 2/2018.

DOCUMENTATION

Fill in, print and sign the following documents:

- Account Opening Form
- Depositor Information Form (Formulário de Informação do Depositante)
- Last page of the General Conditions

These documents must be signed by all account holders according to the identification document.

02

If you open the account AT www.bancobest.pt, and choose to complete the account opening by **video call**, these documents will be asked for and authenticated during that contact.

AUTHENTICATION AND DELIVERY

Gather and authenticate the following documents:

- Identification document of all account holders updated: authenticated copy.
Accepted identification documents: identity card, citizen's card, passport; birth certificate in the case of minors up to 10 years of age.
- Taxpayer card of all account holders: authenticated copy.
For holders who have fiscal obligations outside Portugal an authenticated copy of the foreign taxpayer card or an official document issued by fit and proper entity is also required.
- Proof of address (permanent residence and fiscal, if different) of all account holders dated less than one year: original or authenticated copy.
It can be an invoice from water, electricity or other supplier.
- Proof of profession / employer of all account holders dated less than one year: original or authenticated copy.
It can be a wage slip or an employer declaration. Not applicable to domestic or underage students. For students of legal age: student card or a statement from the educational establishment. For unemployed: proof of enrollment at the Job Centre. For retired people: pensioner or annual declaration of the last calendar year.
- Proof of source of funds (only for Politically Exposed Person): original or authenticated copy of the last statement delivered.
It can be a declaration by the Constitutional Court, an IRS statement or another document attesting the source of funds.

To authenticate and deliver the documentation please use:

- the Banco Best Investment Centers (see the location at www.best.pt or [click here](#));
- the CTT Post Offices, free of charge (see the list at www.best.pt or [click here](#));
- a notary, a lawyer or solicitor, or a Parish Board or Chamber of Commerce and Industry and send by mail, under registration, to Banco Best - Apartado 8182, 1802-001 Lisboa

As soon as the documentation is received and validated and the first deposit is made, your account opening process is complete and you can start using your account.

ACCOUNT OPENING RETAIL CUSTOMERS

Current Account No.(1)

DATE

____/____/____

Please use capital letters

NEW ACCOUNT **UPDATE**

ACCOUNT IDENTIFICATION

Account Type: Digital Digital + Ordenado Best Trading Non Resident Start Plus Serv. Mín. Bancários
Minimum Banking Services

Currency: EUR GBP USD Other: _____ No. of Holders: _____

Purpose of the Account: Everyday Management Investment Management Investment and Everyday Management Financing/Loans
 Other: _____

Source of Funds/Assets: Work or pensions Commerce, industry or agriculture earnings Property/Estate Earnings
 Equity/Securities Earnings Disposal of statement Sale of stocks/shares Inheritance
 Premiums/Rewards Other: _____

CUSTOMER(S) IDENTIFICATION

Personal Information

Name: _____

Birthdate: _____ Gender: M F Place of birth: _____

Nationality: _____ Other Nationalities: Yes No Country: _____ Country: _____

Identification Document Citizen Card ID Card Passport Other: _____ Identification No.: _____

Place of Issue: _____ Date of Issue: _____ Expiry date: _____ Taxpayer No.: _____

Have other tax addresses?(2) Yes No Country(2): _____ Country(2): _____
Foreign Taxpayer No.(2): _____ Foreign Taxpayer No.(2): _____
Country(2): _____ Country(2): _____ Country(2): _____
Foreign Taxpayer No.(2): _____ Foreign Taxpayer No.(2): _____ Foreign Taxpayer No.(2): _____

Address and Contacts

Mobile Phone No.: _____ Country: _____ Phone No.: _____ Country: _____

E-mail: _____

Permanent Address: _____

Zip Code: _____ Country: _____

Fiscal Address(3): _____

Zip Code(3): _____ Country(3): _____

Family Information

Marital Status: Single Married Divorced Cohabitation Separated Widower

Professional Information

Education: None Basic Secondary Bachelor Degree Master PhD

Occupation: _____ Employer: _____

Previous Occupation(4): _____ Do you live on income?(4): Yes No

Are you a PEP(6)? Yes No Define Position Held: _____ Country: _____

Have you been a PEP(6)? Yes No Define Position Held: _____ Country: _____

Is a relative a PEP(7)? Yes No Family Relationship: _____ Name: _____
Family Relationship: _____ Name: _____
Family Relationship: _____ Name: _____
Family Relationship: _____ Name: _____

