



Proposal / Policy No. :

INDIVIDUAL 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 individual (including a sole proprietor) Account Holder. For joint or multiple account holders, each individual is required to complete a separate Self-Certification form. If you are providing self-certification for an entity account holder or is a Controlling Person of an entity account holder, do not use this form. Instead, please fill up the "Entity Tax Residency Self-Certification Form" or "Controlling Person Self-Certification Form" respectively.

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	
Full name (<i>Please underline surname or last name and delete at (*) accordingly</i>): * 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 (<i>if different from residential address</i>):	
House/Apt/Suite Name, Number, Street: _____	
Town/City/Province/State: _____	
Country: _____	Postal Code / Zip Code: _____



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 Account Holder is a tax resident;
 (ii) the Account Holder's TIN for each country indicated.

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 you are liable to pay tax does not issue TINs to its residents.

Reason B You are otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table 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 3: 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 any relevant tax authority, including 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 resident for tax purposes 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: If you are not the Account Holder, please indicate the capacity in which you are signing the form. If you are signing under a power of attorney, please also attach a certified copy of the power of attorney.
	Date (dd/mm/yyyy):