

SELF-CERTIFICATION FORM (INDIVIDUAL)

IMPORTANT NOTES

- This is a self-certification form provided by individual customers to Transamerica Life (Bermuda) Ltd. ("TLB") for the purpose of the U.S. Foreign Account Tax Compliance Act and the Organisation for Economic Co-operation and Development ("OECD") Common Reporting Standard ("CRS") for Automatic Exchange of Financial Account Information ("AEOI"). The data collected may be transmitted by TLB to relevant tax authority(ies) in Singapore or other jurisdiction(s).
- An account holder must report all changes in his/her tax residency status within 30 days of the relevant change to TLB. Account Holder means Policy Owner, Assignee or Beneficiary, as the case may be.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s).
- If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.
- Capitalised terms in this form have the same meaning as defined in the policy.

TLB does not offer tax or legal advice and will not be liable for any errors contained in this form. Should you require further assistance in completing this form, you should contact a qualified tax advisor.

Section 1		Individual Account Holder Details*		☒ Select the box that applies
Account Holder's Name (As shown on ID/Passport) (Policy Owner/Beneficiary/Assignee (as applicable)	☐ Mr ☐ Mrs ☐ Ms			
	Given Name(s)		Surname	
Policy Number (if any)				
Residential Address	Number/Street/Building			
	City		Province	
	Country		Postal Code	
Correspondence Address (if different from residential address)	Number/Street/Building			
	City		Province	
	Country		Postal Code	
Date of Birth	dd/mm/yyyy			
City of Birth		Country of Birth		
Tax Amnesty Programme (TAP)**	☐ Yes ☐ No			

* For joint or multiple account holders, complete a separate form for each of them.

** Tax Amnesty Programme (TAP) allows taxpayers to voluntarily disclose and pay taxes owed in exchange for reduced penalties or immunity from prosecution.

Note :
To update your contact information, please submit the Personal Information Update Form available from your financial adviser representative.

Section 2

**Jurisdiction of Residence and Taxpayer Identification Number
("TIN") or its Functional Equivalent ("TIN")**
☒ Select the box that applies

Complete the following table indicating a) the jurisdiction of residence where the account holder is a **resident for tax purposes** and b) the account holder's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence.

If a TIN is unavailable, provide the appropriate reason A), B) or C):

Reason A) - The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.

Reason B) - The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.

Reason C) - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

If U.S. indicia (e.g. U.S. birth place, U.S. address, etc) is identified, but U.S. is not reported as the jurisdiction/country of residence below, please submit a Form W-8BEN.

Jurisdiction/Country of Residence	Taxpayer Identification Number (TIN)	If TIN is not available, please tick Reason A, B or C	If Reason B is selected, please explain why the account holder is unable to obtain a TIN
(1)		☐ A ☐ B ☐ C	
(2)		☐ A ☐ B ☐ C	
(3)		☐ A ☐ B ☐ C	
(4)		☐ A ☐ B ☐ C	
(5)		☐ A ☐ B ☐ C	

Section 3

Declarations and Signature
OECD CRS

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the account holder's relationship with TLB setting out how TLB may use and share the information supplied by me.

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

I/We undertake to advise TLB of any change in circumstances which affects the tax residency status of the individual identified in Section 1 of this form or causes the information contained herein to become incorrect, and to provide TLB with a suitably updated self-certification form within 30 days of such change in circumstances.

Foreign Account Tax Compliant Act

I/We understand that TLB is required to comply with certain obligations under the U.S. Foreign Account Tax Compliance Act ("FATCA") which requires financial institutions to ascertain the United States tax paying status of policy owners and assignees ("Tax Status").

I/We understand that TLB may, from time to time, directly or indirectly, be required to make certain disclosures under FATCA as well as to other tax and regulatory authorities with regard to local and international tax legislation and regulations, including but not limited to enforcement, compliance and exchange of tax information under certain exchange agreements and treaties ("Tax Requirement"). I/We consent to TLB making any such disclosures.

I/We agree to provide information from time to time, as TLB may require, to meet the aforementioned legal and regulatory obligations. The information includes, but is not limited to, completion of U.S. tax forms and the provision of written statement and certifications.

I/We further agree and undertake to ensure that any successor policy owner or payee will also provide this information when requested.

I/We agree to notify TLB within 30 days should a change of circumstances result in a change of Tax Status or a change in residence which affects the Tax Status.

I/We agree that TLB may share the aforementioned information to any relevant government or tax authority as required by FATCA or any other law or regulation. This may involve a transfer of information outside my/our country of residence and/or the country in which the application was made to the United States Inland Revenue Service or other relevant government or tax authority.

I/We agree that TLB may withhold any payment due to the policy owner (or any successive policy owner or payee) and remit the withheld amount either directly or indirectly to the relevant taxation authority under the applicable Tax Requirements.

I certify that I am the policy owner/beneficiary/assignee (as applicable) of all the account(s) to which this form relates. I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

Signature of Individual Account Holder

Signature	Name	
	Date	dd/mm/yyyy
	Place	(Country)