

Important Notice The Depository Trust Company

B #:	0805-13
Date:	May 8, 2013
To:	All Participants
Category:	Dividends
From:	International Services
Attention:	Operations, Reorg & Dividend Managers, Partners & Cashiers
Subject:	TaxRelief - Country: France AXA CUSIP: 054536107 <u>Record Date:</u> 05/08/2013 Pay Date: 6/04/2013 <u>EDS Cut-Off Date:</u> 05/15/2013 <u>Documentation Cut-Off Date:</u> 06/14/2013 at 5:00 PM

Participants can use DTC's Elective Dividend System (EDS) function over the Participant Terminal System (PTS) or TaxRelief option on the Participant Browser System (PBS) web site to certify all or a portion of their position entitled to the applicable withholding tax rate. Participants are urged to consult the PTS or PBS function TAXI or TaxInfo } respectively before certifying their elections over PTS or PBS.

Important: Prior to certifying tax withholding elections, participants are urged to read, understand and comply with the information in the Legal Conditions category found on TAXI or TaxInfo in PTS or PBS respectively. Questions regarding this Important Notice may be directed to GlobeTax at 212-747-9100.

Important Legal Information : The Depository Trust Company ("DTC") does not represent or warrant the accuracy, adequacy, timeliness, completeness or fitness for any particular purpose of the information contained in this communication, which is based in part on information obtained from third parties and not independently verified by DTC and which is provided as is. The information contained in this communication is not intended to be a substitute for obtaining tax advice from an appropriate professional advisor. In providing this communication, DTC shall not be liable for (1) any loss resulting directly or indirectly from mistakes, errors, omissions, interruptions, delays or defects in such communication, unless caused directly by gross negligence or willful misconduct on the part of DTC, and (2) any special, consequential, exemplary, incidental or punitive damages.

To ensure compliance with Internal Revenue Service Circular 230, you are hereby notified that: (a) any discussion of federal tax issues contained or referred to herein is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties that may be imposed under the Internal Revenue Code; and (b) as a matter of policy, DTC does not provide tax, legal or accounting advice and accordingly, you should consult your own tax, legal and accounting advisor before engaging in any transaction.

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Non-Confidential



AXA has announced a cash dividend. BNY Mellon acts as Depositary for the company's American Depositary Receipt ("ADR") program.

Participants can use DTC's Elective Dividend Service (EDS) function over the Participant Terminal System (PTS) or Tax Relief option on the Participant Browser System (PBS) web site to certify all or a portion of their position entitled to the applicable withholding tax rate. Use of EDS will permit entitlement amounts to be paid through DTC.

On ADR Pay Date, all U.S. and eligible Canadian holders will have the opportunity to receive their full treaty benefits as outlined in the "Relief-At-Source ("EDS") Eligibility Matrix". All holders not eligible for EDS or not certified at the favorable or exempt withholding tax rates through EDS will receive the dividend net of the full French statutory withholding tax rate of 30% with the possibility to reclaim through the standard long form process.

DIVIDEND EVENT DETAILS	
COUNTRY OF ISSUANCE	FRANCE
ISSUE	AXA
CUSIP#	054536107
DEPOSITARY	BNY MELLON
ADR RECORD DATE	May 8, 2013
ADR PAY DATE	June 4, 2013
ORD PAY DATE	May 14, 2013
ORD GROSS DIVIDEND RATE	€ 0.72
RATIO	1 ORD : 1 ADR
STATUTORY WHT RATE	30%

CHARGES & DEADLINES

RELIEF-AT-SOURCE (“EDS”) ELIGIBILITY MATRIX- ALL

RATE DESCRIPTION	RECLAIM RATE	ELIGIBLE RESIDENTS	DOCUMENTATION REQUIRED
UNFAVORABLE - 30%	0%	NON-TREATY COUNTRIES AND ENTITIES NOT MENTIONED AS FAVORABLE OR EXEMPT BELOW	NONE
FAVORABLE - 15%	15%	- U.S. INDIVIDUALS/IRAs (EXCLUDING ROTH, ROLLOVER, & SEP IRAs) - U.S. CORPORATIONS - U.S. REGULATED INVESTMENT COMPANIES (RICs), REAL ESTATE INVESTMENT TRUSTS (REITs), REAL ESTATE MORTGAGE INVESTMENT CONDUITS (REMICs) - U.S. PENSION FUNDS (QUALIFIED UNDER SECTIONS 401(a), 401(b), 403(b), & 457 ONLY) - U.S. NOT-FOR-PROFIT ORGANIZATIONS (QUALIFIED UNDER SECTION 501(c)3 ONLY)	- APPENDIX B.1 - APPENDIX F - APPENDIX B.2* - IRS FORM 6166 - APPENDIX C1 OR C2
FAVORABLE - 15%	15%	- CANADIAN INDIVIDUALS - CANADIAN CORPORATIONS	- APPENDIX B.1 - APPENDIX F - APPENDIX B.2* - APPENDIX D1 OR D2 5000-EN FORM
EXEMPT - 0%	30%	CANADIAN PENSIONS	- APPENDIX B.1 - APPENDIX F - APPENDIX B.3* - APPENDIX D1 OR D2 - APPENDIX E1 OR E2 5000-EN FORM

Participating in Relief-At-Source is wholly voluntary and discretionary, however, it is the only way to obtain the reduced withholding tax rate on the payable date.

