

# Individual tax residency self-certification form



Beneficiary Name and Surname..... Policy No.....  
 Identification No.  Passport No..... Expire Date.....  
Place of Birth City..... Country.....

## Part 1 : Declaration of All Tax Residency (other than the U.S.)

Do you have tax residence in countries/jurisdictions other than the U.S.?

Yes  No

“tax residence” means particular jurisdictions in which you are liable to pay tax by reason of domicile, residence, or any other criterion. You must answer “Yes” if you have tax residence in countries/jurisdictions other than the U.S. and specify your country/jurisdictions of tax residence and TIN in the table below. If you select “No” end the question.

Country/Jurisdiction of Tax Residence	TIN	If no TIN available, enter Reason A, B or C	Please explain why you are unable to obtain a TIN if you select Reason B

If a TIN is unavailable, indicate which of the following reason is applicable:

Reason (A) – The jurisdiction where the beneficiary is a tax resident does not issue TINs to its residents.

Reason (B) – The beneficiary is otherwise unable to obtain a TIN. (Note: Please explain why you are unable to obtain a TIN.)

Reason (C) – TIN is not required. (Note: Only select this reason only if the domestic law of the relevant jurisdiction does not require the collection of TIN issued by such jurisdiction.)

## Part 2 : Confirmation, Change of status and Disclosure of information

1. I confirm that the above information is true, correct, accurate and complete.
2. I acknowledge that the Life Insurance Company (“the Company”) is subject to and required to comply with the Emergency Decree on Exchange of Information for International Tax Compliance (CRS).
3. I acknowledge that the Company has to collect, use, or disclose any of my information to the domestic or international government sectors to comply with the CRS.
4. I will provide additional information as request by the Company in order to comply with the CRS in writing within the specified period.
5. I will notify the Company of any change in status or any information I have previously notified to the Company. If the status or information that changes is related to tax residency within 30 days from the date of change of status or information.
6. In the event that I do not disclose the information under (4) and (5), I grant the Company the right to report my information to domestic or international government sectors to comply with CRS.

Date..... Month..... Year.....

Signature.....

(.....)

Beneficiary

Signature.....

(.....)

Father/Mother  Legal representatives of the beneficiary

### FWD Life Insurance Public Company Limited

No. 6 O-NES Tower, 4th, 22nd-23rd Floors, Soi Sukhumvit 6, Khlong Toei Sub-District, Khlong Toei District, Bangkok 10110

FWD Customer Center Tel. 1351 Tax ID 0107563000304

fwd.co.th