## **DTCC** *Important Notice* The Depository Trust Company

| B #:       | 0555-15   |  |  |  |
|------------|---|--|--|--|
| Date:      | April 1, 2015   |  |  |  |
| To:        | All Participants  |  |  |  |
| Category:  | Dividends   |  |  |  |
| From:      | International Services  |  |  |  |
| Attention: | Operations, Reorg & Dividend Managers, Partners & Cashiers      |  |  |  |
|            | <u>Tax Relief</u> – Country: FINLAND                            |  |  |  |
|            | FORTUM CUSIP: 34959F106   |  |  |  |
| Subject:   | <u>Record Date: 04/02/2015</u> <u>Payable Date</u> : 04/29/2015 |  |  |  |
|            | CA Web Instruction Deadline : 04/06/2015 8:00 P.M.              |  |  |  |
|            | Documentation Receipt Deadline: 04/06/2015 5:00 PM              |  |  |  |

Participants can use DTC's Corporate Actions Web (CA Web) service to certify all or a portion of their position entitled to the applicable withholding tax rate. Participants are urged to consult TaxInfo respectively before certifying their instructions over CA Web.

Important: Prior to certifying tax withholding instructions, participants are urged to read, understand and comply with the information in the Legal Conditions category found on TaxInfo over the CA Web.

Questions regarding this Important Notice may be directed to GlobeTax 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.

DTCC offers enhanced access to all important notices via a Web-based subscription service. The notification system leverages RSS Newsfeeds, providing significant benefits including real-time updates and customizable delivery. To learn more and to set up your own DTCC RSS alerts, visit http://www.dtcc.com/subscription\_form.php.



**FORTUM** has announced a cash dividend.

Participants can use DTC's Corporate Actions Web (CA Web) instructions tab to certify all or a portion of their position entitled to the applicable withholding tax rate. Use of these instruction methods will permit entitlement amounts to be paid through DTC. By electing, Participants agree to the Agreements, Representations and Indemnification below.

## **DIVIDEND EVENT DETAILS**

| COUNTRY OF ISSUANCE                    | FINLAND        |
|--|----------------|
| ISSUE                                  | FORTUM         |
| CUSIP#                                 | 34959F106      |
| DEPOSITARY                             | UNSPONSORED    |
| DEPOSITARY RECEIPT<br>RECORD DATE      | April 2, 2015  |
| DEPOSITARY RECEIPT PAY<br>DATE         | April 29, 2015 |
| ORD PAY DATE                           | April 14, 2015 |
| ORD GROSS DIVIDEND RATE<br>ON PAY DATE | EUR 1.30       |
| RATIO                                  | 1 ORD : 5 DR   |
| STATUTORY WHT RATE                     | 30%            |

## **CHARGES & DEADLINES**

| FILING METHOD                      | ВАТСН                           | PAYMENT<br>METHOD | DEPOSITARY<br>SERVICE<br>CHARGE                    | MINIMUM<br>SERVICE CHARGE<br>PER BENEFICIAL<br>OWNER | DOCUMENTATION<br>RECEIPT DEADLINE<br>(ALL TIMES EST) |
|------------------------------------|---------------------------------|-------------------|--|--|--|
| RELIEF AT<br>SOURCE -<br>FAVORABLE | PAYMENT ON PAY<br>DATE          | VIA DTC           | Up to \$0.005<br>per Depositary<br>Receipt ("DR")  | \$0  | April 6, 2015; 5:00<br>P.M.                          |
| RELIEF AT<br>SOURCE -<br>EXEMPT    | PAYMENT ON PAY<br>DATE          | VIA DTC           | Up to \$0.0075<br>per Depositary<br>Receipt ("DR") | \$0  | April 6, 2015; 5:00<br>P.M.                          |
| QUICK REFUND                       | POST-CA WEB<br>PROCESS; ONGOING | CHECK             | \$0.0075 per<br>Depositary<br>Receipt ("DR")       | \$25.00  | October 31, 2015;<br>5:00 P.M.                       |
| LONG FORM                          | POST-CA WEB<br>PROCESS; ONGOING | CHECK             | \$0.0075 per<br>Depositary<br>Receipt ("DR")       | \$25.00  | October 16, 2020                                     |

### 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, Citibank N.A., Deutsche Bank, and JPMorgan Chase of up to \$0.0075 per Depositary Receipt for Relief at Source, Quick Refund (with a minimum of \$25.00), and standard Long Form tax reclaims (with a minimum of \$25.00), and any other charges, fees or expenses payable by or due to BNY Mellon, Citibank N.A., Deutsche Bank, and JPMorgan Chase. or their 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, Citibank N.A., Deutsche Bank, N.A., Deutsche Bank, and JPMorgan Chase. or their agents in Cluding 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, Citibank N.A., Deutsche Bank, and JPMorgan Chase's discretion). We 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 their agents and affiliates.

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, Citibank N.A., Deutsche Bank, and JPMorgan Chase 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 each of the beneficial holders identified hereby 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 holders.

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, Citibank N.A., Deutsche Bank, and JPMorgan Chase and the custodian in processing such claims, we expressly agree that BNY Mellon, Citibank N.A., Deutsche Bank, and JPMorgan Chase and their agents or affiliates shall not have any liability for, and we shall indemnify, defend and hold each of BNY Mellon, Citibank N.A., Deutsche Bank, and JPMorgan Chase, and their agents or affiliates shall not have any liability for, and we shall indemnify, defend and hold each of BNY Mellon, Citibank N.A., Deutsche Bank, and JPMorgan Chase, and their 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.

| RATE<br>DESCRIPTION | RECLAIM RATE | ELIGIBLE RESIDENTS     | DOCUMENTATION<br>REQUIRED   |
|---------------------|--------------|------------------------|---|
| UNFAVORABLE<br>30%  | 0%           | NON-TREATY COUNTRIES   | NONE  |
| FAVORABLE<br>15%    | 15%          | U.S. RESIDENT ENTITIES | NONE<br>(SEE NOTE)  |
| EXEMPT<br>0%        | 30%          | U.S. PENSION FUNDS     | 1. COVER LETTER<br>2. IRS FORM 6166<br>3. VEROH 6160 E<br>4. VEROH 6163 E |

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.