REQUIREMENTS FOR RELIEF-AT-SOURCE ELECTIONS

CATEGORY	DESCRIPTION / CLARIFICATION
U.S. INDIVIDUALS/IRAs (ROTH , ROLLOVER & SEP IRAs EXCLUDED)	- AN IRS 6166 FORM IS <u>NOT</u> REQUIRED, HOWEVER, THE FRENCH TAX AUTHORITIES RESERVE THE RIGHT TO REQUEST ONE
U.S. CORPORATIONS	- AN IRS 6166 FORM IS <u>NOT</u> REQUIRED, HOWEVER, THE FRENCH TAX AUTHORITIES RESERVE THE RIGHT TO REQUEST ONE
U.S. REGULATED INVESTMENT COMPANIES (RICs), REAL ESTATE INVESTMENT TRUSTS (REITs), REAL ESTATE MORTGAGE INVESTMENT CONDUITS (REMICs)	- AN IRS 6166 FORM IS REQUIRED AND SHOULD BE DATED THE YEAR OF THE DIVIDEND PAYMENT
U.S. PENSION FUNDS	- AN IRS 6166 FORM IS REQUIRED AND <u>MUST</u> STATE ANY OF THE FOLLOWING IRS SECTIONS UNDER THE U.S. FEDERAL TAX CODE: 401(a), 401(b), 403(b), 457
U.S. NOT-FOR-PROFIT ORGANIZATIONS	- AN IRS 6166 FORM IS REQUIRED AND <u>MUST</u> INDICATE SECTION 501(c)3 OF THE U.S. FEDERAL TAX CODE ; - IF THE IRS 6166 FORM REFERS TO 501(c); A <u>TREASURY DETERMINATION LETTER</u> CLEARLY MENTIONING 501(c)3 NEEDS TO BE SUPPLIED WITH THE IRS 6166 FORM

DESCRIPTION OF VARIOUS DOCUMENTATION (STANDARD LONG FORM PROCESS)

DOCUMENT NAME	DESCRIPTION	ORIGINAL / COPY	SIGNATURE REQUIREMENT
APPENDIX B.1	DTC PARTICIPANT INFORMATION	ORIGINAL	NONE
APPENDIX B.2*	SUMMARY OF ALL ENTITY TYPES ELECTED - PLEASE NOTE: IT IS NO LONGER REQUIRED TO SEND THIS DOCUMENT TO GLOBETAX	ORIGINAL	NONE
APPENDIX B.3*	SUMMARY OF ALL CANADIAN PENSIONS ELECTED - PLEASE NOTE: IT IS NO LONGER REQUIRED TO SEND THIS DOCUMENT TO GLOBETAX	ORIGINAL	NONE
IRS FORM 6166***	ISSUED BY THE INTERNAL REVENUE SERVICE, STATING THE NAME AND TAX PAYER IDENTIFICATION NUMBER OF THE BENEFICIAL OWNER	ORIGINAL	IRS REPRESENTATIVE
APPENDIX C1 OR C2 (ANNEX III)	SIGNATURE AND STAMP (MEDALLION OR OTHER) OF THE DTC PARTICIPANT - APPENDIX C1 PREFERRED	ORIGINAL	DTC PARTICIPANT
APPENDIX D1 OR D2 (ANNEX IV)	SIGNATURE AND STAMP (MEDALLION OR OTHER) OF THE DTC PARTICIPANT - APPENDIX D1 PREFERRED	ORIGINAL	DTC PARTICIPANT
APPENDIX E1 OR E2 (ANNEX I OR II)	AN ATTESTATION MUST BE FILLED FOR <u>EACH</u> BENEFICIARY - MUST BE CERTIFIED BY REVENUE CANADA - APPENDIX E1 PREFERRED	ORIGINAL	BENEFICIARY OR LEGAL REPRESENTATIVE & CANADIAN TAX AUTHORITY
5000-EN FORM	SUBMIT THE “ FOR USE BY THE FRENCH TAX AUTHORITY ” VERSION ONLY; INDICATED IN UPPER LEFT HAND CORNER OF THE FORM - SECTION III ○ DATE, SIGNATURE & STAMP (MEDALLION OR OTHER) OF THE DTC PARTICIPANT - SECTION IV ○ TO BE CERTIFIED BY REVENUE CANADA - THE FORM CAN BE OBTAINED BELOW: http://www.impots.gouv.fr/portal/deploiement/p1/fichedescriptiveformulaire_3547/fichedescriptiveformulaire_3547.pdf	ORIGINAL	DTC PARTICIPANT & CANADIAN TAX AUTHORITY
APPENDIX F	AN ASCII (AMERICAN STANDARD CODE FOR INFORMATION INTERCHANGE) COMPUTER DISK FILE OR A MICROSOFT EXCEL FILE IS REQUIRED - EXHIBIT I LISTS THE FORMATTING RULES	ORIGINAL	NONE

***** It is highly recommended to provide an original Form 6166 where the “Tax Year” matches the year of the dividend payment on the French shares. If you do not provide an original current year 6166 you may be requested to supply this document and if you are unable to do so you may be charged back to the unfavorable withholding tax rate by the French Custodian.**

