CG | ATLANTIC MEDICAL & LIFE

**FATCA AND CRS INDIVIDUAL SELF-CERTIFICATION FORM**

# Life Choices

**IMPORTANT - 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 Part must be completed fully or as indicated. Please complete in BLOCK CAPITALS.**

## PART 1 POLICY OWNER'S INFORMATION

Surname(s) or Family Name _____

First or Given Name(s) _____

Date of Birth DD-MMM-YYYY Gender ☐ Male ☐ Female

Town or City of Birth _____ Country of Birth _____

**Residential Address** - House/Apt Name _____

Street No and Street Name _____

Town/Parish/City _____

Postal Code _____ Country _____

**Mailing Address** (☐ Same as above) - Address Line 1 _____

Address Line 2 _____

Town/Parish/City _____

Postal Code _____ Country _____

## PART 2 DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

2.A. Are you a citizen or resident of the US? ☐ Yes ☐ No

If you have ticked Yes above, please complete:

- ☐ 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. _____

2.B. I _____ certify that:

- ☐ I am a US citizen; or
- ☐ I am not a US citizen

And that:

- ☐ I am a US resident for tax purposes; or
- ☐ I am not a US resident for tax purposes.

Signature _____ Date DD-MMM-YYYY

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

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

**Reason A**: The country where you are liabile to pay tax does not issue TINs to its residents.

**Reason B**: You are otherwise unable to obtain a TIN. (Note: Please explain in the following boxes why you are unable to obtain a TIN.)

**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, enter Reason A, B, or C |
|---|---|---|
| 1. | | ☐ A ☐ B ☐ C |
| 2. | | ☐ A ☐ B ☐ C |
| 3. | | ☐ A ☐ B ☐ C |

3.B. If you selected Reason B above, please explain in the following boxes why you are unable to obtain a TIN:

| |
|---|
| 1. |
| 2. |
| 3. |

3.C. i. I _____ certify that I am a resident for tax purposes in the countries listed in Part 3.A.

ii. I _____ certify that I am not a resident in any country for tax purposes (other than as provided in Part 2.B. or 3.A. above, if any).

## PART 4 CONSENT AND SELF-DECLARATION

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.

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) and the Common Reporting Standard (CRS).

### 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.

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## PART 5 W-8BEN PENALTIES OF PERJURY CERTIFICATION

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury by signing this form that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself;
- The penalties of perjury certification relates to:
  - (a) income not effectively connected with the conduct of a trade or business in the United States;
  - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
  - (c) the partner's share of a partnership's effectively connected taxable income; or
  - (d) the partner's amount realized from the transfer of a partnership interest;
- The person named in Part 1 of this form is a resident of the treaty country listed in Part 1 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Policy Owner Name _____ Signature _____ Date _____

## PART 6 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 circumstance 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.

## PART 7 DEFINITIONS

The term **Account Holder** means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

A **Participating Country** means a country with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list.

A **Reportable Country** is a country with which an obligation to provide financial account information is in place and that is identified in a published list.

The term **TIN** means **Taxpayer Identification Number** or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the OECD automatic exchange of information portal (http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm). Some countries do not issue a TIN. However, these countries often utilise some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.