## RELIEF AT SOURCE ("CA WEB") ELIGIBILITY MATRIX

# \*NOTE: Participants using the DTC CA Web Instructions agree that the following criteria have been met:

- 1. The Participant has determined that the beneficial owner of the shares (individual or legal entity) is a resident of the United States who is eligible for the 15% or 0% Finnish withholding tax rate. This is not tax advice. Please consult your tax advisor.
- 2. The Participant hereby certifies that it will indemnify BNY Mellon, Deutsche Bank Trust Company Americas, Citibank N.A., and JPMorgan Chase ("Relevant Depositaries") for any liability it may incur as a result of reliance upon information provided by such Participant in connection with a CA Web Instruction, a claim for refund, or a failure to provide information requested by the Swedish Tax Authorities as described in item 5 below. The Relevant Depositaries shall not be liable for any failure to secure a refund.
- 3. The Participant shall be liable for any loss due to foreign exchange fluctuations.
- 4. The Participant agrees to immediately return to the Depositaries any funds erroneously received as a result of an improper CA Web Instructions or refund claim. In addition, the Participant agrees to pay any interest, additions to tax or penalties thereon.
- 5. If requested by the Finnish Tax Authorities (directly or indirectly), the Participant agrees to provide the Depositaries with beneficial ownership information regarding the depositary receipts,: such as the names, entire addresses, the countries of residence for tax purposes, tax identification numbers or social security numbers, as well as the number of depositary receipts for which the reduced rate of withholding tax is certified, the rate that is applied, **and any other information that may be reasonably requested**. Such information will be provided within 30 days of the Participant being informed of the request. If requested by the Finnish Tax Authorities (directly or indirectly), the Participant also agrees to provide the Depositaries with a Certificate of Fiscal Residency (a Form 6166) within 90 days of the Participant being informed of the request the right to request records for the 6 preceding years. Participants who submit claims on behalf of qualified pension funds that elect the 0% withholding rate need to provide this information to the Depositaries at the time the claim is made.

## QUICK REFUND / LONG FORM ELIGIBILITY MATRIX

| RATE<br>DESCRIPTION      | RECLAIM<br>RATE | ELIGIBLE RESIDENTS   | DOCUMENTATION REQUIRED  |
|--------------------------|-----------------|--|---|
| FAVORABLE<br>15%         | 15%             | U.S. RESIDENT ENTITIES   | <ol> <li>COVER LETTER</li> <li>IRS FORM 6166 (LONG FORM ONLY)</li> <li>VEROH 6163 E AND CERTIFICATE<br/>OF TAX RESIDENCY (NON-<br/>INDIVIDUALS) <u>OR</u> VEROH 6164 E<br/>(INDIVIDUALS) (LONG FORM ONLY)</li> <li>CERTIFICATION OF DIVIDEND<br/>PAYMENT (LONG FORM ONLY)</li> <li>POA(s) (LONG FORM ONLY)</li> </ol> |
| EXEMPT U.S.<br>0%        | 30%             | U.S. PENSION FUNDS<br>(CLAIMED UNFAVORABLE THROUGH CA<br>WEB)                                      | <ol> <li>COVER LETTER</li> <li>IRS FORM 6166</li> <li>VEROH 6160 E</li> <li>VEROH 6163 E</li> <li>CERTIFICATION OF DIVIDEND<br/>PAYMENT (LONG FORM ONLY)</li> <li>POA(s) (LONG FORM ONLY)</li> </ol>  |
| EXEMPT<br>NON-U.S.<br>0% | 30%             | FRANCE, IRELAND, MEXICO, UNITED<br>KINGDOM   | <ol> <li>COVER LETTER</li> <li>VEROH 6163 E AND CERTIFICATE<br/>OF TAX RESIDENCY (NON-<br/>INDIVIDUALS) <u>OR</u> VEROH 6164 E<br/>(INDIVIDUALS)</li> <li>CERTIFICATION OF DIVIDEND<br/>PAYMENT (LONG FORM ONLY)</li> <li>POA(s) (LONG FORM ONLY)</li> </ol>  |
| EXEMPT U.S.<br>0%        | 15%             | U.S. PENSION FUNDS<br>(CLAIMED FAVORABLE THROUGH CA WEB)   | <ol> <li>COVER LETTER</li> <li>IRS FORM 6166</li> <li>VEROH 6160 E</li> <li>VEROH 6163 E</li> <li>CERTIFICATION OF DIVIDEND<br/>PAYMENT (LONG FORM ONLY)</li> <li>POA(s) (LONG FORM ONLY)</li> </ol>  |
| FAVORABLE<br>5%          | 25%             | ROMANIA  | <ol> <li>COVER LETTER</li> <li>VEROH 6163 E AND CERTIFICATE<br/>OF TAX RESIDENCY (NON-<br/>INDIVIDUALS) <u>OR</u> VEROH 6164 E<br/>(INDIVIDUALS)</li> <li>CERTIFICATION OF DIVIDEND<br/>PAYMENT (LONG FORM ONLY)</li> <li>POA(s) (LONG FORM ONLY)</li> </ol>  |
| FAVORABLE<br>10%         | 20%             | AUSTRIA, AZERBAIJAN, BULGARIA, CHINA,<br>EGYPT, GEORGIA, INDIA, MOROCCO,<br>SINGAPORE, SWITZERLAND | <ol> <li>COVER LETTER</li> <li>VEROH 6163 E AND CERTIFICATE<br/>OF TAX RESIDENCY (NON-<br/>INDIVIDUALS) <u>OR</u> VEROH 6164 E<br/>(INDIVIDUALS)</li> <li>CERTIFICATION OF DIVIDEND<br/>PAYMENT (LONG FORM ONLY)</li> <li>POA(s) (LONG FORM ONLY)</li> </ol>  |
| FAVORABLE<br>12%         | 18%             | RUSSIA   | <ol> <li>COVER LETTER</li> <li>VEROH 6163 E AND CERTIFICATE<br/>OF TAX RESIDENCY (NON-<br/>INDIVIDUALS) <u>OR</u> VEROH 6164 E<br/>(INDIVIDUALS)</li> <li>CERTIFICATION OF DIVIDEND<br/>PAYMENT (LONG FORM ONLY)</li> <li>POA(s) (LONG FORM ONLY)</li> </ol>  |

