

Proposal / Policy No.:

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TOKIO MARINE
INSURANCE GROUP

CONTROLLING PERSON TAX RESIDENCY SELF-CERTIFICATION FORM

INSTRUCTIONS

Please read these instructions before completing the form.

Tokio Marine Life Insurance Singapore Ltd (TMLS) is obliged to collect certain tax-related information and/or documents from clients, pursuant to the Common Reporting Standard (CRS), Foreign Account Tax Compliance Act (FATCA) and any applicable bilateral or multilateral agreements entered into between jurisdictions in relation to the automatic exchange of information for tax matters (collectively "AEOI").

If the account holder's tax residence is located outside the country/jurisdiction where TMLS is maintaining the account is located, we may be legally obliged to pass on the information in this form and other financial information with respect to this account holder's financial accounts to the tax authorities in the country where TMLS is located, and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to the bilateral or multilateral competent authority agreements to exchange financial account information. As Singapore has endorsed the wider approach under CRS, TMLS is required to collect information with respect to this account holder's financial accounts.

Please complete, where applicable, the relevant sections below in relation to all relevant accounts and provide any additional information that is requested.

You can find summaries of defined terms such as account holder, and other terms, in the Appendix.

If any of the information below regarding your tax residence or AEOI classification changes in the future, please ensure you advise us of these changes promptly and provide an updated self-certification within 90 days. If you have any questions about how to complete this form, please consult your tax, legal adviser and/or other professional advisers.

If you need to self-certify on behalf of an entity holder, do not use this form. Instead, you will need an "Entity Tax Residency Self-Certification Form". Similarly, if you are an individual account holder or sole trader or sole proprietor, please complete an "Individual Tax Residency Self-Certification Form" instead.

For joint or multiple account holders, please complete a separate form for each account holder.

As the Standard includes a requirement to look through passive entities to report on the relevant Controlling Persons, please use this form if you are a Controlling Person, or if you are filling this form on behalf of a controlling person, please tell us in what capacity you are signing in Part 4.

For example, you may be the Passive NFE Account Holder, or completing the form under a power of attorney.

If there is more than one Controlling Person for the case of an Entity, please complete this form for each Controlling Person.

You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD automatic exchange of information portal, the OECD CRS for Automatic Exchange of Information (AEOI), the associated Commentary to the CRS and domestic guidance.

In the event that there is not enough space within the form to complete your data, please attach separate sheets of paper where necessary.

Please note that in providing the certification, a statement that is false, misleading or incorrect may be regarded as an offence, therefore may be subject to penalties under relevant law or regulation.

Please complete Parts 1 to 3 in BLOCK LETTERS.

PART 1: CONTROLLING PERSON'S INFORMATION	
Full Name (Please underline surname or last name and delete at (*) accordingly): * Mr / Mrs / Mdm / Miss / Dr	Date of Birth (dd/mm/yyyy):
Current Residence Address: House/Apt/Suite Name, Number, Street: _____ Town/City/Province/State: _____ Country: _____ Postal Code / Zip Code: _____	
Mailing Address (if different from residential address): House/Apt/Suite Name, Number, Street: _____ Town/City/Province/State: _____ Country: _____ Postal Code / Zip Code: _____	

Common Reporting Standard



Please enter the legal name of the relevant entity Account Holder(s) of which you are a Controlling Person and the Tax Identification Number(s) or functional equivalents

	Legal Name of Entity (ies)	Entity TIN (or if no TIN provided, please indicate so)
Entity 1		
Entity 2		
Entity 3		

PART 2: COUNTRY OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR FUNCTIONAL EQUIVALENT ("TIN")

Please complete the following table indicating:

- (i) the country(ies) where the Controlling Person is a tax resident;
- (ii) the Controlling Person's TIN for each country indicated; and
- (iii) if the Controlling Person is a tax resident in a country that is a Reportable Jurisdiction(s), then please also complete **Part 3 "Type of Controlling Person"**.

(You can also find out more about whether a country is a Reportable Jurisdiction on the OECD automatic exchange of information portal.)

If the Controlling Person is tax resident in more than three countries, please use a separate sheet. If a Tax Identification Number (TIN) is unavailable, please provide the appropriate reason A,B or C:

Reason A The country where the controlling person is liable to pay tax does not issue TINs to its residents.

Reason B The controlling person is unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the table below if you have selected this reason)

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

Country of Tax Residence	TIN	If No TIN available, enter Reason A, B or C
1.		
2.		
3.		

Please explain the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.
2.
3.

Note: If you have indicated above as a US person, please also provide a completed and signed Form W-9. You may obtain a copy such a form from IRS website - <https://www.irs.gov/forms-pubs>.



PART 3: TYPE OF CONTROLLING PERSON

Please complete this section only if you are a tax resident in one or more Reportable Jurisdictions.

Please provide the Controlling Person's Status by ticking the appropriate box.	Entity 1	Entity 2	Entity 3
a) Controlling Person of a legal person - control by ownership			
b) Controlling Person of a legal person - control by other means			
c) Controlling Person of a legal person - senior managing official			
d) Controlling Person of a trust - settlor			
e) Controlling Person of a trust - trustee			
f) Controlling Person of a trust - protector			
g) Controlling Person of a trust - beneficiary			
h) Controlling Person of a trust - other			
i) Controlling Person of a legal arrangement (non-trust) - settlor-equivalent			
j) Controlling Person of a legal arrangement (non-trust) - trustee-equivalent			
k) Controlling Person of a legal arrangement (non-trust) - protector-equivalent			
l) Controlling Person of a legal arrangement (non-trust) - beneficiary-equivalent			
m) Controlling Person of a legal arrangement (non-trust) - other-equivalent			

PART 4: DECLARATIONS AND SIGNATURE

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with TMLS setting out how TMLS may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Controlling Person may be tax resident pursuant to the bilateral or multilateral agreements between jurisdictions to exchange financial account information.

I certify that I am the Controlling Person, or am authorised to sign for the Controlling Person of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise TMLS within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes any of the information contained in this form to be inaccurate or incomplete, and to provide TMLS with a suitably updated self certification and Declaration within 90 days of such change in circumstances.

Signature of Controlling Person (or person authorised to sign for a Controlling Person):	Full Name:
	Capacity:
	Date (dd/mm/yyyy):