



Life Choices

Please read before completing this form.

Tax authorities require Coralisle Group Ltd. to collect and report certain information about each account holder's tax status for the purposes of US Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS). Please complete the sections below as directed and provide any additional information that is requested. Please note that we may be obliged to share this information with the relevant tax authorities.

Please Note: You are required to complete all relevant sections in relation to all known accounts held with Coralisle Group Ltd. member companies and to provide any additional information as required to evidence the declaration made. If any of the information below changes in the future, please ensure you advise Coralisle Group Ltd. of these changes within thirty (30) days.

If you have any questions about how to complete this form, please contact your tax advisor.

Every Section must be completed fully or as indicated. Please print throughout.

PART 1 POLICY OWNER'S INFORMATION

First Name _____ Middle Initial(s) _____ Last Name _____

Gender ☐ M ☐ F Date of Birth (DD/MM/YY) _____ Place of Birth _____

Life Insured _____ Policy Number _____

PART 2 US TAX (For further details, please refer to www.irs.gov)

A. Are you a citizen or resident of the US? ☐ No (complete Part 2 B)

☐ Yes (tick and complete below then complete Part 2 B)

☐ US Citizen or US Passport Holder ☐ Green Card Holder ☐ Reside in the US for over 183 days

Please attach a completed W-9 (US person) form ☐ Attached Tax ID No. _____

B. I _____ certify that I ☐ am ☐ am not a US citizen and that I ☐ am ☐ am not a US resident for tax purposes.

Signature _____ Date (DD/MM/YY) _____

PART 3 CRS (For further details, please refer to www.oecd.org)

I. Please indicate your place of tax residence (if resident in more than one country, please detail all countries and associated TINs). If a TIN is unavailable, please provide the appropriate reason - Reason A, B or C as described here:

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. (Note: Please explain why you are unable to obtain a TIN in the below table if you have noted this reason immediately below.)

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

Country/Countries of Tax Residency	Tax Identification Number (TIN) or equivalent	If no TIN available, reason A, B or C

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II. If you entered Reason B above, please explain here why you are unable to obtain a TIN:

1.
2.
3.

- III. a. I _____ certify that I am a resident for tax purposes in the Countries listed in Part 3 I.
- b. I _____ certify that I am not a resident in any country for tax purposes (other than as provided in Parts 2 B. or 3 I. above, if any).

PART 4 CONSENT AND DECLARATION

Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities globally for the purposes of US Foreign Account Tax Compliance Act (FATCA), UK FATCA and the Common Reporting Standard (CRS).

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 CG Atlantic Medical & Life Insurance Ltd. promptly of any changes in circumstances which causes the information contained herein to become incorrect and to provide CG Atlantic Medical & Life Insurance Ltd. with a suitable updated Declaration within thirty (30) days of such change in circumstances.

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG Atlantic Medical & Life Insurance Ltd may process any and all of the personal data provided.
- I consent to CG Atlantic Medical & Life Insurance Ltd processing my personal data, in accordance with CG Atlantic Medical & Life Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG Atlantic Medical & Life Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG Atlantic Medical & Life Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Policy Owner Name _____ Signature _____ Date _____

PART 5 DISCLAIMER

CG Atlantic Medical & Life Insurance Ltd. are not tax and/or legal advisors and no information contained herein or otherwise disseminated by or on behalf of CG Atlantic Medical & Life Insurance Ltd. in any circumstances constitutes, should be construed as or substituted for independent tax and/or legal advice. If you have any questions about your tax residency or the completion of any items in this form, please contact your tax advisor.

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Life Assurance

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

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