Is an associate a PEP(8)? Yes No Name: _____
Name: _____
Name: _____
Name: _____

Do you have other political or public office?(9)? Yes No

Define Position Held: _____

Have you had other political or public office?(9)? Yes No

Define Position Held: _____

PEP's source of income:

- | | | |
|-----------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Work or pensions | <input type="checkbox"/> Commerce, industry or agriculture earnings | <input type="checkbox"/> Property/Estate earnings |
| <input type="checkbox"/> Equity/Securities earnings | <input type="checkbox"/> Disposal of statement | <input type="checkbox"/> Sale of stocks/shares |
| <input type="checkbox"/> Heritage | <input type="checkbox"/> Awards | <input type="checkbox"/> Other |

Complementary Information

Preferential Language⁽¹⁰⁾: Portuguese English Title⁽⁵⁾: _____

Communication and Privacy

- I declare that I acknowledge the **Personal Data Processing Information** that was provided to me by Banco Best.

Marketing and communication of products and services

Banco Best will send you generic marketing communications about new products and services. Please choose how you would like to receive this information:

- Email Phone SMS Letter Relationship Management Service I do not want to be contacted

Data processing to promote products and services appropriate to your profile

In order to receive customized promotions of products and services and contents exclusive to you, identified from your use of products and services, as well as your behavior and possible interests, Banco Best needs your consent.

Do you accept the processing of your personal data for this purpose? I accept I do not accept

Data processing to promote non-financial products and services of Novo Banco Group companies or partner companies

Do you accept the processing of your personal data for this purpose? I accept I do not accept

Note: You can always change these settings in Banco Best's website under Preferences > Communication and Privacy in the My Profile Area.

(1) To be filled in by the customer in case of updates to accounts already opened; to be filled in by the bank in case of new accounts

(2) Fill in "Yes" only if you have fiscal obligations in the USA or related territories, or fiscal residence in other country

(3) Fill in only if different from the Permanent Address

(4) Fill in Previous Occupation only if you are Unemployed or Retired; Fill in Do you live on income only if you are a Student, Housewife, Unemployed or Without Profession

(5) Optional fields

(6) According to line cc) of nº1 of article 2 of Law 83/2017, a Politically Exposed Person (PEP) is someone who holds, or has held, for the last 12 months, in any country or jurisdiction, high-ranking public offices.

(7) A Politically Exposed Person (PEP) is someone whose relatives (a spouse, a partner, parents, children and their spouses and partners) holds, or has held, for the last 12 months, in any country or jurisdiction, high-ranking public offices.

(8) A Politically Exposed Person (PEP) is someone whose associates (any individual having a business or commercial relationship, including co-holders of share capital) holds, or has held, for the last 12 months, in any country or jurisdiction, high-ranking public offices.

(9) The holders of other public offices are those individuals who hold, or have held for the last 12 months, certain positions in national territory.

(10) If you chose English as your preferential language you must fill in your email address

CUSTOMER(S) IDENTIFICATION

Personal Information

Name: _____

Birthdate: | | / | | / | | | | Gender: M F Place of birth: _____

Nationality: _____ Other Nationalities: Yes No Country: _____ Country: _____

Identification Document Citizen Card ID Card Passport Other: _____ Identification No.: _____

Place of Issue: _____ Date of Issue: | | / | | / | | | | Expiry date: | | / | | / | | | | Taxpayer No.: _____

Have other tax addresses?(2) Yes No Country(2): _____ Country(2): _____

Foreign Taxpayer No.(2): _____ Foreign Taxpayer No.(2): _____

Country(2): _____ Country(2): _____ Country(2): _____

Foreign Taxpayer No.(2): _____ Foreign Taxpayer No.(2): _____ Foreign Taxpayer No.(2): _____

Address and Contacts

Mobile Phone No.: _____ Country: _____ Phone No.: _____ Country: _____

E-mail: _____

Permanent Address: _____

Zip Code: _____ Country: _____

Fiscal Address(3): _____

Zip Code(3): _____ Country(3): _____

Family Information

Marital Status: Single Married Divorced Cohabitation Separated Widower

Professional Information

Education: None Basic Secondary Bachelor Degree Master PhD

Occupation: _____ Employer: _____

Previous Occupation(4): _____ Do you live on income?(4): Yes No

Are you a PEP(6)? Yes No Define Position Held: _____ Country: | | | | | | | | | | | | | | | | | | | | | |