FRENCH PAY AGENT CONTACT DETAILS	
PRIMARY CONTACT	LEILA BOUCHAIB
PHONE NUMBER	+331 5898 9001
FAX NUMBER	+331 4090 3234
EMAIL ADDRESS	LEILA.BOUCHAIB@SGSS.SOCGEN.COM
COMPANY	SOCIETE GENERALE
STREET ADDRESS	SGSS/CHB/TAX/CLM/PAR PERSPECTIVE DEFENSE BATIMENT B 1-5 RUE DU DEBARCADERE 92700 COLOMBES FRANCE
ADDITIONAL CONTACT(S)	SERVICE.TAXOPS-LOCAL@SGSS.SOCGEN.COM

BNY MELLON CONTACT DETAILS	
PRIMARY CONTACT	ROMAN SLUDNOV
DOMESTIC PHONE (U.S.)	1-800-915-3536
DOMESTIC FAX (U.S.)	1-800-985-3536
INTERNATIONAL PHONE	1-212-747-9100
INTERNATIONAL FAX	1-212-747-0029
EMAIL ADDRESS	ROMAN_SLUDNOV@GLOBETAX.COM
COMPANY	BNY MELLON in C/O GLOBETAX SERVICES
STREET ADDRESS	90 BROAD STREET, 16 TH FLOOR
CITY/STATE/ZIP	NEW YORK, NY 10004
ADDITIONAL CONTACTS	GREGGORY LEWIS

WHAT HAPPENS IF I DID NOT SUBMIT AN ELECTRONIC FILE?	YOUR FILING WILL BE REJECTED AND RESULT IN A CHARGE BACK WHICH WILL BE POSTED TO YOUR DTC PARTICIPANT ACCOUNT.
ARE U.S. TRUST ACCOUNTS ELIGIBLE FOR THE RELIEF-AT-SOURCE PROCESS?	DUE TO THE VARYING NATURE OF TRUST ACCOUNTS (SOME BEING TREATED AS INDIVIDUALS, OTHERS AS CORPORATIONS) IT IS NOT RECOMMENDED TO ELECT THESE ENTITIES AT ANY RATE OTHER THAN THE UNFAVORABLE RATE.
IS THE RELIEF-AT-SOURCE PROCESS FREE OF CHARGE?	NO. THIS TAX RELIEF AT SOURCE ASSISTANCE SERVICE IS WHOLLY VOLUNTARY AND DISCRETIONARY AND OUTSIDE THE TERMS AND CONDITIONS OF ANY APPLICABLE DEPOSIT AGREEMENT. FEES WILL BE CHARGED FOR THIS SERVICE OF UP TO \$0.005 PER DEPOSITARY SHARE WITH NO MINIMUM, AND ANY OTHER CHARGES, FEES OR EXPENSES PAYABLE BY OR DUE TO BNY MELLON OR ITS AGENTS, INCLUDING THE CUSTODIAN OR TO TAX AUTHORITIES OR REGULATORS. FEES PAID TO BNY MELLON MAY BE SHARED WITH ITS AGENTS.

FREQUENTLY ASKED QUESTIONS (FAQs)

GENERAL QUESTIONS

QUESTION	ANSWER
HOW LONG DO BENEFICIAL OWNERS HAVE TO FILE FOR RECLAIM ON THIS DIVIDEND?	GENERALLY, TWO YEARS FROM THE END OF THE YEAR IN WHICH THE DIVIDEND WAS PAID, HOWEVER IT MAY DEPEND ON THE RESIDENCY OF THE BENEFICIAL OWNER.
WHAT HAPPENS IF I DO NOT SEND IN THE DOCUMENTATION AND/OR SUBMIT A FILE WHOSE SHARE POSITION TOTALS MORE THAN MY EDS ELECTIONS?	THIS WILL RESULT IN A CHARGEBACK FOR THE AMOUNT OF SHARES NOT SUPPORTED BY THE DOCUMENTATION. THE FAVORABLE OR EXEMPT SHARES ELECTED WILL BE ADJUSTED TO YOUR UNFAVORABLE POSITION AND RESULT IN A DEBIT TO YOUR DTC PARTICIPANT ACCOUNT. SUBMITTING SHARE AMOUNTS EXCEEDING THE EDS ELECTIONS WILL RESULT IN A CHARGEBACK OF THE TOTAL POSITION.
IS THERE ANY WAY TO RECLAIM THE FUNDS I WAS CHARGED BACK FOR?	YES. THE STANDARD LONG FORM PROCESS. PLEASE REFER TO THE BNY MELLON CONTACT DETAILS SECTION OF THIS NOTICE FOR ASSISTANCE.
IS THIS DIVIDEND AVAILABLE ON ESP POWERED BY GLOBETAX?	YES, ALL REQUIRED DOCUMENTS CAN BE CREATED USING ESP POWERED BY GLOBETAX BUT THEY MUST STILL BE FORWARDED TO THE FRENCH CUSTODIAN.
WILL GLOBETAX ACCEPT CLAIMS FILED DIRECTLY TO THEM BY BENEFICIAL OWNERS?	GLOBETAX ONLY ACCEPTS CLAIMS FILED BY THE DTC PARTICIPANT WHO WAS HOLDING THE SECURITIES THROUGH DTC AND ONLY TO THE EXTENT THAT DTC HAS REPORTED THESE HOLDINGS TO US AS VALID RECORD DATE HOLDINGS. BENEFICIAL OWNERS ARE REQUIRED TO FILE THEIR CLAIMS THROUGH THE CUSTODY CHAIN TO THE DTC PARTICIPANT OF RECORD. ALL CLAIMS NOT RECEIVED DIRECTLY FROM THE DTC PARTICIPANT WILL BE RETURNED TO THE BENEFICIAL OWNER.
IS THE PROCESS FOR TAX RELIEF OFFERED BY BNY MELLON AN OPTIONAL PROCESS?	YES, THIS IS A DISCRETIONARY, OPTIONAL SERVICE, HOWEVER, IN THE FRENCH MARKET; THE CUSTODIANS WILL NOT ACCEPT CLAIMS FROM ANYONE EXCEPT BNY MELLON IN ORDER TO ENSURE VALIDATION OF THE RECORD DATE POSITIONS CLAIMED. CLAIMS SUCH AS CLAIMS FILED UNDER A EUROPEAN COURT OF JUSTICE ("ECJ") RULING MAY BE FILED DIRECTLY TO THE FRENCH TAX AUTHORITIES WITH A PROPER 2777 FORM ISSUED BY THE FRENCH CUSTODIAN TO BNY MELLON. THESE FORMS ALSO MUST BE SECURED BY BNY

