

**FOREIGN ACCOUNT TAX COMPLIANCE ACT
(FATCA) & COMMON REPORTING STANDARD
(CRS) INDIVIDUAL SELF-CERTIFICATION FORM**



中国人寿保险(新加坡)有限公司
China Life Insurance (Singapore) Pte. Ltd.

Important Notes:

- This is a self-certification form provided by a policy owner/proposer/trustee/beneficiary/nominee of a trust nomination/assignee/beneficial owner ("Account Holder") to China Life Insurance (Singapore) Pte. Ltd. ("CLIS"), a reporting financial institution, for the purpose of automatic exchange of financial account information. The data collected may be transmitted by CLIS to the Inland Revenue Authority of Singapore for transfer to the tax authority of another country/jurisdiction.
- An Account Holder must report all changes in his/her tax residency status to CLIS.
- All parts of the form must be completed (unless not applicable or otherwise specified). If the space provided is insufficient, please continue on additional sheet(s).
- As CLIS is unable to give tax advice, please consult a tax adviser or the Inland Revenue Authority of Singapore's website at <https://www.iras.gov.sg/irashome/Quick-Links/International-Tax> for more information.

Policy Number: _____

Part 1 Identification of Individual Account Holder

(1) Name of Account Holder

Title (e.g. Mr, Mrs, Ms, Miss) _____
Last Name or Surname _____
First or Given Name _____
Middle Name(s) _____

(2) NRIC/Passport Number

(3) Current Residence Address

Line 1 (e.g. Suite, Floor, Building, Street, District) _____
Line 2 (City) _____
Line 3 (e.g. Province, State) _____
Country _____
Postal Code/ZIP Code _____

(4) Mailing Address (Complete if different from current residence address)

Line 1 (e.g. Suite, Floor, Building, Street, District) _____
Line 2 (City) _____
Line 3 (e.g. Province, State) _____
Country _____
Postal Code/ZIP Code _____

(5) Contact Number

_____ (Country Code) (Number) _____ (Country Name)

(6) Date of Birth (dd/mm/yyyy)

(7) Country of Birth

Part 2 Self-Certification for Tax Purposes

A. Declaration of United States ("US") Person# Status

Please select one, whichever applicable:

- The Account Holder is a US person#. (Please complete and submit US IRS Form W-9).
- The Account Holder has one or more US indicia* and is not a US person#. (Please complete and submit US IRS Form W-8BEN or the relevant US IRS Form W-8).
- The Account Holder does not have any US Indicia* and is not a US person#.



#US person means a US citizen or resident individual, a partnership or corporation organised in the US or under the laws of the US or any State thereof, a trust if (i) a court within the US would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more US persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the US.

**"US indicia" means US citizenship, US residency (green card holder), US taxpayer identification number, US place of birth, US residential or mailing address, US telephone number, standing instructions to transfer funds to an account maintained in the US and a currently effective power of attorney or signatory authority granted to a person with a US address.

B. Declaration of Tax Residency under Common Reporting Standard

Please complete the following table indicating:

- (a) the country/jurisdiction (including Singapore) where you are a **resident for tax purposes**; and
- (b) your Taxpayer Identification Number ("TIN") for each country/jurisdiction indicated.

If you are a Singapore tax resident, your Singapore TIN is your NRIC, FIN, Income Tax Reference Number or the IRAS Assigned Tax Reference Number.

If you are a tax resident in more than five countries/jurisdictions, please continue on additional sheet(s).

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

Reason A - The country/jurisdiction where you are resident does not issue TINs to its residents

Reason B - You are 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 Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why you are unable to obtain a TIN if you have selected Reason B
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

C. Clarification of Tax Residency Information Provided

If the country(ies) of your residential address, mailing address and contact number(s) are different from your country(ies) of tax residence declared in section B above, please explain why and provide supporting documents:

Part 3 Declaration and Signature

I acknowledge and agree that:

- (a) the information contained in this form is collected and may be kept by China Life Insurance (Singapore) Pte. Ltd. ("CLIS") for the purpose of automatic exchange of financial account information; and
- (b) such information and information regarding the Account Holder and any reportable account(s) may be reported by CLIS to the Inland Revenue Authority of Singapore and exchanged with the tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be resident for tax purposes.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) identified in Part 1 of this form.

I undertake to advise CLIS 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, and to provide CLIS with a suitably updated self-certification form within 30 days of such change in circumstances.

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

Signature _____
 Name _____
 Date (dd/mm/yyyy) _____
 Capacity _____

(Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified true copy of the power of attorney.)