Have you been a PEP(6)? Yes No Define Position Held: _____ Country: | | | | | | | | | | | | | | | | | | | | | |

Is a relative a PEP(7)? Yes No Family Relationship: _____ Name: _____

Family Relationship: _____ Name: _____

Family Relationship: _____ Name: _____

Family Relationship: _____ Name: _____

Is an associate a PEP(8)? Yes No Name: _____

Name: _____

Name: _____

Name: _____

Do you have other political or public office?(9)? Yes No

Define Position Held: _____

Have you had other political or public office?(9)? Yes No

Define Position Held: _____

PEP's source of income:

- | | | |
|-----------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Work or pensions | <input type="checkbox"/> Commerce, industry or agriculture earnings | <input type="checkbox"/> Property/Estate earnings |
| <input type="checkbox"/> Equity/Securities earnings | <input type="checkbox"/> Disposal of statement | <input type="checkbox"/> Sale of stocks/shares |
| <input type="checkbox"/> Heritage | <input type="checkbox"/> Awards | <input type="checkbox"/> Other |

Complementary Information

Preferential Language(10): Portuguese English Title(5): _____

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(5) Optional fields

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(9) The holders of other public offices are those individuals who hold, or have held for the last 12 months, certain positions in national territory.

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Communication and Privacy

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CUSTOMER(S) IDENTIFICATION

Personal Information

Name: _____
 Birthdate: Gender: M F Place of birth: _____
 Nationality: _____ Other Nationalities: Yes No Country: _____ Country: _____
 Identification Document Citizen Card ID Card Passport Other: _____ Identification No.: _____
 Place of Issue: _____ Date of Issue: Expiry date: Taxpayer No.: _____
 Have other tax addresses?(2) Yes No Country(2): _____ Country(2): _____
 Foreign Taxpayer No.(2): _____ Foreign Taxpayer No.(2): _____
 Country(2): _____ Country(2): _____ Country(2): _____
 Foreign Taxpayer No.(2): _____ Foreign Taxpayer No.(2): _____ Foreign Taxpayer No.(2): _____

Address and Contacts

Mobile Phone No.: _____ Country: _____ Phone No.: _____ Country: _____
 E-mail: _____
 Permanent Address: _____
 Zip Code: _____ Country: _____
 Fiscal Address(3): _____
 Zip Code(3): _____ Country(3): _____

Family Information

Marital Status: Single Married Divorced Cohabitation Separated Widower

Professional Information

Education: None Basic Secondary Bachelor Degree Master PhD
 Occupation: _____ Employer: _____
 Previous Occupation(4): _____ Do you live on income?(4): Yes No
 Are you a PEP(6)? Yes No Define Position Held: _____ Country:
 Have you been a PEP(6)? Yes No Define Position Held: _____ Country:
 Is a relative a PEP(7)? Yes No Family Relationship: _____ Name: _____
 Family Relationship: _____ Name: _____
 Family Relationship: _____ Name: _____
 Family Relationship: _____ Name: _____
 Is an associate a PEP(8)? Yes No Name: _____
 Name: _____
 Name: _____
 Name: _____
 Do you have other political or public office?(9)? Yes No
 Define Position Held: _____
 Have you had other political or public office?(9)? Yes No
 Define Position Held: _____

PEP's source of income:

Work or pensions Commerce, industry or agriculture earnings Property/Estate earnings
 Equity/Securities earnings Disposal of statement Sale of stocks/shares
 Heritage Awards Other

Complementary Information

Preferential Language(10): Portuguese English Title(5): _____

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(10) If you chose English as your preferential language you must fill in your email address

BENEFICIAL OWNERS

The Holder(s) of the Current Account is/are simultaneously Beneficial Owners of the same? ⁽¹¹⁾ Yes No
(11) In case you selected "No" the beneficiaries must be identified in the respective characterization form

