

The Depository Trust Company  
**IMPORTANT**  
TIME CRITICAL ONE DAY EDS WINDOW

**B#:** 3379-08  
**DATE:** April 17, 2008  
**TO:** All Participants  
**CATEGORY:** Dividends  
**FROM:** International Services  
**ATTENTION:** Operations, Reorg & Dividend Managers, Partners & Cashiers  
**SUBJECT:** TaxRelief - Country: Sweden  
SKF Aktiebolaget CUSIP: 784375404  
Record Date: 04/21/08 Payable Date: TBA  
EDS Cut-Off Date: 04/22/08

\*\*\*\*\*WARNING TIME CRITICAL\*\*\*\*\*

DTC has been notified by Citibank, N.A., that the above referenced dividend on SKF Aktiebolaget, that qualified U.S. beneficial owners, as defined in the double taxation convention between the United States and Sweden, are entitled to a reduced tax treaty rate of 0% or 15% rather than the statutory rate of 30%. All non-US citizens are subject to the unfavorable 30% rate.

**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.*



**SKF AKTIEBOLAGET**  
**CUSIP: 784375404**  
**ADR R/D: 04/21/08**  
**ADR P/D: TBA**

Citibank, N.A. has been notified by **SKF Aktiebolaget** that qualified U. S. beneficial owners, as defined in the double taxation convention between the United States and Sweden, are entitled to a reduced tax treaty rate of **15% (or 0% for qualified U.S. pensions)** rather than the statutory withholding tax rate of **30%**, with the exception of owners whose shares are effectively connected with the beneficial owners' permanent establishment in Sweden.

By certifying for the applicable withholding tax rate, the Participant is certifying that the criteria listed below 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 that is eligible for the 15% or 0% Swedish withholding tax rate.
2. The Participant hereby certifies that it will indemnify Citibank, N.A., (and its agents) for any liability Citibank, N.A. may incur as a result of reliance upon information provided by such Participant in connection with an EDS election, a claim for refund, or a failure to provide information requested by the Swedish Tax Authorities as described in item 5 below. Citibank, N.A. shall not be liable for failure to secure a refund of Swedish tax withheld.
3. The Participant understands that Citibank, N.A. shall not be liable for any loss resulting from fluctuations in the foreign currency exchange rate that may reduce that value of any refund claimed.
4. The Participant agrees to immediately return to Citibank, N.A. any funds erroneously received as a result of an improper EDS election or refund claim. In addition, The Participant agrees to pay any interest, additions to tax or penalties thereon.
5. If requested by the Swedish Tax Authorities (directly or indirectly), the Participant agrees to provide Citibank, N.A. with any of the following information/documentation respecting each beneficial owners for whom a reduced tax rate of 15% has been elected through EDS: the full names, complete addresses, the countries of residence for tax purposes, dates of birth, taxpayer identification numbers (including social security numbers), as well as the number of depositary receipts for which the reduced rate of withholding tax was certified, the rate that was applied, and any other information that may be reasonably requested, including possibly an IRS certification of U.S. residence on Form 6166. Such information/documentation will be provided within two weeks of The Participant being informed of the request. Claims submitted on behalf of 401(a) pension clients, electing to receive the 0% withholding rate, will need to provide this information to Citibank, N.A. at the time the claim is made.

## Claims for Exempt U.S. Pensions

Beginning in year 2007, U.S. pensions qualified under sections 401(a) and 501(a) are exempt from dividend withholding tax in Sweden. By fulfilling all of the following requirements, the custodian of the qualified U.S. pension certifies that all of the following are true:

The pension fund/trust is:

- 1) organized under the laws of the U.S.
- 2) established and maintained in the U.S. primarily to administer or provide pensions or other similar remuneration, including social security payments.
- 3) tax-exempt in the U.S. with respect to the activities described in item 2 above.
- 4) comprised of participants within the fund of which more than 50 percent are American residents.
- 5) a resident of the United States, provided that such dividends are not derived from the carrying on of a trade or business by the pension fund or through an associated enterprise.
- 6) confirming that the underlying security has been held in the account for at least two months prior to submitting the tax reclaim to Citibank, N.A. If the shares are part of a securities lending transaction over record date, the two-month holding period is considered interrupted and as a result disqualifies the pension's eligibility to claim at the exempt rate.