MELLON AND ARE SUBJECT TO A FEE OF UP TO \$0.0075 PER DEPOSTARY SHARE	
IS THIS LONG FORM PROCESS FREE OF CHARGE?	NO. THIS TAX RECLAIM ASSISTANCE SERVICE IS WHOLLY VOLUNTARY AND DISCRETIONARY AND OUTSIDE THE TERMS AND CONDITIONS OF ANY APPLICABLE DEPOSIT AGREEMENT. FEES WILL BE CHARGED FOR THIS ASSISTANCE SERVICE OF UP TO \$0.0075 PER DEPOSITARY SHARE WITH A MINIMUM OF \$25.00 AND A CUSTODIAL CHARGE UP TO 50 EUROS. RECLAIMS RECEIVED POST DEADLINE CANNOT BE ASSURED AND MAY BE SUBJECT TO A 1,000 EUR PER BENEFICIARY CUSTODIAL FEE AND ANY OTHER CHARGES, FEES OR EXPENSES PAYABLE BY OR DUE TO BNY MELLON OR ITS AGENTS, INCLUDING THE CUSTODIAN OR AUTHORITIES. IN ADDITION, CHARGES MAY APPLY TO ANY LONG FORM CLAIMS REJECTED OR NOT ACCEPTED BY THE CUSTODIAN. FEES PAID TO BNY MELLON MAY BE SHARED WITH ITS AGENTS.

FREQUENTLY ASKED QUESTIONS (FAQs)

STANDARD LONG FORM PROCESS QUESTIONS

QUESTION	ANSWER
WHERE CAN I OBTAIN INFORMATION ON THE STANDARD LONG FORM PROCESS?	BNY MELLON ADMINISTERS THE LONG FORM PROCESS. PLEASE REFER TO THE BNY MELLON CONTACT DETAILS SECTION OF THIS NOTICE FOR ASSISTANCE.
WHEN DO I NEED TO USE EXHIBIT II (COVER LETTER) AT THE END OF THIS NOTICE?	ONLY FOR THE STANDARD LONG FORM PROCESS
HOW LONG DOES IT TAKE TO RECEIVE PAYMENT ON STANDARD LONG FORM PROCESS?	GENERALLY 6 MONTHS TO 1 YEAR

Warning and Disclaimer:

BNY Mellon will not be responsible for the truth or accuracy of any submissions received by it and, by following the procedures set forth herein or otherwise submitting any information, all submitting holders of DSs, and their agents, shall be agreeing to indemnify and hold harmless BNY Mellon and its agents for any and all losses, liabilities, fees and expenses (including reasonable fees and expenses of counsel) incurred by any of them in connection therewith or arising there from. BNY Mellon and its agents will be relying upon the truth and accuracy of any and all submissions received by them in connection with the tax relief process and shall hold submitting holders of DSs and their agents, liable and responsible for any losses incurred in connection therewith or arising there from. There is no guarantee that the applicable tax authorities or the applicable issuer will accept submissions for relief. Neither BNY Mellon nor its agents shall be responsible or liable to any holders of DSs in connection with any matters related to, arising from, or in connection with the tax relief process described herein.

First Page of Each List: *(Bilingual Document French/English)*

To be completed by DTC participant:

IDENTITE ET DRESSE COMPLETE ET NUMERO DE MEMBRE DE DTC DE L'ETABLISSEMENT QUI GERE LE
COMPTE-TITRES A L'ETRANGER:

Name of DTC participant:

Address of DTC participant:

DTC participant Number:

NOM, NUMERO DE TELEPHONE ET NUMERO DE TELECOPIEUR D'UN EMPLOYE DE L'ETABLISSEMENT
MEMBRE DE DTC:

Name of DTC participant's Employee:

Telephone number:

Telecopier number:

To be Supplied by DR BNYMELLON Bank:

IDENTITE DE LA SOCIETE DISTRIBUTRICE FRANCAISE: **AXA**

Name of the French company paying the dividend: **AXA**

NATURE DES TITRES DETENUS: AP= actions au porteur, AN= actions nominatives: **AP**

Type of share held: AP= bearer shares, AN= registered shares: **AP**

RATIO DU NOMBRE D'DRS PAR RAPPORT AU NOMBRE D'ACTIONS: **1:1**

The ratio of the DRs to the ordinary shares: **1:1**

DATE DE MISE EN PAIEMENT: **14, May 2013**

Payment date of the dividend: **14, May 2013**

VALEUR UNITAIRE DU COUPON:

Dividend amount per ordinary share in EURO (100%): **0.720**

Dividend amount per ordinary share after 15% withholding in EURO: **0.612**

Amount of the 15% withholding tax per ordinary share in EURO: **0.108**

Appendix B.2 – Summary Page for all entity types other than Canadian Pension Funds
(One should be submitted for each entity type)

This summary page template should be used for all entity types with the exception of Canadian Pension Funds.