| FAVORABLE<br>13% | 17%      | GREECE   | <ol> <li>COVER LETTER</li> <li>VEROH 6163 E AND CERTIFICATE<br/>OF TAX RESIDENCY (NON-<br/>INDIVIDUALS) <u>OR</u> VEROH 6164 E<br/>(INDIVIDUALS)</li> <li>CERTIFICATION OF DIVIDEND<br/>PAYMENT (LONG FORM ONLY)</li> <li>POA(s) (LONG FORM ONLY)</li> </ol> |
|------------------|----------|--|--|
| FAVORABLE<br>15% | 15%      | ARGENTINA, ARMENIA, AUSTRALIA,<br>BARBADOS, BELARUS, BELGIUM,<br>BOSNIA-HERZEGOVINA, CANADA,<br>CROATIA, CYPRUS, CZECH REPUBLIC,<br>DENMARK (INCLUDING FAROE ISLANDS),<br>ESTONIA, GERMANY, HUNGARY,<br>ICELAND, INDONESIA, ISRAEL, ITALY,<br>JAPAN, KAZAKHSTAN, KOREA (REPUBLIC<br>OF), KYRGYZSTAN, LATVIA, LITHUANIA,<br>LUXEMBOURG, MACEDONIA, MALAYSIA,<br>MALTA, MOLDOVA, MONTENEGRO,<br>NETHERLANDS, NEW ZEALAND,<br>NORWAY, POLAND, PORTUGAL, SERBIA<br>AND MONTENEGRO, SLOVAKIA,<br>SLOVENIA, SOUTH AFRICA, SPAIN, SRI<br>LANKA, SWEDEN, TAJIKISTAN, TURKEY,<br>UKRAINE, URUGUAY, UZBEKISTAN,<br>VIETNAM, ZAMBIA | <ol> <li>COVER LETTER</li> <li>VEROH 6163 E AND CERTIFICATE<br/>OF TAX RESIDENCY (NON-<br/>INDIVIDUALS) <u>OR</u> VEROH 6164 E<br/>(INDIVIDUALS)</li> <li>CERTIFICATION OF DIVIDEND<br/>PAYMENT (LONG FORM ONLY)</li> <li>POA(s) (LONG FORM ONLY)</li> </ol> |
| FAVORABLE<br>20% | 10%      | BRAZIL, LIECHTENSTEIN, PAKISTAN,<br>TANZANIA, THAILAND, THE PHILIPPINES,<br>UNITED ARAB EMIRATES   | <ol> <li>COVER LETTER</li> <li>VEROH 6163 E AND CERTIFICATE<br/>OF TAX RESIDENCY (NON-<br/>INDIVIDUALS) <u>OR</u> VEROH 6164 E<br/>(INDIVIDUALS)</li> <li>CERTIFICATION OF DIVIDEND<br/>PAYMENT (LONG FORM ONLY)</li> <li>POA(s) (LONG FORM ONLY)</li> </ol> |
| RECLAIM.         | THESE CL | H RESIDENCE IN NON-TREATY COUNTRIES M<br>AIMS CAN ONLY BE FILED VIA THE LONG FOR<br>DMINISTRATION ON A CASE BY CASE BASIS.   | AY BE ELIGIBLE FOR 20%   |

| DESCRIPTION OF VARIOUS DOCUMENTATION |  |                    |                          |  |  |  |  |
|--------------------------------------|--|--------------------|--------------------------|--|--|--|--|
| DOCUMENT NAME                        | DESCRIPTION  | ORIGINAL<br>/ COPY | SIGNATURE<br>REQUIREMENT |  |  |  |  |
| IRS FORM 6166                        | Issued by the Internal Revenue Service, stating the name and<br>Taxpayer Identification number of the beneficial owner. The<br>"Tax Year" of the 6166 must refer to the tax year of 2015. For<br>U.S. Pensions the 6166 must certify that the pension plan is<br>qualified under Section 401 (A) and is tax exempt under<br>Section 501 (A). | ORIGINAL           | IRS REPRESENTATIVE       |  |  |  |  |
| COVER LETTER<br>(APPENDIX A)         | Cover letter required for all long-form, quick refund, and U.S. pension relief at-source claims.   | ORIGINAL           | DTC PARTICIPANT          |  |  |  |  |

| CERTIFICATION OF<br>DIVIDEND<br>PAYMENT<br>(APPENDIX B) | Must be submitted for each beneficial owner with each long form claim, on participant letterhead.   | ORIGINAL | DTC PARTICIPANT                                      |
|---|---|----------|--|
| VEROH 6160 E  | US Pension affirmation form, required for all US Pension entities.  | ORIGINAL | BENEFICIAL OWNER<br>OR DTC PARTICIPANT<br>(WITH POA) |
| VEROH 6163 E<br>(NON-INDIVIDUALS)                       | Application for refund of Finnish withholding tax for non-<br>individuals (corporations, pensions, trusts, partnerships,<br>charities, or investment funds). For non-US entities, a certificate<br>of tax residence should also be provided.  | ORIGINAL | BENEFICIAL OWNER<br>OR DTC PARTICIPANT<br>(WITH POA) |
| VEROH 6164 E<br>(INDIVIDUALS)                           | Application for refund of Finnish withholding tax for individuals.<br>Confirmation of the residency and domicile for Irish & UK<br>residents required. Also, for non-US individuals, this form<br>should be certified by the local tax office (stamp), or a certificate<br>of tax residence should be provided.   | ORIGINAL | BENEFICIAL OWNER<br>OR DTC PARTICIPANT<br>(WITH POA) |
| CERTIFICATE OF<br>TAX RESIDENCY<br>(NON-US)             | Required for all non-US, non-individual entities, issued by the local tax authority. For non-US individuals, this is required only if the VEROH 6163 E is not stamped by the local tax authority. The "Tax Year" of the COR must refer to the tax year of 2015.   | ORIGINAL | LOCAL TAX<br>AUTHORITY                               |
| POWER OF<br>ATTORNEY<br>(APPENDIX C)                    | <ul> <li>If the beneficial owner signs the VEROH forms, then only 1<br/>POA is required</li> <li>Between DTC participant &amp; depositary (participant<br/>letterhead)</li> <li>If the DTC participant signs the VEROH forms on behalf of the<br/>beneficial owner, then 2 POA's are required</li> <li>Between beneficial owner &amp; DTC participant (BO<br/>letterhead)</li> <li>Between DTC participant &amp; depositary (participant<br/>letterhead)</li> </ul> | COPY     | BENEFICIAL OWNER<br>AND/OR<br>DTC PARTICIPANT        |

| CONTACT DETAILS       |   |  |  |
|-----------------------|---|--|--|
| PRIMARY CONTACT       | JEANISE SYLVAIN                         |  |  |
| 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         | Finnish_Reclaims@GlobeTax.com           |  |  |
| COMPANY               | BNY MELLON in C/O GLOBE TAX             |  |  |
| STREET ADDRESS        | 90 BROAD STREET, 16 <sup>TH</sup> FLOOR |  |  |
| CITY/STATE/ZIP        | NEW YORK, NY 10004                      |  |  |
| ADDITIONAL CONTACTS   | GREGG LEWIS                             |  |  |

