



Application/Policy Number:

AXA China Region Insurance Company (Hong Kong) Limited
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SUPPLEMENT – TAX RESIDENCY SELF-CERTIFICATION FOR INDIVIDUAL (FOR CLAIMS)

Important Note:

- (1) This form is to be filled in BLOCK LETTERS and signed by the Owner/Claimant/Beneficiary.
- (2) Please do not sign on blank form.
- (3) This form is also available in Chinese./ 本表格有中文版本供選擇
- (4) Please sign section C.

Please read these instructions before completing the form.

Regulations based on Foreign Account Tax Compliance Act (“FATCA”) and Organisation for Economic Co-operation and Development (“OECD”) Common Reporting Standard (“CRS”) require financial institutions to collect and report certain required information based on an account holder’s tax residence. Each jurisdiction has its own rules for defining tax residence. In general, tax residence is the country in which you live. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (multiple residencies). The country(ies)/jurisdiction(s) in which you pay income tax are likely to be your country(ies)/jurisdiction(s) of tax residence. For more information on tax residence, please consult your tax adviser or the information at the following link for FATCA and OECD Automatic Exchange of Financial Account Information (“AEOI”) at <https://www.irs.gov/> and <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> respectively.

This form is applicable for individual as Owner/Claimant/Beneficiary. For Non-Individual as Owner/Claimant/Beneficiary, please complete “Supplement – Tax Residency Self-Certification for Non-Individual (For Claims)”.

Tax regulations require the Company to collect information about the tax residence(s) of our customers. Depending on your tax residence, the Company may be obliged to pass on information on this form and information related to the policy to the relevant tax authorities. If you have any questions about how to determine your tax residency status you should consult your tax adviser.

Please note that it may be an offence under the laws of the jurisdiction(s) where the Company is regulated, for a person who makes a statement that is misleading, false or incorrect in a particular material, and such person may be liable to penalties.

This form should be completed by the Owner/Claimant/Beneficiary unless otherwise specified in Part C.

A. Tax Residency Self-Certification for Individual

Personal Information of Owner/Claimant/Beneficiary:

| | | |
|---|---|--|
| Full Name in English: | | |
| Place of birth: | Country | _____ |
| | City/Town | _____ |
| Mobile No.: | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 100px; height: 20px;" type="text"/> |
| *Country code Macau: 853 Hong Kong: 852 China: 86 Other: please specify | Country Code | Mobile no. |

Section A1: FATCA Declaration of U.S. Tax Residency for Individual

Is Owner/Claimant/Beneficiary a U.S. citizen or U.S. tax resident?

 Yes No

If Yes, please provide Tax Identification Number:

If No, you must notify us if you become a U.S. citizen or U.S. tax resident immediately (and in any event within 30 days of you becoming a U.S. citizen or U.S. tax resident).

Please declare all your other tax residency in the following section A2.

Important Note:

- (i) You are a U.S. citizen if:
 - you are a U.S. citizen who resides outside of the United States;
 - you hold multiple citizenships, one of which is U.S. citizenship; or
 - you were born in the United States (or a U.S. territory) and have not legally surrendered your U.S. citizenship.
- (ii) You are a U.S. tax resident for U.S. federal income tax purposes if:
 - you are a U.S. permanent resident card (green card) holder (see below for details);
 - you satisfy a substantial physical presence test generally determined by your number of days physically present in the United States during the tax year; or
 - you have validly elected to be treated as a U.S. tax resident for U.S. federal income tax purposes.

(iii) Note that you are a U.S. permanent resident card (green card) holder if:

- the U.S. Citizenship and Immigration Service (“USCIS”) has issued you a U.S. alien registration card as a lawful permanent resident of the United States;
- you are a U.S. permanent resident card (green card) holder irrespective of the expiration date and irrespective of whether such expiration date has passed as of the date you sign and complete this form.

You are not a U.S. permanent resident card holder if your permanent resident card has been officially abandoned, revoked, or relinquished as of the date you sign and complete this form.

For information on the definition of U.S. citizen, U.S. tax resident, U.S. entity or U.S. trust, please refer to U.S. Internal Revenue Service website www.irs.gov.

If you are in any doubt, please seek independent professional advice.

Foreign Tax Reporting and Withholding Obligations Statement

FATCA means the U.S. Foreign Account Tax Compliance Act as amended from time to time.

FATCA Obligations means the Company’s obligations under FATCA (as varied or supplemented by the IGA) including, without limitation, the Company’s obligations to undertake due diligence into Account Holders to identify U.S. Accounts and U.S. Account Holders, to report information on U.S. Account Holders and U.S. Accounts to the Tax Authorities, and to obtain their consent to do so, and to deduct and withhold tax from certain payments made to or from certain U.S. Accounts and to remit this to the IRS pursuant to applicable laws and regulations.

