

**FOREIGN ACCOUNT TAX COMPLIANCE ACT
(FATCA) & COMMON REPORTING STANDARD
(CRS) ENTITY 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/assignee (“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 its tax residency status to CLIS.**
- **All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s).**
- **You may refer to the Appendix where definitions to selected terms used in this form are provided.**
- **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 Entity Account Holder

(1) Legal Name of Entity or Branch _____

(2) Country/Jurisdiction of Incorporation or Organisation _____

(3) Business Registration Number _____

(4) Current Business Address

Line 1 (e.g. Suite, Floor, Building, Street, District) _____

Line 2 (City) _____

Line 3 (e.g. Province, State) _____

Country _____

Post Code/ZIP Code _____

(5) Mailing Address (Complete if different from the current business address)

Line 1 (e.g. Suite, Floor, Building, Street, District) _____

Line 2 (City) _____

Line 3 (e.g. Province, State) _____

Country _____

Post Code/ZIP Code _____



Part 2 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 is not a US person#. (Please complete and submit US IRS Form W-8BEN-E and/or the relevant US IRS Form W-8).

#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.

Part 3 Declaration of Tax Residency under Common Reporting Standard

(1) Entity Type

Tick one of the boxes and provide the relevant information.

Financial Institution	<input type="checkbox"/> Custodial Institution, Depository Institution or Specified Insurance Company <input type="checkbox"/> Investment Entity, except an investment entity that is managed by another financial institution (e.g. with discretion to manage the entity’s assets) and located in a non-participating jurisdiction
Active Non-Financial Entity (“NFE”)	<input type="checkbox"/> NFE the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> NFE is a governmental entity, an international organisation, a central bank, or an entity wholly owned by one or more of the foregoing entities <input type="checkbox"/> Active NFE other than the above (Please specify _____)
Passive NFE	<input type="checkbox"/> Investment entity that is managed by another financial institution and located in a non-participating jurisdiction <input type="checkbox"/> NFE that is not an active NFE

(2) Controlling Persons (Complete this part if the Account Holder is a Passive NFE)

Indicate the name of all controlling person(s) of the Account Holder in the table below. A controlling person is a natural person who exercises control over an entity which is a legal person. Each controlling person must complete the **Controlling Person Self-Certification Form**.

(1)	(5)
(2)	(6)
(3)	(7)
(4)	(8)

(3) Country/Jurisdiction of Residence for Tax Purposes and Related Taxpayer Identification Number (“TIN”) or functional equivalent.

Please complete the following table indicating:

- (a) the country/jurisdiction of residence (including Singapore) where the Account Holder is a **resident for tax purposes**; and
- (b) the Account Holder’s TIN for each country/jurisdiction indicated.

Indicate **all** (not restricted to five) countries/jurisdictions of residence. Please complete an additional form if the Account Holder is a tax resident of more than five countries/jurisdictions.

If the Account Holder is not a tax resident in any country/jurisdiction (e.g. fiscally transparent), indicate the country/jurisdiction in which its place of effective management is situated or where its principal office is located.

If a TIN is unavailable, please select the appropriate reason of either A, B or C:

Reason A – The jurisdiction where the Account Holder is a resident for tax purposes does not issue TINs to its residents.

Reason B – The Account Holder is unable to obtain a TIN. Explain why the Account Holder is unable to obtain a TIN if this reason is selected.

Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

Country/Jurisdiction of Tax Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why the Account Holder is unable to obtain a TIN if Reason B is selected
(1)			
(2)			
(3)			
(4)			
(5)			

Part 4 Declaration and Signature:

I/We 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/We certify that I/we am/are authorised to sign for the Account Holder identified in Part 1 of this form.

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

Signature _____

Name _____

Date (dd/mm/yyyy) _____

Capacity _____

(e.g. director or officer of a company, partner of a partnership, trustee of a trust, authorised signatory, etc.)

Signature _____

Name _____

Date (dd/mm/yyyy) _____

Capacity _____

(e.g. director or officer of a company, partner of a partnership, trustee of a trust, authorised signatory, etc.)