BNY Mellon offers ESP offers ESP powered by GlobeTax, which allows for the secure and simplified transfer of beneficial owner level data from the Participant to BNY MELLON. and creates applicable documentation on the Participants behalf including the VEROH 6163e, and VEROH 6164e, and VEROH 6160e. These claims should be submitted through the following website:

## https://esp.globetax.com/

Please contact Ms. Jeanise Sylvain at 1-800-915-3536 or via email at <u>Jeanise Sylvain@GlobeTax.com</u> if you have any questions about this process.

This system is available for At Source, Quick Refund, and Long-Form claims.

| FREQUENTLY ASKED QUESTIONS (FAQs)   |  |  |  |  |  |
|---|--|--|--|--|--|
| QUESTION  | ANSWER   |  |  |  |  |
| CAN I SUBMIT A TRUST AGREEMENT IN LIEU OF A POA SIGNED BY THE BENEFICIAL OWNER?   | YES, BUT A LIMITED POA SIGNED BY THE PARTICIPANT MUST<br>BE ACCOMPANIED BY THE TRUST AGREEMENT.  |  |  |  |  |
| ARE FORM 6166S WITH IRS CODE RULING 81-100<br>ACCEPTED?   | YES, WITH A TAX DETERMINATION LETTER.  |  |  |  |  |
| DOES THE BENEFICIARY'S NAME ON THE FORM<br>6166 NEED TO MATCH THE POA?  | YES, THE BENEFICIARY'S NAME ON BOTH DOCUMENTS<br>SHOULD BE IDENTICAL.  |  |  |  |  |
| HOW LONG DOES IT TAKE FOR LONG FORM<br>CLAIMS TO BE PAID?   | WE ESTIMATE IT TAKES 10 MONTHS FOR LONG FORM CLAIMS<br>TO BE PAID  |  |  |  |  |
| DOES THE LONG FORM PROCESS HAVE A<br>MINIMUM POSITION REQUIREMENT PER<br>BENEFICIAL OWNER?  | NO, THERE IS A MINIMUM FEE OF \$25 PER BENEFICIAL OWNER<br>WHICH MAY BE WAIVED ON AN EXCEPTIONAL BASIS FOR<br>CLIENTS RECLAIMING LESS THAN \$50. IN SUCH INSTANCES A<br>FEE OF 50% OF THE RECLAIMED AMOUNT WILL BE APPLIED.  |  |  |  |  |
| WHAT HAPPENS IF THE PARTICIPANT DOES NOT<br>MAKE A CA WEB ELECTION WITHIN THE SPECIFIED<br>CA WEB ELECTION WINDOW?  | ALL SHARES WILL BE WITHHELD AT THE 30% TAX RATE.   |  |  |  |  |
| WHAT IS THE STATUTE OF LIMITATIONS FOR<br>FILING FINNISH RECLAIMS?  | IT IS 5 YEARS FROM THE END OF THE YEAR IN WHICH THE<br>DIVIDEND PAYS. CLAIMS RECEIVED AFTER OUR SUBMISSION<br>DEADLINE WILL BE FILED ON A BEST EFFORT BASIS.   |  |  |  |  |
| WHAT HAPPENS IF THE PARTICIPANT MAKES<br>EXEMPT ELECTIONS THROUGH DTC BUT FAILS TO<br>SUPPLY THE REQUIRED DOCUMENTATION TO BNY<br>MELLON / GLOBE TAX BY THE DEADLINE INDICATED<br>IN THE "CHARGES & DEADLINES" SECTION? | ALL UNSUPPORTED SHARES WILL BE MOVED TO THE 30%<br>UNFAVORABLE RATE CATEGORY. YOU WILL HAVE AN<br>OPPORTUNITY TO FILE THROUGH THE LONG FORM PROCESS IF<br>THIS TRANSPIRES.   |  |  |  |  |
| WILL BNY MELLON ACCEPT CLAIMS FILED DIRECTLY<br>TO THEM BY THE BENEFICIAL OWNERS?   | BNY MELLON ONLY ACCEPTS CLAIMS FILED BY THE DTC<br>PARTICIPANT WHO WAS HOLDING THE SECURITIES THROUGH<br>DTC AND ONLY TO THE EXTENT THAT DTC HAS REPORTED<br>THESE HOLDINGS TO US AS VALID RECORD DATE HOLDINGS.<br>BENEFICIAL OWNERS ARE REQUIRED TO FILE THEIR CLAIMS<br>THROUGH THE CUSTODY CHAIN TO THE DTC PARTICIPANT OF<br>RECORD. ALL CLAIMS NOT RECEIVED DIRECTLY FROM THE DTC<br>PARTICIPANT WILL BE RETURNED TO THE BENEFICIAL OWNER. |  |  |  |  |

