Entity tax residency self-certification form

FWD insurance

Policy No...

Beneficiary's Name (Juristic person): ☐ Co., Ltd. ☐ LP. ☐ Partnerships.................................... Name of Entity...............................

By Director or Managing Partner, the Authorized Person of the Insured (Juristic Person) or Authorized Person

Full Name.. Identification card ....

Country of Incorporation/Registration or Organization........................... Entity Registration No.................................

Identity document ☐ ID Card Expiry Date.............................. ☐ Passport No........................ Expiry Date.....................

Part 1: CRS Declaration of Tax Residency

Financial Institution (FI) / Active Non-Financial Entity (Active NFE) / Passive Non-Financial Entity (Passive NFE)

Please select the appropriate box corresponding to your entity type.

☐ **1.1 The customer is a Financial Institution under the definition of CRS.**

   If you select 1.1, please complete one of the following boxes.

   ☐ **1.1.1 You are an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution under the definition of CRS.**

   If you select 1.1.1, please indicate the number of all Controlling Person(s) of the Account Holder in 1.4 and complete CRS Controlling Person Tax Residency Self-Certification Form. (Acquire CRS Controlling Person Tax Residency Self-Certification Form from agent/broker or download from www.fwd.co.th)

   ☐ **1.1.2 You are an Investment Entity other than 1.1.1**

   ☐ **1.1.3 You are a Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company under the definition of CRS.**

☐ **1.2 The customer is an Active Non-Financial Entity (Active NFE).**

   If you select 1.2, please complete one of the following boxes.

   ☐ **1.2.1** Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such corporation.

   If you select 1.2.1, 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 such corporation :
   ...

   ☐ **1.2.2** Active NFE - Government Entity or Central Bank.

   ☐ **1.2.3** Active NFE - International Organization.

   ☐ **1.2.4** Active NFE - other than 1.2.1 -1.2.3 such as start-up NFE, a non-profit organization (including association, foundation), an entity that is a non-financial start-up company that has been organized less than 24 months, an entity under liquidation bankruptcy process or reorganization with the purpose to reopen its operation, an entity with percentage of income and asset do not fall under 2.3, a holding company of the group of companies with no financial institution (by definition of FATCA/CRS) as members of the group.

☐ **1.3 Passive NFE – Passive NFE-more than 50% or more of the gross income for the preceding fiscal calendar year is a passive income or at least 50% or more of its assets are assets that produce or are held for the production of passive income e.g., interest, dividend, rents, royalties, etc.**

   If you select 1.3, please indicate the number of all Controlling Person(s) of the Account Holder in 1.4 and complete CRS Acquire CRS Controlling Person Tax Residency Self-Certification Form from agent/broker or download from www.fwd.co.th.

☐ **1.4 Number of controlling person(s) of the account holder......................person(s).**

   "Controlling person(s)" means the natural person(s) who ultimately has a controlling ownership interest (typically on the basis of a certain percentage, e.g. 10%) in the Entity. Where no natural person is identified as exercising control of the Entity through ownership interests, then under the CRS the Reportable Person is deemed to be the natural person who holds the position of senior managing official. The definition corresponds to the term "beneficial owner" according to the FATF Recommendations and the other relevant laws.

DeathClaim V1-2024

Entity tax residency self-certification form

Policy No...

Declaration of Tax Residency and Tax payer Identification Number (TIN)

Complete the following table indication :

"Tax residence" means particular jurisdictions in which you are liable to pay tax by reason of domicile, residence, place of management or incorporation, or any other criterion of a similar nature, and not only from sources in that jurisdiction.

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 (Juristic Person)

Director or Managing Partner,

the Authorized Person of the Insured (Juristic Person) or Authorized Person