At the End of Each List, a **summary page** with French and English captions showing:

Name of French Issuer: AXA Ordinary Payment Date: 14, May 2013
DTC participant Name & Number: _____ **Page No.** _____

NOMBRE D'ACTIONNAIRES CONCERNES:

Number of beneficial owners listed on this list:

NOMBRE TOTAL DE COUPONS PAYES A CES ACTIONNAIRES:

Total number of ordinary shares listed on this list (ORD shares = DR shares ÷ 1):

Total number of DRs listed on this list:

MONTANT TOTAL DES DIVIDENDES AVANT ET APRES RETENUE A LA SOURCE:

Total amount of dividends allocable to these beneficial owners at 100% (ORD share amount × 0.72):

Total amount of withholding tax for these beneficial owners at 15% (Above amount × 15%):

A summary page must be attached to each shareholder category.

Do not use this summary page for Canadian Pension Funds.

Attach to Each List:

or partner of the DTC participant, and sealed with DTC participant seal (Medallion or other).

officer or partner of the DTC participant, and sealed by DTC participant seal (Medallion or other).

Appendix B.3 – Summary Page for Canadian Pension Funds

This summary page template should be used solely for Canadian Pension Funds.

At the End of your Canadian Pension Fund List, a **summary page** with French and English captions showing:

Name of French Issuer: AXA Ordinary Payment Date: 14, May 2013
DTC participant Name & Number: _____ **Page No.** _____

NOMBRE D'ACTIONNAIRES CONCERNES:
Number of beneficial owners listed on this list:

NOMBRE TOTAL DE COUPONS PAYES A CES ACTIONNAIRES:

Total number of ordinary shares listed on this list (ORD shares = DR shares ÷ 1):
Total number of DRs listed on this list:

MONTANT TOTAL DES DIVIDENDES AVANT ET APRES RETENUE A LA SOURCE:

Total amount of dividends allocable to these beneficial owners at 100% (ORD share amount 0.72):

This summary page must be attached to your Canadian Pension Fund list.

Attach to your Canadian Pension Fund List:

officer or partner of the DTC participant, and sealed by DTC participant seal (Medallion or other).

owner, and must be certified by Revenue Canada. The French versions are preferred.

APPENDIX C1 : ANNEXE III Attestation

A produire par l'établissement financier qui gère aux Etats-Unis le compte titre du non-résident et qui souhaite être dispensé de la présentation d'un formulaire 5052 RF 1 - EU par bénéficiaire (1)

En vue de la réduction de l'impôt français sur les dividendes, conformément à la convention fiscale du 31 août 1994 entre la France et les Etats-Unis et l'instruction administrative du 14 février 2005 :

Je, soussigné _____ (nom et DResse), agissant en qualité de gestionnaire à l'étranger de comptes titres ouverts au nom de résidents des Etats-Unis, demande le bénéfice de la procédure simplifiée prévue par l'instruction administrative 14 février 2005 pour l'application aux actionnaires qui sont des résidents des Etats-Unis des avantages prévus par la convention en ce qui concerne les dividendes payés par la ou les sociétés française _____ (nom de la ou des sociétés distributrices), le _____ (préciser l'année de mise en paiement).

- ☐ Je déclare, en ce qui concerne les fonds de pension ou l'organisme charitable, qu'au vu de l'attestation reçue par chacun d'eux et transmise à l'administration fiscale française par l'intermédiaire de l'établissement payeur en France, chacun des organismes mentionnés sur la liste ci-jointe a été créé et fonctionne conformément aux dispositions des sections 401 (a) ou 401 (b) ou 403 (b) ou 457 ou 501 (c) 3 du code fédéral des impôts américain(2) ;
- ☐ Je déclare, en ce qui concerne les « Regulated Investment Companies », « Real Estate Investment Trusts » et « Real Estate Mortgage Investment Conduits » que chacun des bénéficiaires mentionnés sur la liste ci-jointe remplit les conditions prévues au paragraphe 2 b) iii de l'article 4 de la convention fiscale franco-américaine du 31 août 1994 et que j'ai joint à cette liste _____ (indiquer le nombre) attestations de l'administration fiscale américaine de la qualité de RIC, REIT et REMIC des bénéficiaires/la liste des RIC, REIT et REMIC établie par l'administration fiscale américaine(2) ;
- ☐ Je déclare, qu'à ma connaissance, chaque actionnaire (autre qu'un fonds de pension, organisme charitable, RIC, REIT ou REMIC) mentionné sur la liste ci-jointe, est un résident des Etats-Unis et que les mentions portées sur cette liste sont exactes (2).