In order to claim the exempt rate, such beneficial owners must provide the supporting documents outlined below to Citibank, N.A. by **5 P.M. EST on April 22, 2008**:

- 1) **Form 6166** – An **ORIGINAL FORM 6166** must be provided that certifies that the pension plan is qualified under section 401(a) of the Internal Revenue Service (“I.R.S.”) Code and is exempt from taxation under section 501(a). In addition, the “Tax Year” of the Form 6166 must represent the year in which the dividend is to be paid.
- 2) **ATTESTATION** – An **ORIGINAL ATTESTATION** must be provided along with the original Form 6166 in order to obtain the 0% withholding tax. This ATTESTATION must be completed on the DTC Participant's letterhead. (See “ATTESTATION”)
- 3) **POWER OF ATTORNEY** – A POA from the beneficial owner to the DTC Participant needs to be submitted. This can either be a copy or an original but must be on the letterhead of the pension.

Completed pension documentation should be sent to:

Citibank, N.A. c/o GlobeTax  
90 Broad Street 16th floor  
New York, NY 10004  
Attn: Becky Zhang

**IF PARTICIPANTS DO NOT CERTIFY THROUGH EDS FOR THE FAVORABLE OR EXEMPT RATES, THEY WILL RECEIVE THE DIVIDEND WITH THE 30% WITHHELD.**

**IF PARTICIPANTS DO NOT PROVIDE THE PROPER DOCUMENTATION IN SUPPORT OF THEIR EXEMPT ELECTIONS FOR U.S. PENSIONS THEN THEY WILL RECEIVE THE DIVIDEND WITH 15% WITHHELD.**

*(Swedish residents may not benefit from the favorable rate program.)*

Eligible non-U.S. holders and Participants who failed to elect for their U.S. Beneficial owners by the date specified above, may submit a filing for quick refund prior to **June 9, 2008**. All other claimants have five

years from the year in which the dividend was paid to submit their claims through Citibank, N.A. / GlobeTax. Long form claims received will be filed on a periodic basis.

***Partial Listing of Countries with Double Taxation Agreements with Sweden & Rates***

<u>Country</u>	<u>Treaty Rate</u>	<u>Reclaim Amount</u>
Australia	15%	15%
Austria	10%	20%
Canada	15%	15%
Denmark	15%	15%
France	15%	15%
Germany	15%	15%
Ireland	15%	15%
Japan	15%	15%
Luxembourg	15%	15%
Netherlands	15%	15%
Portugal	10%	20%
Singapore	15%	15%
Spain	15%	15%
Switzerland	15%	15%
United Kingdom	5%	25%

For information about filing reclaims for non-U.S. beneficial owners or for information concerning filing a tax reclaim after the EDS certification deadline, as well as requesting the appropriate tax claim forms, please contact:

Citibank, N.A.  
c/o GlobeTax  
90 Broad Street – 16th floor  
New York, NY 10004  
Attention: Becky Zhang  
Telephone: (800) 628-4646

**Required Documentation for ALL Non-U.S. Beneficial Owners**  
**(and non-pension U.S. Beneficial Owners who missed the EDS deadline)**

1. **Cover Letter Required of DTC Participants**: Required letter certifying that the beneficial owner will not directly claim the Swedish Tax Authority. (Enclosed)
2. **Certification of Dividend Payment** (Enclosed)
3. **Certification of Residency**: In order to receive a reduction of this tax liability, you must provide proof of your residence. For U.S. residents, an IRS Form 6166 issued by the Internal Revenue Service which states the name and taxpayer identification number of the ADR beneficial owner is required. An IRS Form 6166 in the name of the ADR beneficial owner must be submitted for each dividend and must be dated within 2 years of the year of the dividend. Photocopies are accepted. To obtain Form 6166, the **IRS Form 8802: Application for United States Residency Certification** must be completed. Enclosed with this Notice is a blank Form 8802 and instructions on how to complete it.
4. **Swedish Tax Form – “Claim for Repayment of Swedish Tax on Dividends”**: This form must to be certified by the claimant’s local Tax Authority and be completed as a double-sided document with all applicable information. A blank copy of this form is enclosed with this Notice, as well as guidelines for filling it out. There is a separate form for residents of Austria and Switzerland, therefore please contact

Citibank, N.A. / GlobeTax to obtain the appropriate form. If you have any questions about these forms, please contact **Becky Zhang at Citibank, N.A. / GlobeTax at (001) 212-747-9100.**

5. **Power of Attorney:** The POA must be submitted and must be completed by and signed by the claimant (not by their representative).

