

**INDIVIDUAL TAX RESIDENCY SELF CERTIFICATION FORM**

A glossary of terms used in this document can be found in the Appendix.

**Please fill in this form if you are an individual Policy Owner, assignee or trustee.** For joint or multiple Policy Owners, use a separate form for each individual person. Where you need to self-certify on behalf of an entity Policy Owner, do not use this form. Instead, you will need an “Entity tax residency self-certification.” Similarly, if you are a Controlling Person of an entity, please fill in a “Controlling Person tax residency self-certification form” instead of this form. You may find these forms at [www.zurich.com.sg](http://www.zurich.com.sg) or please contact our customer service team at +65 6876 6750.

**If you are filling in this form on behalf of someone else,** please tell us in what capacity you are signing in Part 3. For example, you may be the custodian or nominee of a Policy on behalf of the Policy Owner, or you may be completing the form under a power of attorney. A legal guardian should complete the form on behalf of a Policy Owner who is a minor.

**As a financial institution, we are not allowed to give tax advice.** Your tax adviser may be able to assist you in answering specific questions on this form. Your domestic tax authority can provide guidance regarding how to determine your tax status.

**Individual tax residency self-certification form  
Part 1 – Identification of Individual Policy Owner**

**A. Policy Number(s) :** \_\_\_\_\_

**B. Name of Policy Owner/assignee/trustee:**

Title: \_\_\_\_\_

Family Name or Surname(s) \_\_\_\_\_

First or Given Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

**C. Current Residence Address:**

Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any)

\_\_\_\_\_

Line 2 (e.g. Town/City/Province/County/State)

Country: \_\_\_\_\_

Postal Code/ZIP Code (if any): \_\_\_\_\_

**D. Mailing Address:** (please only complete if different to the address shown in Section C)

Line 1 (e.g. House/Apt/Suite Name, Number, Street)

\_\_\_\_\_

Line 2 (e.g. Town/City/Province/County/State)

Country: \_\_\_\_\_

Postal Code/ZIP Code: \_\_\_\_\_

**E. Date of Birth** (*dd/mm/yyyy*)

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**F. Place of Birth**

Town or City of Birth

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Country of Birth

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**G. Nationality**

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**Part 2 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number\* (“TIN”)**

Please complete the following table indicating (i) where the Policy Owner is tax resident and (ii) the Policy Owner’s TIN for each country/jurisdiction indicated.

*If the Policy Owner is tax resident in more than three countries/jurisdictions, please use a separate sheet*  
 If a TIN is unavailable please provide the appropriate reason **A or B** where indicated below:

**Reason A - The country/jurisdiction where the Policy Owner is resident does not issue TINs to its residents**  
**Reason B - The Policy Owner is 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)**

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A or B
1			
2			
3			

*Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.*

1	
2	
3	

**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 Policy Owner’s relationship with Zurich Life Insurance ( Singapore ) Pte Ltd setting out how Zurich Life Insurance ( Singapore ) Pte Ltd may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Policy Owner and any Reportable Policy (s) may be provided to the tax authorities of the country/jurisdiction in which this Policy (s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Policy Owner may be tax resident pursuant to intergovernmental agreements to exchange financial Policy information.

I certify that I am the Policy Owner/assignee/trustee (or am authorised to sign for the Policy Owner) of all the Policy (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 Zurich Life Insurance ( Singapore ) Pte Ltd within 90 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to Zurich Life Insurance ( Singapore ) Pte Ltd with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Signature:

\_\_\_\_\_

Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

**Note:** If you are not the Policy Owner please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: \_\_\_\_\_

## Appendix – Summary Descriptions of Select Defined Terms

**“Controlling Person”** This is a natural person who exercises control over an entity. Where an entity Policy Owner is treated as a Passive Non-Financial Entity (“NFE”) then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term “beneficial owner” as described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). **If the account is maintained for an entity of which the individual is a Controlling Person, then the “Controlling Person tax residency self-certification” form should be completed instead of this form.**

**“Entity”** The term “Entity” means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.

**“Financial Account”** A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

**“Participating Jurisdiction”** A Participating Jurisdiction means a jurisdiction 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.

**“Policy Owner”** means the Policy Owner as shown on the Policy Schedule or the personal representatives, successors in title or anyone validly and legally assigned the Policy.

**“Reportable Account”** The term “Reportable Account” means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

**“Reportable Jurisdiction”** A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.

**“Reportable Person”** A Reportable Person is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

**“TIN” (including “functional equivalent”)** 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.

Some jurisdictions do not issue a TIN. However, these jurisdictions 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