Account Holder means, in respect of this policy:

- (i) I/we as the policy owner/holder; and
- (ii) if we are a corporate or other entity, the persons who exercise control over us such as our majority shareholders; and
- (iii) each person entitled to access the policy’s value (for example, through a loan, withdrawal, surrender or otherwise) or the ability to change a beneficiary under this policy which will usually also be myself/ourselves as the policy owner or holder but also:
 - (a) any person to whom I/we as the policy owner/holder assigns any of those rights under the policy; and
 - (b) (where I as an individual policy owner/holder) my personal representatives, executors or administrators on my death or bankruptcy or (where we as a corporate policy owner/holder) on our insolvency; and
- (iv) any person entitled to receive a future payment under this policy such as a beneficiary; and
- (v) if this policy is held in trust, the settlor, the trustees, the protector (if any), the beneficiaries and any other person exercising ultimate effective control over that trust.

Account Holder Information means the information about Account Holders that the Company is required to obtain as part of its FATCA Obligations which currently includes:

- (i) where the Account Holder is an individual, his/her name, date and place of birth, residential address, mailing address, contact information (including telephone number), U.S. taxpayer identification number, U.S. social security number, citizenships, residency, tax residency and details of any other tax regime to which he/she is subject or in respect of which he/she has any tax reporting or tax payment obligations; and
- (ii) where the Account Holder is a corporate or other entity, its full name, date and place of incorporation or formation, registered address, address of place of business, U.S. taxpayer identification number, tax status, tax residency and details of any other tax regime to which it is subject or in respect of which it has any tax reporting or tax payment obligations and such other information as the Company may reasonably require about each of the Account Holder’s shareholders or controlling persons.

IGA means the intergovernmental agreement made between Macau and the U.S. in respect of FATCA as may be amended from time to time.

Non Participating FFI means a FFI other than a participating FFI, a deemed-compliant FFI or an exempted beneficial owner as defined under FATCA.

Policy Information means the information about this policy that the Company is required to provide to the Tax Authorities as part of its FATCA Obligations which currently includes policy number, policy balance, interest and dividend income and withdrawals, or value and information about payments that the Company receives or makes in connection with this policy including details of any Withholding Tax.

Required Information means:

- (i) the Account Holder Information and associated supporting documentation and certification; and
- (ii) the Policy Information.

Specified U.S. Person has the same meaning as defined under FATCA and includes:

- (i) certain U.S. citizens or resident individuals;
- (ii) certain U.S. partnerships or corporations; and
- (iii) certain trusts the administration of which is governed by the U.S. courts or the controlling person(s) of which include a U.S. citizen or resident.

Tax Authorities means the U.S. Internal Revenue Service (IRS), the Macau Tax Authority and any other competent tax authority to which the Company or any of its holding companies are required to report the Required Information or any part thereof.

U.S. means the United States of America.

U.S. Account means an account held by one or more Specified U.S. Person(s) or an entity of which one or more controlling person(s) is a Specified U.S. Person.

U.S. Account Holder means, in respect of an U.S. Account, a Specified U.S. Person, or an entity of which one or more controlling persons(s) is a Specified U.S. Person, who holds that U.S. Account.

Withholding Tax means the U.S. tax that the Company is required to withhold as part of its FATCA Obligations.

Provision of Account Holder Information:

I/We must:

- (i) when I/we apply to take out this policy, as a condition of its issue to me/us, and from time to time during this policy when the Company requires me/us to do so, provide the Company with Account Holder Information about myself/ourselves and the other Account Holders;
- (ii) provide the Company with such supporting documentation for and certification of Account Holder Information as it may require;
- (iii) where there is any change in Account Holder Information already provided to the Company (including any change in the residency, citizenship or tax status of an Account Holder), notify the Company immediately of this in writing and provide the Company with such information, documentation and certification in that regard as it may require;
- (iv) where there is a change in Account Holder, immediately provide to the Company the Account Holder Information for the new Account Holder (and where I/we propose that change, for example by notifying the Company I/we want to assign my/our rights under this policy or nominate a new beneficiary, I/we must provide the Company with the Account Holder Information on the new Account Holder as a condition to the Company agreeing that change); and
- (v) complete and sign such documents and take such actions, as the Company may reasonably require from time to time to enable the Company to comply with its FATCA Obligations in respect of this policy.

Disclosure of Required Information:

I/We consent to the Company’s disclosure and transfer of the Required Information to the Tax Authorities both in Macau and outside Macau to comply with its FATCA Obligations and waive all rights I/we have, if any, to prohibit or restrict such disclosure.

Withholding Tax:

I/We consent to the Company’s deducting and withholding Withholding Tax from payments made to or from this policy account and remitting this to the IRS to comply with the Company’s FATCA Obligations including, without limitation, to the Company’s deducting and withholding Withholding Tax on withholdable payments into this policy and remitting this to the IRS if the Macau Tax Authority fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Macau and the U.S.) or if I am/we are, or any other Account Holder is, a Non Participating FFI.