J'atteste qu'à ma connaissance, toutes les personnes ci-dessus satisfont à l'ensemble des conditions requises pour bénéficier des avantages qu'elles demandent (et notamment ne possèdent pas en France un établissement stable ou une base fixe auxquels se rattache effectivement la participation génératrice des dividendes) et je déclare avoir fait toute diligence pour m'assurer de l'exactitude des informations que ces personnes m'ont communiquées à ce sujet ; au cas où néanmoins je viendrais à apprendre que certaines d'entre elles ont bénéficié d'un avantage indu, je m'engage à en informer spontanément l'administration fiscale française et l'établissement payeur en France ;

Je m'engage par ailleurs solidairement avec cet établissement payeur à restituer au Trésor français, soit spontanément, soit sur demande de l'administration fiscale française, tout montant correspondant à un avantage dont une personne aurait bénéficié indûment.

Fait à _____ le January 1, 2013

(cachet) (nom et qualité du signataire)

- (1) Produire l'imprimé dans la langue de votre choix.
(2) Cocher la case adéquate.

APPENDIX C2 : ANNEX III Certificate

To be produced by financial institutions managing a non-resident's securities account in the United States that wish to be exempted from filing a 5052 RF 1 – EU form for each beneficiary (1)

For the purpose of the reduction of French dividend tax granted under the tax treaty of 31 August 1994 between France and the United States and Administrative Instruction of 14 February 2005:

I, the undersigned, _____ (name and address),
acting in my capacity as the foreign manager of securities accounts held residents of the United States, hereby request that the simplified procedure stipulated in the Administrative Instruction of 14 February 2005 be applied to grant shareholders residing in the United States the advantages stipulated in the tax treaty with regard to dividends paid by the French company(ies) _____ (name (s) of the company (ies)), in _____ (year in which dividends are paid).

- ☐ I hereby declare that each of the pension funds and charitable organisations on this list, according to the certificates received by each and transmitted to the French tax administration through the paying institution in France, was created and operates in compliance with the provisions of Sections 401 (a) or 401 (b) or 403 (b) or 457 or 501 (c) 3 of the American Federal Tax Code(2);
- ☐ I hereby declare that each of the Regulated Investment Companies, Real Estate Investment Trusts and Real Estate Mortgage Investment Conduits on this list complies with the requirements set out in Paragraph 2 b) iii of Article 4 of the tax treaty of 31 August 1994 between France and the United States and that I have appended to this list _____ (specify the number) certificates from the American tax administration certifying the RIC, REIT or REMIC status of the beneficiaries/the list of RICs, REITs or REMICs drawn up by the American tax administration(2);
- ☐ I hereby declare that, to the best of my knowledge, each shareholder (other than pension funds, charitable organisation, RICs, REITs or REMICs) on this list is a resident of the United States and that the information provided in this list is accurate(2). I hereby certify that, to the best of my knowledge, all of the persons listed above comply with all of the requirements for obtaining the advantages being requested (and more specifically, they do not have a permanent establishment or fixed base in France to which the equity shares generating the dividends belong) and

I hereby declare that I have undertaken all due diligence to make sure that the information that these persons have given me on this subject is accurate; in the event I should learn that any of them have benefited from an improper advantage,

I hereby undertake to inform the French tax administration and the paying institution of my own accord. I also hereby commit myself jointly and severally with the paying institution to compensating the French Treasury, of my own accord or at the request of the French tax administration, for the amounts corresponding to any advantage improperly obtained.

Done at _____ on January 1, 2013

(seal) (name and title of signatory)

- (1) Fill in the form in the language of your choice.
(2) Check the appropriate box.

APPENDIX D1 : ANNEXE IV Attestation

A produire par la personne qui gère à l'étranger le compte titre du non-résident (1)

et _____ :

Je, soussigné _____
_____ (nom et DResse), agissant en qualité de
gestionnaire hors de France de comptes titres ouverts au nom de residents de _____ ,
demande

prévus par la convention fiscale précitée en ce qui concerne les dividendes payés par la ou les sociétés françaises
_____ (nom de la ou des sociétés distributrices), le
_____ (préciser l'année de mise en paiement).

Je declare avoir reçu pour chaque bénéficiaire des dividendes mentionnés sur la liste ci-
attestations requises dûment complétées et avoir joint à cette liste les attestations/une copie conforme des attestations (2),
soit un total de _____ attestations/copies (indiquer le nombre d'attestations ou de copies d'attestations
jointes) ;

en cause au Trésor français, soit

Fait à _____ le January 1, 2013

(cachet) (nom et qualité du signataire)

(1) Produire l'imprimé dans la langue de votre choix.

(2) Rayer la mention inutile.

APPENDIX D2 : ANNEX IV Certification

ALL FORMS FOR THE LONG FORM PROCESS IS PROVIDED BY THE RESPECTIVE TAX AUTHORITY.
THEREFORE, WE CANNOT STANDARDIZE

**To be produced by the person in a foreign country
Managing a non-resident's securities account (1)**

For the purpose of the reduction of French dividend tax granted under the tax treaty between France and

_____:

I, the undersigned, _____

_____ (name and address),

acting in my capacity as the manager outside of France of ☐ Frit ☐ r

APPENDIX E1 : ANNEXE I (Canadian Pensions)

Attestation à produire par les organismes canadiens visés à l'article 29, paragraphe 7, alinéa b

novembre 1995.