DEBIT/CREDIT CARDS

1st HOLDER

Card Information

- | | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Best Visa Electron Debit card Contactless Technology Access to current account | <input type="checkbox"/> Best Gold Visa Credit card Visa prestige credit card SMS Guardian security service and Verified by Visa | <input type="checkbox"/> Best Gold Plus Visa Credit card Worldwide coverage with Visa SMS Guardian security service and Verified by Visa TAP Miles&Go |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Name to print in the card:

Card Payment⁽¹²⁾⁽¹³⁾: 10% 25% 50% 100% Other (between 15 and 95, multiples of 5) %

Statements issuing: Digital and sent by email Digital, and sent by email and post

Note: The statement issuing by email can only be possible if Banco Best has a valid email address in its database. Please be reminded that in case no other issuing option is selected, the statement will be made available electronically at www.bancobest.pt.

Complementary Information

Spouse's Birthdate⁽¹⁴⁾: No. of Household Members⁽¹²⁾: No. of dependents⁽¹²⁾:
 Residence Type: Own without onus Own with onus Rented Of family Company supplied Other
 No. of years at current address: No. of credit cards you have⁽¹²⁾:
 Type of Contract⁽¹²⁾: Indefinite Term Other: _____ Contract Signature Date⁽¹²⁾:
 Holder's Gross Monthly Income⁽¹²⁾: Euros Monthly Housing Responsibilities⁽¹²⁾: Euros
 Spouse's Gross Monthly Income⁽¹²⁾: Euros Monthly Car Responsibilities⁽¹²⁾: Euros
 Other Monthly Income⁽¹²⁾: Euros Monthly Regular Expenses Responsibilities⁽¹⁶⁾: Euros

BENEFICIAL HOLDERS⁽¹⁵⁾

Name to print in the card:
 2nd Holder 3rd Holder 4th Holder

(12) Mandatory only for credit cards
 (13) Fill in only if married and only for credit cards
 (14) If no payment option is selected the 10% payment one will be set up by default.
 All card transactions made between the 1st and the 31st of every month will be automatically debited in the current account on the 21st of the following month.
 (15) Fill in only if a card(s) is/are requested for beneficial holder(s)
 (16) Examples to consider in the regular expenses of the borrower/household: education (schools, tuition, school supplies), insurance (life and non-life, including multirisks), transport and/or fuel, food, health, homes, condominium, telecommunications (Cable TV, mobile phones), electricity, water, gas and other expenses.

LOYALTY

TAP Miles&Go in the Best Gold Plus Visa Card TAP Miles&Go Member No:

I declare that I acknowledge the conditions of access to the Banco Best's card loyalty program in force.

PERSONAL DATA PROTECTION

The personal data collected in this form will be treated in accordance with the general regulation on data protection, other applicable legislation and on the terms of the Processing of Personal Data Information provided to you.

INFORMATION SHEET

I (we) declare that I (we) received and acknowledge the information in the Information Sheet.

INFORMATION ON FEES & COMMISSIONS

I(we) declare that I(we) received and acknowledge the information in the Information on Fees & Commissions.

GENERAL TERMS AND CONDITIONS

I (we) declare that I (we) acknowledge and accept the whole of the General Terms and Conditions, their Annexes and the Specific Terms of Banco Best Cards Utilisation for Retail Customers that were previously delivered to me (us) for my (our) analysis.

TERM OF RESPONSIBILITY FOR USE OF PASSWORDS

I hereby declare, for the appropriate purposes, that Banco Best has provided / will provide me with a Username, an Access Password and a Trading Password to enable me to have access to the services I have applied for and that Banco Best has made available, namely for the purpose of consultation and performing operations.

I acknowledge and am fully aware that the Username, Access Password and Trading Password are absolutely confidential, unique, personal and non-transferable and that I am the sole responsible for their good use and confidentiality. Therefore, I must not show, deliver or by any means inform others of this Username, Access Password and Trading Password and take full responsibility for any eventual damage, costs and/or losses deriving from the non compliance of these obligations.

I also expressly acknowledge to be the only responsible for any access, consultation and performance of operations made with my Username, Access Password and Trading Password.