| IS THE RELIEF AT SOURCE PROCESS FREE OF<br>CHARGE?                          | NO. THIS TAX RELIEF AT SOURCE ASSISTANCE SERVICE IS<br>WHOLLY VOLUNTARY AND DISCRETIONARY AND OUTSIDE THE<br>TERMS AND CONDITIONS OF ANY APPLICABLE DEPOSIT<br>AGREEMENT. FEES WILL BE CHARGED FOR THIS SERVICE OF<br>UP TO \$0.0075 PER DEPOSITARY RECEIPT WITH NO MINIMUM,<br>AND ANY OTHER CHARGES, FEES OR EXPENSES PAYABLE BY<br>OR DUE TO BNY MELLON OR THEIR AGENTS, INCLUDING THE<br>CUSTODIAN OR TO TAX AUTHORITIES OR REGULATORS . FEES<br>PAID TO BNY MELLON MAY BE SHARED WITH THEIR AGENTS.   |
|---|--|
| IS THE PROCESS FOR TAX RELIEF OFFERED BY BNY<br>MELLON AN OPTIONAL PROCESS? | YES, THIS IS A DISCRETIONARY, OPTIONAL SERVICE. CLAIMS<br>(SUCH AS CLAIMS FILED UNDER A EUROPEAN COURT OF<br>JUSTICE ("ECJ") RULING) MAY BE FILED DIRECTLY TO THE<br>FINNISH TAX AUTHORITIES WITH THE PROPER FORMS. SOME<br>FORMS ALSO MUST BE SECURED BY THE DEPOSITARY AND ARE<br>SUBJECT TO THE STANDARD TAX RELIEF FEE OF UP TO \$ 0.0075<br>PER DR.   |
| IS THIS LONG FORM PROCESS FREE OF CHARGE?                                   | NO. THIS TAX RECLAIM ASSISTANCE SERVICE IS WHOLLY<br>VOLUNTARY AND DISCRETIONARY AND OUTSIDE THE TERMS<br>AND CONDITIONS OF ANY APPLICABLE DEPOSIT AGREEMENT.<br>FEES WILL BE CHARGED FOR THIS ASSISTANCE SERVICE OF UP<br>TO \$0.0075 PER DR FOR STANDARD LONG FORM RECLAIMS WITH<br>A MINIMUM OF \$25.00. RECLAIMS RECEIVED POST DEADLINE<br>CANNOT BE ASSURED AND MAY BE SUBJECT TO A PER<br>BENEFICIARY FEE AS WELL AS OTHER CHARGES, FEES OR<br>EXPENSES PAYABLE BY OR DUE TO BNY MELLON, CITIBANK, N.A.,<br>DEUTSCHE BANK TRUST COMPANY AMERICAS, JPMORGAN<br>CHASE OR THEIR AGENTS, INCLUDING THE CUSTODIAN OR TAX<br>AUTHORITIES. IN ADDITION, CHARGES MAY APPLY TO ANY LONG<br>FORM CLAIMS REJECTED OR NOT ACCEPTED BY THE<br>CUSTODIAN. FEES PAID TO BNY MELLON, CITIBANK, N.A.,<br>DEUTSCHE BANK TRUST COMPANY AMERICAS, JPMORGAN<br>CHASE MAY BE SHARED WITH THEIR AGENTS. |

## DUE TO CHANGES IN FINNISH TAX LAW, BY USING THE CA WEB FUNCTION THE PARTICIPANTS CERTIFY THAT THEY WILL BE ABLE TO PROVIDE ADDITIONAL DOCUMENTATION REQUESTED BY THE FINNISH TAX AUTHORITY WITHIN THE TIMEFRAMES SPECIFIED. FAILURE TO PROVIDE SUCH DOCUMENT WILL HOLD THE PARTICIPANTS LIABLE FOR ANY ADDITIONAL TAX, INTERESTS AND/OR PENALTIES.

## Warning and Disclaimer:

BNY Mellon, Citibank N.A., Deutsche Bank Trust Company Americas, and/or JPMorgan Chase 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 DRs, and their agents and the participants, shall be agreeing to indemnify and hold harmless BNY Mellon, Citibank N.A., Deutsche Bank Trust Company Americas, JPMorgan Chase and their agents for any and all losses, liabilities, fees and (including reasonable fees and expenses of counsel) incurred by any of them in connection therewith or arising there from. BNY Mellon and their 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 DRs and their agents and the participants, 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, Citibank N.A., Deutsche Bank Trust Company Americas, JPMorgan Chase nor their agents shall be responsible or liable to any holders of DRs in connection with any matters related to, arising from, or in connection with the tax relief process described herein.

## **APPENDIX A – COVER LETTER**

## (DTC Participant's Letterhead)

Globe Tax 90 Broad Street, 16th Floor New York, New York 10004 Phone: 1-800-915-3536 Fax: 1-212-747-0029 Attn: Finnish Reclaims

## Re: Withholding Certification for FORTUM ; CUSIP# 34959F106

Enclosed please find tax reclamation documents, which we are submitting on behalf of our clients who have had excess tax withheld from dividends paid on Finnish DRs. We, (DTC Participant Name) holding shares at Cede & Co. under DTC# (DTC CA Web Number) hereby state that each beneficial owner cited below held the respective amount of shares on the record date of 02 APR 2015 for the security **FORTUM**; **CUSIP# 34959F106**.

Below is the list of beneficial owners and their holdings, which total [TOTAL NUMBER OF DRs CITED BELOW] DRs. As required the following documents are attached: Finnish claim form, Certification of payment, Certification of Residency and a Power of Attorney for each beneficial owner. The ratio for FORTUM is 1 ORD : 5 DR. The information is as follows:

| Name of Beneficiary | Complete Address | Tax ID Number | # DRs | # ORDS |
|---------------------|------------------|---------------|-------|--------|
|                     |                  |               |       |        |
|                     |                  |               |       |        |
|                     |                  |               |       |        |

We ask that BNY Mellon, Citibank N.A., Deutsche Bank Trust Company Americas, and/or JPMorgan Chase apply to the Finnish Tax Authorities 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, Citibank N.A., Deutsche Bank Trust Company Americas, and/or JPMorgan Chase of up to \$0.0075 per Depositary Receipt for Relief at Source, Quick Refund (with a minimum of \$25.00), and standard Long Form tax reclaims (with a minimum of \$25.00), and any other charges, fees or expenses payable by or due to BNY Mellon, Citibank N.A., Deutsche Bank Trust Company Americas, JPMorgan Chase or their 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, Citibank N.A., Deutsche Bank Trust Company Americas, and/or JPMorgan Chase's discretion). We 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 their 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, Citibank N.A., Deutsche Bank Trust Company Americas, and/or JPMorgan Chase 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 each of the beneficial holders identified hereby 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 holders.

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, Citibank N.A., Deutsche Bank Trust Company Americas, and/or JPMorgan Chase shall not be liable for the failure to secure any refund. In consideration of the assistance of BNY Mellon, Citibank N.A., Deutsche Bank Trust Company Americas, and/or JPMorgan Chase and the custodian in processing such claims, we expressly agree that BNY Mellon, Citibank N.A., Deutsche Bank Trust Company Americas, and/or JPMorgan Chase and the custodian in agents or affiliates shall not have any liability for, and we shall indemnify, defend and hold each of BNY Mellon, Citibank N.A., Deutsche Bank Trust Company Americas, and/or JPMorgan Chase and their 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.