DResse du fiduciaire / administrateur) certifie que

DResse) a été constitué au

(a) (a) une fiducie régie par un régime de pension agréé canadien (RPA) ou une société de gestion

-
-

(nom et DR

DResse) a

u Canada et est (ou les organismes

sont)

du ou des régimes , et :

-
- le numéro

(c) (c) un ou des fonds enregistrés de revenu de retraite pour lequel la société de fiducie est

-
- le num

fiscale franco-
à la source sur ces dividendes.

ie de retenue

Lieu et date

gestion ou de la société de fiducie

Attestation des autorités fiscales de l'état de résidence du bénéficiaire

Le soussigné atteste que les renseignements fournis par le requérant dans la présente demande sont, à

Lieu et date
C

Signature de la personne autorisée des autorités fiscales
anadiennes

APPENDIX E2 : ANNEX II (Canadian Pensions)

Statement to be completed by Canadian organizations contemplated in article 29, paragraph 7, subparagraph b

For the exemption of French tax on French dividends paid to these organizations operated in Canada exclusively to administer or provide benefits from one or more pension or retirement plans and that are exempt from tax, in accordance with the France-Canada Tax Convention of May 2, 1975, as amended by the Protocol dated November 30, 1995.

The un

in Canada and is:

(a) a trust governed by a Canadian registered pension plan (RPP) or a pension corporation whose

-

-

address of trustee/administrator of the corporate trustee) hereby certifies that the organization

d is (or the organizations are)

(b) a registered retirement savings plan(s) for which the corporate trustee is the issuer of the plan(s) and

-

-

(c) a registered retirement income fund(s) for which the corporate trustee is the issuer of the fund(s) and

-

-

which satisfies the conditions set out in subparagraph b, i, ii, and iii, of paragraph 7 of article 29 of the France-Canada Tax Convention in order to be exempted from French tax levied by withholding tax dividends.

The undersigned agrees to restore to the French treasury, spontaneously or at the request of the French tax authorities, any amount corresponding to a benefit the organization has unduly received.

Location and date
pe

Signature of an officer authorized by the trustee, the
nsion corporation, or the corporate trustee

Statement of the tax authorities of the recipient's receiving State

The undersigned hereby certifies that the information provided by the applicant in this application is, to the best of his/her knowledge, accurate, except the compliance with the conditions set out in subparagraph b, ii an iii of paragraph 7 of article 29 which was not verified.

Location and date
a

Signature of the person authorized by the Canadian tax
uthorities

Appendix F - File Layout – Beneficial Owner Detail File

SIMPLIFIED PROCEDURE -- ASCII or EXCEL FILE BENEFICIAL OWNER DETAIL FILE DATA FORMAT COMPULSORY						
N°	NARRATIVE	TYPE	NUMBER OF CHARACTERS	DECIMAL	DATA	COMMENTS
	SECURITY IDENTIFICATION ISIN #	A/N	12	N	Y	ISIN # FOR THE ORDINARY SHARES
1						
2	NAME OF SECURITY	A/N	30	N	Y	
3	DUE DATE	N	8	N	Y	DDMMYYYY
4	DTC NUMBER	N	4	N	Y	
5	BENEFICIARY NAME	A/N	120	N	Y	
6	TAX_ID	A/N	15	N	Y	TAX ID OF THE BENEFICIARY
7	ADR_QTY	N	12	N	Y	QUANTITY OF ADR
8	ORD_QTY	N	12	2	Y	QUANTITY OF ORDINARY SHARES, QUANTITY IN FIELD 7 X ADR RATIO WHICH WILL BE SUPPLIED BY ADR DEPOSITARY BANK AND FURNISHED BY DTC
9	ID_CTRY	A/N	2	N	Y	COUNTRY IDENTIFIER (US)
10	ADDRESS LINE 1	A/N	65	N	Y	
11	ADDRESS LINE 2	A/N	65	N	Y	
12	STATUS OF BENEFICIAL OWNER	A/N	1	N	Y	A = INDIVIDUALS B = CORPORATIONS C = PENSION FUNDS K = FOUNDATIONS / CHARITIES E = RICS, REITS, & REMICS

Appendix F (continued) - ADR File Example (Excel)

1	2	3	4	5	6	7	8
SECURITY IDENTIFICATION ISIN #	NAME OF SECURITY	DUE DATE	DTC NUMBER	BENEFICIARY NAME	TAX_ID	ADR_QTY	ORD_QTY
FR0000120628	AXA	14052013	2504	John Doe	122413689	2500	2500
FR0000120628	AXA	14052013	2504	Eric Smith	142514258	1250	1250

9	10	11	12
ID_CTRY	ADDRESS LINE 1	ADDRESS LINE 2	STATUS OF BENEFICIAL OWNER
US	125 Any Street	New York, NY 10004	A
US	800 Abbey Road	New York, NY 10862-5467	A

STATUS OF BENEFICIAL OWNER CODES	
A	INDIVIDUALS
B	CORPORATIONS
C	PENSION FUNDS
K	FOUNDATIONS / CHARITIES
E	RICS, REITS, & REMICS

