

**NOTICE: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CHAPTER 142), YOU ARE TO DISCLOSE IN THE APPLICATION, FULLY AND FAITHFULLY, ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.**

## POLICY INFORMATION

Full legal name of the Entity applying to be the Policy Owner .....

Policy Number .....

Full Name of Life Insured .....

## GENERAL

*Please read this instructions before completing the form*

Regulations based on Organisation for Economic Co-operation and Development (“OECD”) Common Reporting Standard (“CRS”) require financial institutions to collect and report certain required information based on an individual account holder’s or controlling person of an entity account holder’s tax residence.

Each jurisdiction has its own rules for defining tax residence. In general, tax residence is the country in which you live. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (multiple residencies). The country/countries in which you pay income tax could be your country/countries of tax residence. For more information on tax residence, please consult your tax adviser or the information at the following link at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> respectively.

If your tax residence is located outside of the country in which this account is maintained, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the tax authorities in the country where the financial institution is located and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

This form will remain valid unless there is a change in circumstance relating to your tax status. You must notify us within 30 days if there is a change in circumstance that makes any of the information provided in this form incorrect or incomplete and provide an updated Controlling Person Tax Residency Self-Certification form.

**As a financial institution, we are not allowed to give tax or legal advice.**

If you have any questions about this form, these instructions, or defining your tax residency status, please speak to your tax adviser or domestic tax authority.

## Filing Instructions

*Please use this form and complete all sections if:*

- You are a Controlling Person of a Passive Non-Financial Entity and you are either opening a new account with us or you are notifying us of a change in circumstances. Please complete all sections.

### The below is only applicable to Controlling Person of an entity account holder:

Since you are a Controlling Person of a Passive Non-Financial Entity, or an investment entity located in a non-participating jurisdiction managed by another financial institution (such individuals referred to as “Controlling Person(s)”), please provide your information in the below sections.

Generally, a Controlling Person is a natural person that holds more than 25% of the shares of the entity or otherwise exercises ultimate control of an entity. For further guidance see: <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

Each Controlling Person is required to complete the Controlling Person Tax Residency Self-Certification form.

**INTERNAL USE - FOR REPRESENTATIVE**

Submitted by  Servicing Rep  Others \_\_\_\_\_ (Code)

**INTERNAL USE - FOR STAFF**

Doc ID  \_\_\_\_\_

# 1 CONTROLLING PERSON DETAILS

## A. Personal Details

Full Name of Controlling Person .....

✓ Please indicate Name as in NRIC/Passport/Birth Certificate

✓ Please underline Surname/Last name

NRIC/Passport/FIN No. ....

Gender  Male  Female

Date of Birth ..... (DD/MM/YYYY)

Country of Birth .....

Nationality  Singaporean  Singapore PR  Others .....

Citizenship .....

## B. Address

Residential Address

✓ Please provide documentary proof of Residential address (e.g. Recent Utility bill or Correspondence from a government agency etc.) if there is no Residential address in the Identification document.

Country ..... Postal Code .....

Mailing Address (if different from Residential Address)

Country ..... Postal Code .....

## C. Contact Details

Mobile No. .... Home/Office No. ....

✓ For overseas line, please indicate country name, country code and area code.

Country Name ..... Country Code ..... Area Code .....

# 2 TAX RESIDENCY SELF-CERTIFICATION

## A. Details of Tax Residency

Please provide information on your Tax Residency. (This will usually be where you are liable to pay income taxes.)

If you have any questions on how to define your Tax Residency status, please visit <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance> or speak to a professional tax adviser as we are not allowed to give tax advice.

| CRS Declaration of Tax Residency |  | Tick where applicable (You may tick more than 1)                           |
|----------------------------------|--|--|
| 1.                               | I am a tax resident of <b>Singapore</b>                          | <input type="checkbox"/> Please complete Section 2C (if required) and D    |
| 2.                               | I am a tax resident of <b>other country(ies)/jurisdiction(s)</b> | <input type="checkbox"/> Please complete Section 2B, C (if required) and D |

## B. Details of Foreign Tax Residency(ies)

Please provide ALL the Country(ies) (excluding Singapore) in which you are a tax resident and the associated Taxpayer Identification Number.

| Country/Jurisdiction of Tax Residency | Taxpayer Identification Number (TIN) | Please tick one of the reasons* if you are unable to provide the TIN             | If Reason B has been selected, please indicate why TIN is not available |
|---------------------------------------|--------------------------------------|--|---|
| 1.                                    |                                      | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |   |
| 2.                                    |                                      | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |   |
| 3.                                    |                                      | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |   |

\*Reason:

A. The country where the Account Holder (Policyowner) is liable to pay tax does not issue TINs to its residents.

B. The Account Holder (Policyowner) is otherwise unable to obtain a TIN or equivalent number.

C. No TIN is required. (Note: Only select this reason if the authorities of the country of tax residence entered above do not require the TIN to be disclosed)

## C. Clarification of Tax Residency Information

If the country of your residential/mailing address, contact number, country of birth, nationality or citizenship differs from your declared country(ies)/jurisdiction(s) of tax residency, please provide the reason below.

## D. Acknowledgement of Tax Residency (For Individual Owner)

I confirm that I am not a tax resident of any country(ies) other than the one(s) that I have declared above. I also agree to provide assistance to Manulife for it to comply with relevant tax regulations.

### 3 TYPE OF CONTROLLING PERSON

Please confirm what type of Controlling Person applicable under CRS that applies to you by ticking the appropriate box.

| Type of Controlling Person   | Please Tick all that apply | Entity Name |
|--|----------------------------|-------------|
| 1. Controlling Person of a Legal Person – Control by Ownership                       |                            |             |
| 2. Controlling Person of a Legal Person – Control by Other Means                     |                            |             |
| 3. Controlling Person of a Legal Person – Senior Managing Official                   |                            |             |
| 4. Controlling Person of a Trust – Settlor   |                            |             |
| 5. Controlling Person of a Trust – Trustee   |                            |             |
| 6. Controlling Person of a Trust – Protector   |                            |             |
| 7. Controlling Person of a Trust – Beneficiary                                       |                            |             |
| 8. Controlling Person of a Trust – Other   |                            |             |
| 9. Controlling Person of a Legal Arrangement (Non-Trust) – Settlor – Equivalent      |                            |             |
| 10. Controlling Person of a Legal Arrangement (Non-Trust) – Trustee –Equivalent      |                            |             |
| 11. Controlling Person of a Legal Arrangement (Non-Trust) – Protector – Equivalent   |                            |             |
| 12. Controlling Person of a Legal Arrangement (Non-Trust) – Beneficiary – Equivalent |                            |             |
| 13. Controlling Person of a Legal Arrangement (Non-Trust) – Other - Equivalent       |                            |             |

### 4 DECLARATION AND AUTHORISATION

**Please note that the Singapore Income Tax Act (Chapter 134) imposes a penalty of a fine not exceeding \$10,000 and/or imprisonment of up to 2 years, on individual that is known to provide false or misleading information. For more information, please refer to Section 105M of the Singapore Income Tax Act (Chapter 134).**

- I certify that I am the Controlling Person, or am authorised to sign for the Controlling Person, of all the account(s) held by the Entity Account Holder to which this form relates.
- I declare that the information provided in this form is, to the best of my knowledge and belief, correct and complete.
- I acknowledge and understand that the information contained in this self-certification 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 I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- I agree to notify Manulife (Singapore) Pte. Ltd. within 30 days of any errors, omissions or changes in the information provided in this form.

Name and Title of Controlling Person .....

Signature

Date ..... (DD/MM/YYYY)