**RELIEF AT SOURCE PROCESSING IS SUBJECT TO A TAX RELIEF-AT-SOURCE PROCESSING FEE OF \$0.0035 PER ADS .**

**POST PAY-DATE TAX RECLAIM PROCESSING IS SUBJECT TO A TAX RECLAIM PROCESSING FEE OF \$0.005 PER ADS WITH A MINIMUM TAX RECLAIM PROCESSING FEE OF \$25.00 PER BENEFICIAL OWNER CLAIM.**

**Note: The deadline for certifying over EDS is on April 22, 2008.  
ORIGINAL U.S. Pension claims must arrive in our offices by April 22, 2008.**

**FORMAT FOR COVER LETTER REQUIRED OF  
DTC PARTICIPANTS FOR FILING A LONG FORM CLAIM**

**\*\*\*THIS DOCUMENT MUST BE PREPARED ON COMPANY LETTERHEAD\*\*\***

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**[Date]**

Citibank, N.A.  
c/o GlobeTax  
90 Broad Street, 16<sup>th</sup> floor  
New York, NY 10004-2205  
Attn: Becky Zhang

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 Swedish ADRs. 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 of April 21, 2008 for the security SKF Aktiebolaget (CUSIP 784375404).

Below is the list of beneficial owners and their holdings, which total [TOTAL NUMBER OF ADRs CITED BELOW] ADRs. As required the following documents are attached: Swedish claim form, Certification of payment, Certification of Residency and a Power of Attorney for each beneficial owner. **The ratio for SKF Aktiebolaget is 1 ADR share to 1 Ordinary Share.** The information is as follows:

<u>Beneficial Owner Name</u>	<u>Address</u>	<u>Taxpayer I.D. Number</u>	<u>Number of ADRs</u>	<u>Number of ORDs</u>
1)				
2)				
3) etc.				

We authorize Citibank, N.A. to present this documentation on the behalf of the beneficial owners listed above. Please contact the undersigned at **[Signatory's Telephone Number]** should you have any questions.

Sincerely,

\_\_\_\_\_  
[Signature of authorized signatory for DTC Participant]  
**[NAME AND TITLE OF AUTHORIZED OFFICER FOR DTC PARTICIPANT]**

PAYMENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Citibank, N.A. shall not be liable for failure to secure the refund and shall not be liable for any loss due to fluctuations in foreign currency exchange rates. Any funds erroneously received shall be immediately returned to Citibank, N.A., plus any interest, additions to tax or penalties thereon.

***\*THIS DOCUMENT MUST BE PREPARED ON COMPANY LETTERHEAD\****

**ALL AMOUNTS MUST BE IN SEK**

**(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 **SKF Aktiebolaget ADRs (CUSIP 784375404)** was a holder of record on **April 21, 2008**. The beneficial owner was paid the dividend less the 30% withholding tax at source and is entitled to the [Refund %] tax refund stipulated under the provisions of the “[Residence Country of Beneficial Owner]“ Convention.

We hereby certify that we have paid the dividend to the beneficial owner of the following securities on <ADR Paydate>.

**Agent:** [DTC Participant Name]  
[DTC Participant Number]

**Beneficial Owner:** [Beneficial Owner Name]  
[B/O Address]  
[B/O City, State, Zip Code]  
[B/O Country of Residence]

**Security:** SKF Aktiebolaget

**Ordinary Paydate:** April 24, 2008

**Shares held:** [Number of Ordinary Shares Held]

**Dividend Rate:** 5.00 SEK per share

**Gross Dividend:** [Gross Dividend]

**Amount of Tax Withheld (30%):** [Amount of Tax Withheld]

**Refund Amount Due (Reclaim %):** [Amount of Refund]

Certified By

Authorized Signature **[Sign Here]** \_\_\_\_\_  
NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
INSTITUTION \_\_\_\_\_

Date [Today's Date]

**THIS DOCUMENT MUST BE PREPARED ON COMPANY LETTERHEAD**

**ATTESTATION FOR U.S. PENSIONS**

**[DATE]**

Citibank N.A. / GlobeTax  
90 Broad Street, 16th floor  
New York, NY 10004-2205  
Attn: Becky Zhang