I also commit:

- a) Not to make / permit any use of the Username, Access Password and Trading Password that is contrary to the legal dispositions and Banco Best's contractual terms;
- b) To immediately notify Banco Best of any incorrect, abusive or fraudulent use of the Username, Access Password and Trading Password that I am or become aware of, specifying the circumstances and the ways of such anomalous use, and send such notification in writing as soon as possible, acknowledging the responsibility of immediately request the change of my Access Password and the reissue of the Trading Password.

I CONFIRM THAT:

I(we) hereby acknowledge that I(we) became aware that the account statements are available at Banco Best's website and that if I(we) wish to have them in a different support I(we) can ask so via Customer Support 707 246 707 (business days from 8h to 22h) or +351 21 850 57 75 if abroad, or through our Relationship Management Service.

The Customer(s):

Signature Date:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

1st _____

2nd _____

3rd _____

4th _____

Customer(s) Signature(s) (according to the Identification Document)

FOR BANCO BEST USE ONLY

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Channel: _____ | Login Gestor: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Username 1: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | Username 2: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Username 3: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | Username 4: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| RECEIVED/CHECKED BY: Signature _____ Employee No.: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Department Code: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | INSERTED BY (RA's ONLY): Signature _____ Employee No.: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Department Code: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CONFIRMED BY: Signature _____ Employee No.: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Department Code: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Signatures Sheet

The shaded areas are to be filled in by the Bank.

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----|--|----|
| a) The signature must be the same as that of the identification document b) Other signature (optional) c) Type of signature (A, B, ...) | | a) | | c) |
| | Taxpayer No.: <input type="text" value=""/> Name: _____ | b) | | |
| | | a) | | c) |
| | Taxpayer No.: <input type="text" value=""/> Name: _____ | b) | | |
| | | a) | | c) |
| | Taxpayer No.: <input type="text" value=""/> Name: _____ | b) | | |
| | | a) | | c) |
| | Taxpayer No.: <input type="text" value=""/> Name: _____ | b) | | |
| | | a) | | c) |
| | Taxpayer No.: <input type="text" value=""/> Name: _____ | b) | | |

**FORMULÁRIO DE INFORMAÇÃO AO DEPOSITANTE
(DEPOSITOR INFORMATION FORM)**

CURRENT ACCOUNT NO.

DATE OF ORDER

Preencher com letras maiúsculas

 CURRENT ACCOUNT **TERM DEPOSIT****PERSONAL DATA**

Name:

Taxpayer No.:

BASIC INFORMATION ON THE PROTECTION OF DEPOSITS

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deposits with BEST – Banco Electrónico de Serviço Total, S.A. are protected by: | Deposit Guarantee Fund (Fundo de Garantia de Depósitos) ⁽¹⁾ |
| Protection limit: | EUR 100,000 per depositor and per credit institution. ⁽²⁾ Deposit balances expressed in foreign currency shall be converted into euros, for the purposes of reimbursement, at the exchange rate on the date deposits are unavailable. |
| If you have more deposits with the same credit institution: | All deposits at the same institution are 'aggregated', subject to the overall limit of EUR 100.000. ⁽²⁾ |
| If you have a joint account with (an)other person(s): | The EUR 100.000 limit applies separately to each depositor. ⁽³⁾ |
| Period of repayment in the event of the insolvency of the credit institution: | 15 working days, between 1 January 2019 and 31 December 2020. ⁽⁴⁾ |
| Reimbursement currency: | Euro |
| Contact: | Fundo de Garantia de Depósitos Av. da República, 57 - 8.º, 1050-189 Lisboa - Portugal Telephone: +351 21 313 01 99 / Fax: +351 21 310 78 45 Email: geral@fgd.pt |
| For more information see: | www.fgd.pt |
| The depositor is aware of the contents: | Customer(s) Signature(s) (according to the Identification Document) |

Additional information:

