## **ENTITY TAX RESIDENCY SELF-CERTIFICATION FORM**

Itaú Unibanco S.A.

#### Part 1 – Identification of Account Holder

A. Legal Name of Entity/Branch

B. Country of incorporation or organization Brazil

C. Current Residence Addres	S												
Line 1 (e.g., House/Apt/Suite	Name, N	umbe	r,										
Street, if any)	Praça	Praça Alfredo Egydio de Souza Aranha, 100, Torre Olavo Setúbal											
Line 2 (e.g., Town/City/Provi	nce/State	)		Sã	o Pai	ulo							
Country				Bra	azil								
Postal Code/ZIP Code (if any)	)			04	344-	902							
D. Mailing Address (please o	nly comp	lete if	differ	ent to	the	addre	ss sho	wn ir	n Sect	tion C	above	<u>e)</u>	
Line 1 (e.g., House/Apt/Suite	Name, N	umbe	r,										
Street, if any)													
Line 2 (e.g., Town/City/Provi	nce/State	)											
Country													
Postal Code/ZIP Code (if any)	)												
Part 2 – Entity Type (please  1. (a) Financial Institution – Inve  i. An Investment Entity Id	stment En	tity				-							
(Note: if ticking this box p	olease also c	omplet	e <b>Part</b>	<b>2(2)</b> be	low)								
ii. Other Investment Enti	ty												
(b) Financial Institution – Depo	ositary Inst	itution	s, Cus	todial	Institu	ition oi	Spec	ified Ir	ısuraı	nce Co	mpany		$\boxtimes$
If you have ticked <b>(a)</b> or <b>(b)</b> abo Number ("GIIN") obtained for F			de, if I	neld, tl	he Ac	count I	Holder	's Glo	bal In	terme	diary I	dentif	ication
D I 5 K U	3 .	0	0	1	0	3		М	E		0	7	6
(c) Active NFE – a corporation corporation which is a relative to the corporation which is a regularly traded:	elated ent	ity of	such	a corp	orati blishe	on ed secu							
If you are a Related Entity of corporation that the Entity in (c)				•					name	of th	e regu	ılarly	traded
(d) Active NFE – a Governmen	t Entity or	Centra	l Bank										

(a) Indicate the name of any Controlling Person(s) of the Account Holder:	
. If you have ticked <b>1(a)(i)</b> or <b>1(g)</b> above, then please:	
(g) Passive NFE (Note: if ticking this box please also complete Part 2(2) below)	
(f) Active NFE – other than (c)-(e) (for example a start-up NFE or a non-profit NFE)	
(e) Active NFE – an International Organization	

### (1,7)

# Part 3 — Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent ("TIN")

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/Reportable Jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is not tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.

If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet.

If a TIN is unavailable, please provide the appropriate reason A, B or C where appropriate:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents.

**Reason B** – The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).

**Reason C** – No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

Country/Jurisdiction of tax	TIN	If no TIN available enter
residence		Reason A, B or C
1. Brazil	60.701.190/0001-04	
2.		
3.		

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1.	
2.	
3.	

#### Part 4 - Declaration and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with the Financial Institution that maintains the account setting out how that Financial Institution may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am authorized to sign for the Account Holder in respect of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise the Financial Institution within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide the Financial Institution that maintains the account with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Signature:

Print name: Débora Abud Inácio and Sérgio Rodrygo Sitta

Date (dd/mm/yyyy): 05/10/2023

Note: Please indicate the capacity in which you are signing the form (for example "Authorized Officer"). If signing under a power of attorney, please also attach a certified copy of the power of attorney.

Capacity: Authorized Signers