EXHIBIT I - Rules to be applied when creating an ADR file

1. Please note that the previous Appendices B.2 – B.8 Physical Beneficiary List formats have been eliminated. Going forward all beneficiary details should be submitted via ASCII (plain text), or Excel files regardless of the number of beneficiaries on your lists. If your company does not allow you to transmit electronic files and you have fewer than 50 beneficiaries you may input your data in the ADR file format, print that file out and include it with the rest of your documents. If you have more than 50 beneficiaries an ASCII or Excel file is required.
2. Files may be either ASCII (plain text), or Excel files indistinctly. The choice is completely at the discretion of the user. However, the Excel format is likely to be easier for the user to create and manipulate.
3. The order of fields (columns) must be strictly respected in both ASCII and Excel files, as specified in the document describing the structure (ADR_File_Example).
4. All the fields (columns) must have data in every line. All data is mandatory and cannot be omitted.
5. Numeric values in both ASCII and Excel files should not contain any commas, semicolons, or blanks.
6. The DUE DATE field must have the form DDMMYYYY (e.g. 14052013 for May 14, 2013). It is considered to be a text value, and not an integer number. Consequently, a number or date format in the Excel file should not be applied to this column.
7. In ASCII (plain text) format, if the value of a field is shorter than the maximum length specified for it, the value must be padded with blanks at its right, to obtain the maximum length specified. For example, if the value is 50 characters long and the maximum length is 65 characters, the value must be padded with 15 blanks at its right. This rule does not apply to Excel files. Never use the tab key to obtain blanks!
8. In Excel format, only the maximum length of the fields should be respected. Thus, the value of the field "Address" (e.g. Tutankhamun Lane, Home of the Rising Sun, Apartment 10B, Floor 15) (71 characters) is greater than 65 – the maximum length allowed for this field.
9. In Excel format, the use of the semicolon (;) is prohibited.

The rules above should be scrupulously respected, in order to assure rapid and efficient integration of the provided files.

EXHIBIT II - COVER LETTER REQUIRED FOR FRENCH STANDARD LONG FORM RECLAIMS
THIS DOCUMENT MUST BE PREPARED ON THE DTC PARTICIPANT'S LETTERHEAD

[DATE]

Globetax as Agent for BNY Mellon
90 Broad Street-16th Floor
New York, NY 10004-2205
Attn: FRANCE

Enclosed please find tax reclamation documents, which we are submitting on behalf of our clients who wish to avoid excess withholding tax on French DS(s). We, [NAME OF DTC PARTICIPANT], also identified as DTC participant number [DTC PARTICIPANT NUMBER], hereby state that each beneficial owner cited below held the respective amount of shares on the record date May 8, 2013 for the security **AXA**.

Below is the list of beneficial owners and their holdings, which total [TOTAL # OF DSs CITED BELOW] DS(s). As required, the forms and a certification of residency document (Form 6166) if applicable, are enclosed for each beneficial owner. **The ratio is 1 DS (s) to 1 Ordinary share.** The information is as follows:

<u>Name</u> <u>of beneficial owner</u>	<u>Address</u>	<u>Type of Account</u>	<u>Taxpayer ID #</u>	<u># of DS(s) held</u>
1)				
2)				
3)				
4)				

We ask that BNY Mellon apply to the French Custodian Bank for the reduced withholding tax rate on the above beneficial owners' behalf. Please contact the undersigned at [SIGNATORY'S TELEPHONE NUMBER] or via email at [SIGNATORY'S EMAIL ADDRESS] should you have any questions.

Agreements, Representations and Indemnification

We hereby agree that this tax reclaim assistance service is wholly voluntary and discretionary and outside the terms and conditions of any applicable deposit agreement. We hereby accept and agree to pay the fees of BNY Mellon of up to \$0.0075 per Depositary Share for standard Long Form tax reclaim (with a minimum of \$25.00), and any other charges, fees or expenses payable by or due to BNY Mellon or its agents, including the (respective) custodian, in connection with the tax reclaim process, or to tax authorities or regulators (which fees, charges or expenses may be deducted from the dividend or any other distribution or by billing or otherwise in BNY Mellon hereby agree that any such fees, charges or expenses may be due and payable whether or not a successful reduction in rate or reclamation is obtained. We hereby agree that fees paid to BNY Mellon may be shared with its Agents.

We hereby agree that in addition to statutory and documentation requirements and the deduction of fees, tax reclaim benefits will be subject to review and approval by the applicable custodian and the applicable tax regulators, and that BNY Mellon is not providing any legal, tax, accounting or other professional advice on these matters and has expressly disclaimed any liability whatsoever for any loss howsoever arising from or in reliance hereto.

We certify that to the best of our knowledge that each of the beneficial owners identified above are eligible for the preferential rates as stated herein and we declare that we have performed all the necessary due diligence to satisfy ourselves as to the accuracy of the information submitted to us by these beneficial owners.

We will be fully liable for any and all claims, penalties and / or interest, including without limitation, any foreign exchange fluctuations associated therewith. BNY Mellon shall not be liable for the failure to secure any refund. In consideration of the assistance of BNY Mellon and the custodian in processing such claims, we expressly agree that BNY Mellon and its agents or affiliates shall not have any liability for, and we shall indemnify, defend and hold each of BNY Mellon and its agents and affiliates harmless from and against, any and all loss, liability, damage, judgment, settlement, fine, penalty, demand, claim, cost or expense (including without limitation fees and expenses of defending itself or enforcing this agreement) arising out of or in connection herewith.

Sincerely,

[Signature of authorized signatory for DTC Participant]

[NAME AND TITLE OF AUTHORIZED OFFICER FOR DTC PARTICIPANT]

PAYMENT ADDRESS: _____

