



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

1 FATCA DECLARATION

Is the Entity incorporated in or organised under the laws of United States?

No Yes

*✓ If the answer to the above question is Yes, please complete and submit W9 Form.
The W9 form can be downloaded from the IRS website at <http://www.irs.gov>.*

Note: FATCA tax form (W-8BEN-E) will be required if the entity is associated with U.S. indicia (e.g. country of registration, telephone, address, bank account).

FATCA Classification

Please select only 1 of the following.

1. Reporting Financial Institution in an IGA jurisdiction *✓ Please provide the GIIN.*
GIIN:
2. Participating Foreign Financial Institution in a non-IGA jurisdiction. *✓ Please provide the GIIN.*
GIIN:
3. Non-Participating Foreign Financial Institution
4. Deemed-Compliant Foreign Financial Institution *✓ Please select one of the following.*
 - a) Registered-Deemed Compliant Foreign Financial Institution
 - b) Sponsored Entity with a GIIN
✓ Please note that sponsored entity is required to register for and provide a GIIN beginning on 1 Jan 2017. For details, please refer to part V of IRS notice 2015-66 [<https://www.irs.gov/pub/irs-drop/n-15-66.pdf>].)
 - c) Trustee documented trust or sponsored entity
Name of Trustee(s) or Sponsor(s):
5. Restricted distributor
6. Territory Financial Institution
7. Exempt Beneficial Owner
8. Active Non-Financial Foreign Entity
9. Excepted Non-Financial Foreign Entity
10. Passive Non-Financial Foreign Entity
✓ Please provide name of each Controlling Person of the Entity in the following table and have each Controlling Person complete and sign a W8-BEN-E or W9 form.
11. Others

COC-1216-1

INTERNAL USE - FOR REPRESENTATIVE

INTERNAL USE - FOR STAFF

Submitted by Servicing Rep Others _____ (Code)

Doc ID _____

2 COMMON REPORTING STANDARD (CRS) TAX RESIDENCY SELF-CERTIFICATION

A. Country of Tax Residence and Related Taxpayer Identification Number (TIN) or Equivalent

Please list all countries / jurisdictions where you are a resident for tax purposes and the associated TIN. Please refer tax residency to OECD website: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760>

Country/Jurisdiction of Tax Residency	Taxpayer Identification Number (TIN)	Please provide Reason* if you are unable to provide the TIN	Please state reason(s) if Reason B is selected
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	
4.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
5.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

*Reason:

- A. The country where the Account Holder is liable to pay tax does not issue TINs to its residents.
- B. The Account Holder 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

B. CRS Classification

1. Financial Institution – other than a Professionally Managed Investment Entity, tax resident in a Non-Participating Jurisdiction under CRS
2. Professionally Managed Investment Entity, tax resident in a Non-Participating Jurisdiction under CRS
✓ Please provide name of each Controlling Person of the Entity in the following table and have each Controlling Person complete and sign a separate Controlling Person Tax Residency Self-Certification form.
3. Active Non-Financial Entity *✓ Please select one of the following.*
 - a) If you are a corporation the stock of which is regularly traded on one or more established securities markets or a corporation which is a related entity of such a corporation.
✓ Please provide the name of the established securities market on which stock is regularly traded
 -
 - b) If you are a related entity of a regularly traded corporation.
✓ Please provide the name of the regularly traded corporation
 -
4. Active Non-Financial Entity - Governmental entity, Central Bank or International Organisation
5. Active Non-Financial Entity - Others:
6. Passive Non-Financial Entity
✓ Please provide name of each Controlling Person of the Entity in the following table and have each Controlling Person complete and sign a separate Controlling Person Tax Residency Self-Certification form.

C. Controlling Person(s)

If you have checked box 10 under "FATCA classification" or box 2 or 6 under "CRS classification", please indicate the name of each Controlling Person* of the Entity in the following table and have each Controlling Person complete and sign a separate W8-BEN-E/W9 form or Controlling Person Tax Residency Self-Certification form respectively

Name of Controlling Person*	
1.	
2.	
3.	
4.	
5.	

* Controlling Person(s):

If there are no natural person(s) who exercise control of the Entity then the Controlling Person(s) will be the natural person(s) who hold the position of senior managing official of the Entity.

3 DECLARATION AND AUTHORISATION

Warning: Please note that the Singapore Income Tax Act 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 Income Tax (Amendment No. 2) Bill 2016.

1. I declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.
2. 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.
3. I certify that I am authorised to sign on behalf of the Owner.
4. 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 Authorised Signatory:

Signature

Date (DD/MM/YYYY)

Name and Title of Authorised Signatory:

Signature

Date (DD/MM/YYYY)

Name and Title of Authorised Signatory:

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website (www.manulife.com.sg)