[Signature of authorized signatory for DTC Participant]

#### [NAME AND TITLE OF AUTHORIZED OFFICER FOR DTC PARTICIPANT]

PAYMENT ADDRESS:

## **APPENDIX B – CERTIFICATION OF DIVIDEND PAYMENT** \*\*\*THIS DOCUMENT MUST BE PREPARED ON COMPANY LETTERHEAD\*\*\*

## ALL AMOUNTS MUST BE IN EUROS

(Important – DTC Participants must complete a separate Certificate of Payment for each beneficial owner)

## **CERTIFICATION OF PAYMENT**

[DTC Participant Name] hereby certifies that the following beneficial owner (holding the security FORTUM) DRs (CUSIP 34959F106) was a holder of record on 02 APR 2015. The beneficial owner was paid the dividend less the [Withheld %] withholding tax at source and is entitled to the [Refund %] tax refund stipulated under the provisions of the "[Residence Country of Beneficial Owner]" – Finland Tax Treaty Convention.

We hereby certify that we have paid the dividend to the beneficial owner of the following securities on 29 APR 2015.

| Agent:                         | [DTC Participant Name]<br>[DTC Participant Number]  |
|--------------------------------|---|
| Beneficial Owner:              | [Beneficial Owner Name]<br>[B/O Address]<br>[B/O City, State, Zip Code]<br>[B/O Country of Residence] |
| Security:                      | FORTUM  |
| Ordinary Pay Date:             | 14 APR 2015   |
| Shares held:                   | [Number of Ordinary Shares Held]  |
| Dividend Rate:                 | EUR 1.30 per share  |
| Gross Dividend:                | [Gross Dividend]  |
| Amount of Tax Withheld ( %):   | [Amount of Tax Withheld]  |
| Refund Amount Due (Reclaim %): | [Amount of Refund]  |
|                                |   |

| Certified By                     |    |                     |
|----------------------------------|----|---------------------|
| Authorized Signature [Sign Here] |    | Date [Today's Date] |
| NAME                             |    |                     |
| TITLE                            |    |                     |
| INSTITUTIC                       | DN |                     |

## APPENDIX C – POWER OF ATTORNEY \*\*\*THIS DOCUMENT MUST BE PREPARED ON COMPANY LETTERHEAD\*\*\*

### POWER OF ATTORNEY

## (Broker's Letterhead)

Power of Attorney

(Name of Broker), with address in (City, State, Country) hereby appoints <u>GlobeTax ("Depositary</u> <u>Bank agent"</u>) and/or the <u>Depositary Bank agent</u>'s designated standing proxy(ies) as its true and lawful attorney with full Power of Attorney to do all or any of the following acts with respect to the American Depositary Receipts representing shares in <u>FORTUM</u> ("Securities") that the Bank holds in its safe custody on behalf of the Undersigned broker/agent.

- i) To file required forms with competent tax authorities in order to secure any tax privileges and benefits such as tax reduction or tax-exemption at source.
- ii) To receive on behalf of the Undersigned tax repayments made by competent tax authorities as a result of lodging reclaim forms.

The Undersigned also authorizes the Depositary Bank agent and/or the Bank's designated standing proxy(ies) to submit this power of attorney or a photocopy of it to competent tax authorities.

## (Name of the broker representative)

<<u>Place and Date></u> Place and Date <u>Signature of broker representative</u>
Authorized Signature(s)/Title(s)

#### **APPLICATION FOR REFUND OF FINNISH WITHHOLDING** TAX ON DIVIDENDS (Individual applicant)

Refunds can be requested after the calendar year of payment.

#### **1 APPLICANT**

| 1.1 Family name                                    |                       | 1.2 Given names  |         |                      |
|--|-----------------------|--|---------|----------------------|
|  |                       |  |         |                      |
| 1.3 Finnish personal identity code or date of birt | h (ddmmyyyy)          |  |         |                      |
|  |                       |  | -       |                      |
| 1.4 Postal address                                 |                       | 1.5 Postal code  | 1.6 Pos | st office            |
|  |                       |  |         |                      |
| 1.7 Country of residence                           | 1.8 Tax id. no. in co | untry of residence   |         | 1.9 Telephone number |
|  |                       |  |         |                      |
| 1.10 Have you asked for a refund earlier?          |                       | 1.11 Enter the 'L' code (Applicant's reg. no. in Finland) from your previous refund decision |         |                      |
| yes no   |                       |  |         |                      |

### 2 Information on the agent signing this application form (Enclose letter of authorisation)

| 2.1 Representative's name | 2.2 e-mail           |
|---------------------------|----------------------|
|                           |                      |
| 2.3 Address               | 2.4 Telephone number |
|                           |                      |

#### **3 INFORMATION ON DIVIDENDS**

If the application concerns more than one payment of dividends, please enclose separate spreadsheets with the facts in section 3.

| 3.1 Receipt of dividends is due on the applicant's direct shareholding. |   |                |  |                     |   |           |    |                                   |
|---|---|----------------|--|---------------------|---|-----------|----|-----------------------------------|
| 3.2 Dividends are being pa  | id  |                | 3.3 Official name of fund or partnership |                     |   |           |    |                                   |
| through a fund  | through a partne  | rship          |  |                     |   |           |    |                                   |
| 3.4 TIN of fund or partners   | 4 TIN of fund or partnership (if available) 3.5 Business ID of fund or partnership (if available) |                |  | 3.6 Cou<br>partners | ntry of tax residence of fund or<br>hip |           |    |                                   |
| 3.7 Name of payer   |   | •              | 3.8                                      | Payer is stock-e    | exch                                    | ange list | ed | 3.9 Date of payment               |
|   |   |                |  | yes                 |   | no        |    |                                   |
| 3.10 Number of shares   | 3.11 Gross amount   | of dividends € | 3.12                                     | 2 Amount of tax     | with                                    | held €    |    | 3.13 Amount requested as refund € |

#### **4 BANK ACCOUNT NUMBER FOR THE REFUND**

| 4.1 IBAN acc. number (or other int'l format) | 4.2 BIC or SWIFT code | 4.3 Name of account holder |
|--|-----------------------|----------------------------|
|  |                       |                            |
| 4.4 Name of bank                             | 4.5 Address of bank   |                            |
|  |                       |                            |

| The undersigned<br>- declares that the dividend income is not effectively connected with permanent establishment in Finland.<br>- assures that he/she has not received or requested any refund from the Finnish payer concerning this dividend income. |           |                         |  |  |  |
|--|-----------|-------------------------|--|--|--|
| Date   | Signature | Name in printed letters |  |  |  |
| Mandatory enclosures:  |           | VEROH 6164e 5.2014      |  |  |  |

Mandatory enclosures: - certificate of tax residency issued by local authorities on this form or a separate attachment

- agent's letter of authorisation.