We, [**NAME OF DTC PARTICIPANT**], also known under DTC participant number [**DTC PARTICIPANT NUMBER**], hereby confirm that each U.S. pension cited below held the respective amount of shares on the record date of **April 21, 2008** for the security **SKF AKTIEBOLAGET (CUSIP: 784375404)** and that all U.S. pensions cited below meet the following tax reclaim requirements:

The pension fund/trust is:

- 1) organized under the laws of the U.S.
- 2) established and maintained in the U.S. primarily to administer or provide pensions or other similar remuneration, including social security payments.
- 3) tax-exempt in the U.S. with respect to the activities described in item 2 above.
- 4) comprised of participants within the fund of which more than 50 percent are American residents.
- 5) a resident of the United States, provided that such dividends are not derived from the carrying on of a trade or business by the pension fund or through an associated enterprise.
- 6) confirming that the underlying security has been held in the account for at least two months prior to submitting the tax reclaim to Citibank N.A. If the shares are part of a securities lending transaction over record date, the two-month holding period is considered interrupted and as a result disqualifies the pension's eligibility to claim at the exempt rate.

Below is the list of beneficial owners and their respective holdings. As required a Form 6166 and a power of attorney are attached for each beneficial owner.

<b>Beneficial Owner Name</b>	<b>Address</b>	<b>Taxpayer I.D. Number</b>	<b># of ADRs held</b>
1)			
2)			
3)			
4) etc.			

We ask that CITIBANK, N.A., as Depository, present these withholding tax refund requests on the above beneficial owners' behalf. Please contact the undersigned at [**SIGNATORY'S TELEPHONE NUMBER**] should you have any questions.

Sincerely,

**[SIGNATURE OF THE AUTHORIZED OFFICER FOR DTC PARTICIPANT]**

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

Citibank, N.A. is not liable for failure to secure the refund and any funds erroneously received shall be immediately returned to Citibank, N.A., including interest, additions to tax or penalties thereon. This is not tax advice. Please consult your tax advisor.

**I Sökande/Claimant**

Namn/Firma/Name/Company	Personnr/Organisationsnr
Adress och postadress/Address, postal code and postal address	
Ombud/Kontaktperson/Representative	
Ombudets adress/Address of Representative	
Ansökan avser/Grounds for the claim	
TAXES WITHHELD IN EXCESS OF DOUBLE TAXATION TREATY	

**II Upplysningar till myndigheten eller banken i hemvistlandet/  
Information to the authority or bank in the country of permanent residence**

- 1 Hade den utdelningsberättigade hemvist på angiven adress när de under IV (baksidan) angivna utdelningarna blev tillgängliga för lyftning (kolumn 3)?/  Ja  Nej  
Was the claimant residing at the residential address indicated in section I when the dividends specified in section IV (overleaf) became due and payable (col 3)?  Yes  No
- Om inte, var god uppge tidigare adress(er) för de år då utdelningarna blev tillgängliga för lyftning./ If not, please state the former address(es) in the years in which the dividends became due and payable.

- 2 I det fall att sökanden ej är fysisk person, ange företagsform (aktiebolag, handelsbolag e.d.)/ If the claimant is not an individual, please state its legal form (partnership, joint-stock company, etc).

**III Information till Särskilda skattekontoret/Information to the Special Tax Office**

- 1 Var sökanden vid de tidpunkter som anges under IV kol. 3 (baksidan) ägare till angivna aktier?/  Ja  Nej  
Was the claimant, at the dates indicated in section IV col 3 (overleaf), the beneficial owner of the shares?  Yes  No
- Om inte, uppge utdelningsmottagare för vilkens räkning utdelningarna mottagits./ If not, please indicate the person on whose account the dividends were received.

- 2 Hade sökanden fast driftställe i Sverige vid någon av de tidpunkter som anges under IV kol. 3 (baksidan)? I så fall:/  Ja  Nej  
Had the claimant a permanent establishment in Sweden at any of the dates indicated in section IV col 3 (overleaf)? If so:  Yes  No

- a) Var innehavet som gav rätt till utdelningen i själva verket sammanhängande med handel eller affärsverksamhet bedriven genom det fasta driftstället?/  Ja  Nej  
Was the holding by virtue of which the dividends were paid effectively connected with a trade or business carried on through that permanent establishment?  Yes  No
- b) Firmanamn och adress för det fasta driftstället/  
Trade name and address of the permanent establishment.

