

Proposal / Policy No.:

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TOKIO MARINE
INSURANCE GROUP

ENTITY 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.

Please complete this form if you are an entity account holder. If you are an individual account holder 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.

If the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution, please provide information on the natural person(s) who exercise control over the Account Holder (individuals referred to as "Controlling Person(s)") by completing a "Controlling Person Tax Residency Self Certification form for each Controlling Person. This information should be provided by all Investment Entities located in a Non-Participating Jurisdiction and managed by another Financial Institution.

You should indicate the capacity in which you have signed in Part 4. For example, you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the form under a signatory authority or power of attorney.

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- 3 in **BLOCK CAPITALS**

PART 1: ACCOUNT HOLDER'S INFORMATION
Legal Name of Entity / Branch:
Country of Incorporation or Organization:
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





PART 2: ENTITY TYPE

Please provide the Account Holder's status by ticking one of the following boxes.

1.

a) Financial Institution - Investment Entity

- (i) An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (Note: if you have ticked this box, please also complete 2a) & 2b) below)
- (ii) Other Investment Entity

b) Financial Institution - Depository Institution, Custodial Institution or Specified Insurance Company

If you have ticked a) or b) above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIN") obtained for FATCA purposes.

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c) Active NFE - a corporation the stock of which is regularly traded on an established securities market or a corporation which is related entity of such a corporation

If you have ticked c), please provide the name of the established securities market on which the corporation is regularly traded:

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in c) is a Related Entity of:

d) Active NFE - a Government Entity or Central Bank

e) Active NFE - an International Organisation

f) Active NFE - other than c) - e) (for example an active business, holding entity that is a member of a non-financial group, start up entity, liquidating entity, financial entity of a non-financial group or a charity or non-profit NFE)

g) Passive NFE (Note: if you have ticked this box, please also complete 2a) & 2b) below)

2.

If you have ticked 1a)i or 1g) above, then please:

a) Indicate the name(s) of any Controlling Person(s) of the Account Holder:

b) Complete "Controlling Person Tax Residency Self Certification Form" for each Controlling Person.

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



PART 3: 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 Account Holder is a tax resident;
- (ii) the Account Holder’s TIN for each country indicated.

If the Account Holder is not tax resident in any country (e.g. because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or country in which its principal office is located.

If the Account Holder 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 Account Holder is liable to pay tax does not issue TINs to its residents.

Reason B The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why Account Holder is 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 of such a form from IRS website - <https://www.irs.gov/forms-pubs>

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 Account Holder 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 Account Holder may be tax resident pursuant to the bilateral or multilateral agreements between jurisdictions to exchange financial account information.

I certify that I am the Account Holder, or am authorised to sign for the Account Holder 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 Account Holder (or person authorised to sign for the Account Holder):	Full Name:
	Capacity:
	Note: Please indicate the capacity in which you are signing the form (for example ‘Authorised Officer’). If you are signing under a power of attorney, please also attach a certified copy of the power of attorney.
	Date (dd/mm/yyyy):