## **CERTIFICATE OF FISCAL RESIDENCE**

We hereby confirm that the applicant, within the meaning of the Double Taxation Convention, was resident in the country mentioned above - as well as domiciled, if country of residence is Ireland or United Kingdom - on the date when the income was paid.

| Date | Signature and stamp of the tax authorities |
|------|--|
|      |  |
|      |  |

#### APPLICATION FOR REFUND OF FINNISH WITHHOLDING TAX ON DIVIDENDS (Individual applicant)

#### INSTRUCTIONS

Please fill in the fields that concern you and show the form to the tax authorities of your country. Ask them to complete the "Certificate of Fiscal Residence" section. This means that they give an affirmation that you have been a tax resident of that country at the time when you received the dividends (concerned by the refund request). Instead of completing the "Certificate of Fiscal Residence" section on this form, your tax authority may give you another type of certificate that establishes your status of residence at the time.

**During the calendar year when the dividends were paid** the payer is the only party who can pay you a refund (in other words, adjust the withheld amount). To claim this adjustment, you must give the payer the necessary details. If the payer has not paid you a refund i.e. adjusted the withheld amount, you may use this form to request it from us **after the calendar year of payment has ended**.

Enclose a voucher that shows the payment of dividends and what was withheld on them. Ask the payer to give you such a voucher if you do not have one. The Tax Administration may require you to show all the vouchers and documentation, in order to establish the entire audit trail, if you received the dividends through an account operator or asset management

If you are a resident of an EEA country, you are entitled to request the refund in case the Finnish tax withheld at source cannot be fully credited in your country. Include an adequate explanation of the reasons why you are entitled to the refund, and enclose Form 6161e (Certificate of tax treatment concerning dividends) or other documentation that establishes how the dividends had been taxed in your country.

If too much tax has been withheld at source, you may ask for a refund during the five calendar years that follow the year of payment and withholding. If excess withholding only amounts to €5 per year or less, we will not pay a refund. The euro is the currency we use for the preparation of your refund decision.

If you have authorised someone to request the refund on your behalf, they must enclose a letter of authorisation.

For more information on the taxation of nonresidents' income, visit tax.fi > Further resources > International situations > Tax rates on dividends and other payments to nonresidents.

Send completed form to: Helsinki Area Tax Office PO Box 400 FI-00052 VERO FINLAND

### **APPLICATION FOR REFUND OF FINNISH WITHHOLDING** TAX ON DIVIDENDS

(Non-individual applicant, e.g. a corporate entity)

Refunds can be requested after the calendar year of payment.

#### **1 APPLICANT**

| 1.1 Applicant's official name (bene                    | eficial owner)                                |   |               |                                     |
|--|---|---|---------------|-------------------------------------|
| 1.2 Applicant is stock-exchange list                   | sted  | 1.3 ISIN-code                                       |               |                                     |
| yes no   |   |   |               |                                     |
| 1.4 Postal address                                     |   | 1.5 Postal code                                     | 1.6 Post offi | се                                  |
| 1.7 Telephone number                                   |   | 1.8 e-mail  | 1             |                                     |
| 1.9 Country of residence                               | 1.10 Tax id. no. in that country              | 1.11 Business id. no. in the                        | at country    | 1.12 Finnish Business ID            |
| 1.13 The applicant is                                  |   |   | <b>1</b> D    | ension                              |
| 1 Corporate entity                                     | <b>2</b> State, Municipality<br>Public entity | or other 3<br>Associatio                            |               | titution or Fund 5 Charity          |
| 6 UCITS Collective investme<br>scheme (fund)           | ent <b>7</b> Non-UCITS fund                   | 8 Trust   | 9 8           | Estate 10 Other                     |
| 1.14 Please describe the applicant's legal entity form |   |   |               |                                     |
| 1.15 Has the applicant asked for a                     | a refund earlier?                             | 1.16 Enter the 'L' code (A previous refund decision |               | g. no. in Finland) from applicant's |
| yes no   |   |   |               |                                     |

#### 2 Information on the agent signing this application form (Enclose letter of authorisation)

| 2.1 Representative's name | 2.2 e-mail           |
|---------------------------|----------------------|
|                           |                      |
| 2.3 Address               | 2.4 Telephone number |
|                           |                      |

3 INFORMATION ON DIVIDENDS If the application concerns more than one payment of dividends, please enclose separate spreadsheets with the facts in section 3.

| 3.1 Accounting period  |                                   |            |                               |       |                            |                         |  |
|--|-----------------------------------|------------|-------------------------------|-------|----------------------------|-------------------------|--|
| 2020   |                                   |            |                               |       |                            |                         |  |
| 3.2 Receipt of dividends is due                                |                                   |            |                               |       | 3.3 Officia                | l name c                | of fund or partnership   |
| shareholding throug  | h a fund tro                      | ugh a      | a partnershi                  | C     |                            |                         |  |
| 3.4 TIN of fund or partnership (if available)                  | 3.5 Business ID<br>(if available) | of fu      | nd or partne                  | rship | 0                          | 3.6 Cou<br>partners     | untry of tax residence of fund or ship                               |
| 3.7 Beneficiary is a company, and the shares investment assets | s are its                         | 3.8<br>and | The benefic<br>I holds at lea | ast 1 | is a compa<br>10% of the o | any refer<br>capital of | red to in Parent-Subsidiary Directive,<br>f the distributing company |
| yes no   |                                   |            | yes                           |       | no                         |                         |  |
| 3.9 Name of payer  |                                   | 3.10       | ) Payer is st                 | ock-  | -exchange l                | isted                   | 3.11 Date of payment   |
|  |                                   |            | yes                           |       | no                         |                         |  |
| 3.12 Number of shares 3.13 Gross amo                           | unt of dividends €                | 3.14       | Amount of                     | tax   | withheld €                 |                         | 3.15 Amount requested as refund €                                    |
|  |                                   |            |                               |       |                            |                         |  |

#### **4 BANK ACCOUNT NUMBER FOR THE REFUND**

| 4.1 IBAN account number (or other int'l format) | 4.2 BIC or SWIFT code | 4.3 Name of account holder |
|---|-----------------------|----------------------------|
|   |                       |                            |
| 4.4 Name of bank                                | 4.5 Address of bank   |                            |
|   |                       |                            |
|   |                       |                            |

| The undersigned - declares that the dividend income is not effectively connected with the applicant's permanent establishment in Finland assures that the applicant has not received or requested any refund from the Finnish payer of dividend income concerning this dividend income. |  |                         |  |
|---|--|-------------------------|--|
| Date  | Signature  | Name in printed letters |  |
|   |  |                         |  |
|   |  |                         |  |
| Details of the right to sign for the applicant  |  | Position or job title   |  |
| By letter of authorisation  | By proper right to sign for the applicant (see instructions) |                         |  |
| Mandatory enclosures:   |  |                         |  |

certificate of tax residency issued by local authorities
 agent's letter of authorisation
 receipt on dividend income and withheld tax on source.