- 3 Om sökanden är ett bolag (ej handelsbolag), ange det procentuella innehavet i det utdelande svenska bolaget (direkt eller indirekt)/  
If the claimant is a company (other than a partnership), please state the size of the holding in percentage (direct or indirect), in the Swedish company paying the dividends
- a) av rösttalet/of the voting power
- b) av aktiekapitalet/of the capital stock

Jag intygar på heder och samvete att lämnade uppgifter (på båda sidor) är korrekta. Jag söker därmed återbetalning med/  
I declare that all particulars given in this form (on both pages) are true and correct. I therefore claim a repayment of

(Sökandens signatur/Claimants signature)

SEK

SKATTEVERKET, Huvudkontoret, Verksamhetsstödsavdelningen

www.skatteverket.se

Postadress/Postal address  
S-771 83 Ludvika

Besöksadress/Office address  
Storgatan 19

Telefon/Telephone  
Nat. 0240-870 00  
Int. +46-240 870 00

E-postadress/E-mailaddress  
huvudkontoret@skatteverket.se

#### 4 Återbetalningssätt/Mode of repayment

Utbetalning önskas i (valuta)/Please pay in (currency)		
<input type="checkbox"/> SEK	<input type="checkbox"/> EUR	Mottagarlandets valuta/Currency in recipient country
Bankkonto/Bank Account	Bankens namn och adress/Name and address of the Bank	
	SWIFT kod/SWIFT code	Bankkod/Bank code
	Kontonummer/Account No	
	IBAN-nummer/BAN No.	
Kontohavare/Account in the name of		
Svenskt postgirokonto/ Swedish Postal Giro a/c	Postgirokonto/Postal giro account	Kontohavare/Account in the name of
<input type="checkbox"/> Till Adressat/To Addressee		

#### IV Utdelningar/Dividends subject to Swedish tax

Aktier/Shares		Utdelningar/Dividends				
Aktieslag/Description (utdelande bolags namn)/ (the name of the company)	Antal aktier/ Number of shares	Utdelningstillfälle/ Due and payable date of dividends	Utdelning/aktie Amount per share	Brutto/ Gross amount SEK	Innehållen skatt/ Swedish tax deducted SEK	Svensk skatt att återfå/ Swedish tax to be repaid SEK
1	2	3	4	5	6	7
Totalt/ Total amount SEK					Totalt/ Total amount SEK	

**Intyg om hemvist utfärdat av behörig myndighet eller bank i hemvistlandet/  
Certificate issued by competent authority or bank in the country of permanent residence.**

Härmed intygas att sökanden ovan angivna datum, under IV kolumn 3, hade hemvist i /  
We certify that the claimant at the dates indicated in section IV col 3 above was a resident of

Stämpel, signatur och adress av myndighet/bank i hemvistlandet/  
Stamp, signature and address of the authority/bank in the country of residence

#### UPPLYSNINGAR

- \* Ansökan om återbetalning ska innehålla all efterfrågad information och vara undertecknad.
- \* Intyg om hemvist utfärdat av behörig myndighet eller bank i sökandens hemvistland ska bifogas.
- \* Ansökan ska lämnas till Skatteverket, Särskilda skattekontoret, S-771 83 Ludvika, Sverige, inom fem år från utgången av det kalenderår då utdelningarna blev tillgängliga för lyftning.
- \* Då ansökan lämnats genom ombud ska fullmakt bifogas.
- \* Till ansökan ska gällande utdelningsuppgifter bifogas där det framgår att svensk skatt på utdelning dragits. Det ska även framgå i vilket namn utdelningarna betalats ut. I de fall utdelningarna distribuerats genom fler banker ska samtliga gällande utdelningsuppgifter bifogas.
- \* Denna blankett ska inte användas av sökande bosatta i Schweiz och Österrike.

#### INFORMATION

- \* A claim for repayment should contain all information asked for in this form.
- \* The claim should be signed and completed with a certificate of residence, issued by a competent authority or bank in the country of permanent residence of the claimant.
- \* This form is to be filed with the Swedish Tax Agency, Special Tax Office, S-771 83 Ludvika, Sweden, within five years from the end of the calendar year in which the dividends became due and payable.
- \* A form signed by a representative must be accompanied by a power of attorney.
- \* The form must be accompanied by the appropriate certificates of deduction of Swedish tax on dividends. If the payments of the dividends have been distributed by more than one bank all certificates shall be enclosed.
- \* This form should not be used by a claimant who is resident of Switzerland or Austria.