- (1) System responsible for protecting your deposit: Your deposit is covered by a legal deposit guarantee scheme. In addition, your credit institution is part of an institutional protection system whose members support each other in order to avoid situations of insolvency. In the event of insolvency, your deposits shall be reimbursed by the deposit guarantee scheme up to a limit of EUR 100.000.
- (2) General protection limit: If a deposit is unavailable because the credit institution cannot fulfil its financial obligations, depositors are repaid by a deposit-guarantee scheme. The reimbursement covers a maximum amount of EUR 100,000 per credit institution. This means that all deposits with the same credit institution are added together for the purpose of determining the level of coverage. If, for example, the depositor is the holder of a savings account with a balance of EUR 90,000 and a current account with a balance of EUR 20,000, they shall only be reimbursed to a total of EUR 100,000.
- (3) Protection limit for joint accounts In the case of joint accounts, the limit of EUR 100,000 applies to each depositor. However, where two or more persons acting as members of an unincorporated business partnership, association or similar grouping have access to an account, deposits are aggregated and treated as if they had been made by a single depositor for the purpose of calculating the limit of EUR 100,000. In certain cases deposits are protected over EUR 100,000. The specified limit does not apply to the following deposits, for a period of one year from the date on which the amount was credited to its account: a) Deposits arising from property transactions relating to private residential buildings; b) Deposits with social objectives, determined by statute; c) Deposits which result from the payment of insurance benefits or compensation for damage resulting from the committing of a crime or wrongful conviction. Further information is available at www.fgd.pt.
- (4) Repayment: The deposit guarantee scheme responsible is the Deposit Guarantee Fund.
Address: Av. da República, 57 - 8.º, 1050-189 Lisbon, Portugal
Telephone: +351 21 313 01 99 / Fax: +351 21 310 78 45 / E-mail: geral@fgd.pt / Site: www.fgd.pt.

This entity will refund your deposits (up to a limit of EUR 100.000) within 20 business days until December 31, 2018; 15 working days from January 1, 2019 to December 31, 2020; 10 working days from January 1, 2021 to December 31, 2023 and, from December 31, 2023, within seven working days. During this transition period, the Deposit Guarantee Fund offers investors a portion of up to EUR 10,000 of all deposits guaranteed by the Fund, within seven working days.

If you have not been refunded within these time limits, you should contact the deposit guarantee scheme, since the period for reimbursement may be limited. Further information is available at www.fgd.pt.

Any other relevant information

In general, private depositors and businesses are covered by the deposit guarantee scheme. Exceptions for certain deposits are indicated on the website of the relevant deposit guarantee scheme. Your credit institution will also inform you, on request, about whether certain products are or are not covered. If the deposits are covered, the credit institution also confirms such coverage in account statements.

APPENDIX

Table I - Politically Exposed Person

| | |
|----|-------------------------------------------------------------------------|
| 1 | Heads of State |
| 2 | Heads of Government |
| 3 | Ministers |
| 4 | State Secretaries |
| 5 | Deputy State Secretaries or equivalent |
| 6 | Members of Parliament |
| 7 | Constitutional Court Judges |
| 8 | Supreme Court of Justice Judges |
| 9 | Supreme Administrative Court Judges |
| 10 | Court of Auditors Judges |
| 11 | Foreigner: High Court/ Const. Court/High level Jud.Org/Intl. Org. |
| 12 | Representative of the Republic / Member of the Regional Government |
| 13 | Ombudsman |
| 14 | Members of the State Council |
| 15 | Members of the National Data Protection Commission |
| 16 | Members of the High Judicial Council |
| 17 | Members of the High Admin. and Finance Courts Council |
| 18 | Members of the Prosecutor-General's Office |
| 19 | Members of the High Prosecutorial Council |
| 20 | Members of the Superior Council for National Defense |
| 21 | Members of the Economic and Social Council |
| 22 | Members of the Regulatory Authority for the Media |
| 23 | Heads of diplomatic missions and consular posts |
| 24 | Flag officer of the Armed Forces on duty |
| 25 | Mayor, councilor, or executive positions at the City Hall |
| 26 | Manag./Audit of Central Banks incl ECB |
| 27 | Public Manag./Audit: inst./found./establ./indep.entity |
| 28 | regional and local business public sector manag./audit |
| 29 | Member of executive body of national/regional political party |
| 30 | Director, deputy director, manager or similar at an Intern.Organization |

Table II - Other political or public offices

| | |
|---|----------------------------------------------------------------------------------------------------------------|
| 1 | Members of a State invested company management body if designated by the State |
| 2 | Members of independent public entities foreseen by the Constitution or by the Law |
| 3 | Members of the public institutes' governing bodies |
| 4 | Public Managers |
| 5 | Members of the executive bodies of local companies |
| 6 | Holders of high-ranking positions and similar |
| 7 | Member of the representative or executive body of the metropolitan area or of other form of county association |