## AFFIRMATION

Given by a pension fund which is resident of the United States and receives dividend income from Finland

| Name of pension fund                                |
|---|
|   |
|   |
| Taxpayer Identification Number in the United States |
|   |
|   |
| Address in the United States                        |
|   |
|   |
| City, town or post office, state and ZIP code       |
|   |
|   |

### The pension fund assures that

| <ol> <li>the fund is resident of the United States of America and</li> </ol>   | 1) the fund is resident of the United States of America and  |  |  |
|--|--|--|--|
| 2) the fund is the beneficial owner of the dividends and   |  |  |  |
| <ol> <li>the dividends the pension fund receives from Finland are not derived from the carrying on<br/>of a business by the pension fund or through an associated enterprise and</li> </ol>  |  |  |  |
| <ol> <li>more than 50 percent of the fund's beneficiaries, members or participants are individuals<br/>resident in the United States or in Finland and</li> </ol>  |  |  |  |
| 5) the fund is organized under the laws of the United States and   |  |  |  |
| 6) the fund is established and maintained in the United States primarily to administer or<br>provide pensions or other similar remuneration, including social security payments, or to<br>earn income for the benefit of one or more such arrangements and |  |  |  |
| <ol> <li>the fund is exempt from tax in the United States of America with respect to the activities<br/>decribed in clause 6) and</li> </ol>   |  |  |  |
| <ol> <li>the fund will immediately notify the custodian of the deposited shares in case of the<br/>circumstances above ceases to apply.</li> </ol>   |  |  |  |
| Signature of the pension fund  | or Signature of Pension fund's agent or legal representative   |  |  |
|  |  |  |  |
| Printed name   | Printed name   |  |  |
| Title / position   | Title / position   |  |  |
|  |  |  |  |
| Date and Place   | If you are an agent or a legal representative<br>signing this affirmation, please enclose your power<br>of attorney showing your authorization to act on<br>the pension fund's behalf. |  |  |

#### APPLICATION FOR REFUND OF FINNISH WITHHOLDING TAX ON DIVIDENDS (Non-individual applicant, e.g. a corporate entity)

#### INSTRUCTIONS

This form is for applicants who are not natural persons (including corporate entities, funds, other legal persons), and who are treated as beneficial owners of dividends for tax purposes.

When the year of payment of the dividends has not yet ended, the only party capable of refunding or correcting the withheld tax at source is the payer of the dividends. To obtain refund this way, the applicant must give adequate details to the payer. If the payer has made no refund correction, the applicant may complete this application form in order to ask the Tax Administration for a refund, on the condition that the year of payment of the dividends has ended.

Enclose the mandatory documentation as instructed on this form. If necessary, the Tax Administration may ask you to present the entire chain of financial records in order to establish audit trail, if there were several custodians or depositaries that transferred the dividends to the beneficiary.

If the applicant's country of residence is in the European Economic Area, and claims refund by virtue of being comparable with a tax-exempted Finnish entity, the following additional enclosures are required:

- A specific enclosure listing the reasons for the applicant's comparability with a tax-exempted Finnish entity that has similar operations as the applicant.

- Either Form 6161e - Certificate of tax treatment concerning dividends from Finland, or a document issued by the tax authorities of the country of residence, establishing that they are unable to give the applicant a full credit for the tax at source withheld in Finland.

If too much tax has been withheld at source, you may ask for a refund during the five calendar years that follow the year of payment and withholding. If excess withholding only amounts to  $\in$ 5 or less, we will not pay a refund. The euro is the currency we use for the preparation of your refund decision.

For more information on the taxation of nonresidents' income, visit tax.fi > Further resources > International situations > Tax rates on dividends and other payments to nonresidents.

Send completed form to:

Uusimaa Corporate Tax Office PO Box 30 FI-00052 VERO FINLAND

#### Detailed instructions

#### Line 1.1

Normally only the beneficial owner may be the applicant. If the applicant is another party, you must enclose an explanation with the reasons that justify payment of the refund to the applicant, not to the beneficial owner.

#### Lines 1.13 to 1.14

Tick the appropriate box. Add a more precise description of the applicant's legal entity form as necessary.

Example 1: The applicant is a limited-liability company. Under section 1.13, tick 1 (Corporate entity), and enter "Limited-liability company" in 1.14 as an additional description.

Example 2: The applicant is an investment fund. Tick either the 6 (UCITS) box or the 7 (non-UCITS) box, and enter an additional description, such as "Investment company with variable capital", in 1.14.

#### Section 3 of the form

If the application concerns more than one payment of dividends, enclose a specification with the details required in section 3 (line 3.1 to line 3.15) separately for each one of them.

#### Line 3.1

Enter the applicant's accounting period that relates to the distribution of the dividends.

#### Line 3.2

Tick "Receipt of dividends is due on the applicant's direct shareholding" if it is appropriate. Move on to line 3.7. If the dividends were paid through an investment fund or a partnership, tick the box as appropriate and give the necessary details on lines 3.3 to 3.6. If any changes have been made to the name of the fund or partnership, please give the old and the current names.

#### Line 3.7

'Investment assets' means the securities obtained by a financial institution, an insurance company, a pension institution for the purpose of investment (as provided in § 11, Business Tax Act).

#### Right to sign for the applicant

If the applicant has given the agent permission to sign the completed form, tick the "Letter of authorisation" box, and enclose the letter of authorisation.

If the party filing this form may sign for the applicant as it is entered in the Trade Register, tick "Proper right to sign for the applicant".