Other Account Holders:

Where I/we have an obligation under this policy with respect to Account Holder Information relating to any other Account Holder I/we must use my/our best endeavours to procure that the other Account Holder complies with that obligation with regard to their Account Holder Information including providing to the Company directly that Account Information and supporting documentation and certification and giving the Company their consent to the disclosure and transfer of that Account Holder Information to the Tax Authorities and deducting and withhold Withholding Tax and remitting this to the IRS. I/We agree that the Company may contact the other Account Holders directly for these purposes.

Section A2: CRS Declaration of Non-U.S. Tax Residency for Individual (Including Macau and/or Hong Kong)

Please indicate your country/jurisdiction of tax residence (please list all countries of tax residence, including Macau and/or Hong Kong, and associated taxpayer identification numbers (“TIN”). Please refer to the OECD AEOI Portal for more information on tax residency and TIN.

If a TIN is unavailable, please provide the appropriate reason A or B where indicated below:

- Reason A - The country/jurisdiction where you are resident in does not issue TINs to its residents.
- Reason B - You are unable to obtain a TIN or equivalent number.

| Country/Jurisdiction of Tax Residence | TIN or equivalent number (Please write “N/A” if TIN is not available) | If no TIN is available, enter Reason A or B | |
|---------------------------------------|--|---|-----------------------------------|
| 1.* | | <input type="checkbox"/> Reason A | <input type="checkbox"/> Reason B |
| 2. | | <input type="checkbox"/> Reason A | <input type="checkbox"/> Reason B |
| 3. | | <input type="checkbox"/> Reason A | <input type="checkbox"/> Reason B |
| 4. | | <input type="checkbox"/> Reason A | <input type="checkbox"/> Reason B |
| 5. | | <input type="checkbox"/> Reason A | <input type="checkbox"/> Reason B |

*Please put “NIL” in the first box if you have no Tax Residency other than U.S.

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

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

I/We undertake to advise the Company and provide a duly “Supplement – Tax Residency Self-Certification for Individual” form within 30 days of the occurrence of any change in circumstance which causes any of the information contained in this form to be incorrect.

B. Personal Information Collection Statement

The Company recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Regulations in relation to Personal Data Protection. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“Purposes”), including:

- 1). processing and evaluating any applications or requests made by you for products/services offered by the Company and, other companies of the AXA Group (“our affiliates”);
- 2). providing subsequent services to you, including but not limited to administering the policies issued; 3). any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; 4). evaluating your financial needs;
- 5). designing products/services for customers; 6). conducting market research for statistical or other purposes; 7). matching any data held which relates to you from time to time for any of the purposes listed herein; 8). making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Macau or elsewhere; 9). conducting identity and/or credit checks and/or debt collection; 10). complying with the laws of any applicable jurisdiction; 11). carrying out other services in connection with the operation of the Company’s business; and 12). other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

- 1). any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Macau or elsewhere and in this regard you consent to the transfer of your data outside of Macau; 2). any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates; 3). any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Macau or elsewhere and who has a duty of confidentiality to the same; 4). credit reference agencies or, in the event of default, debt collection agencies; 5). any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and 6). any government department or other appropriate governmental or regulatory authority in Macau or elsewhere.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Access and correction of personal data: Under the Regulations in relation to Personal Data Protection, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer

AXA China Region Insurance Company (Hong Kong) Limited

Avenida do Infante D, Henrique, No.43-53A, 20 Andar, The Macau Square, Macau

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

I/WE **ACKNOWLEDGE AND CONFIRM** that I/We have read and understood the Personal Information Collection Statement (“PICS”). I/We **CONFIRM** that I/We have been advised to read carefully the PICS, and I/We have read it carefully its effect and impact in respect of my/Our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/We hereby **GIVE MY/OUR ACKNOWLEDGEMENT AND AGREE** to the use and transfer of my/Our personal data by the Company in accordance with the PICS.

C. Declaration

I, on behalf of myself and other persons referred to in this application (hereinafter referred to as “We” or “Our”), **ACKNOWLEDGE** that this form is supplemental to the application for insurance, change or reinstatement and claims (the “Application Form”) in relation to the above Application No./Policy No. signed by me/Us. **I AGREE AND CONFIRM** that (1) to the best of my knowledge and belief the above statements and answers to all questions are true and complete; (2) the declarations, agreements and authorisations made by me/Us under the Declaration & Authorisation Section of the Application Form shall also apply to this form; and (3) this statement shall form the basis and become a part of the policy to be issued/reinstated or issued by the Company.

I/We CERTIFY that I am/we are authorized to sign for the account holder of all the account(s) to which this form relates.

Note: If you are not the owner/claimant/beneficiary, please indicate your capacity. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: _____

| Print Name of Owner/Claimant/Beneficiary (Print Name of Authorized Person if applicable) | Signature of Owner/Claimant/Beneficiary (Signature of Authorized Person if applicable) | Date Signed (YYYY/MM/DD) |
|---|---|--------------------------|
| | | |