

Form for Declaration of Status as a U.S. or Non-U.S. Person For Entity/Juristic Person



Policy No.....

Beneficiary's Name (Juristic person): Co., Ltd. LP. Partnerships..... Name of Entity.....

By Director or Managing Partner, the Authorized Person of the Insured (Juristic Person) or Authorized Person

Full Name..... Identification card.....

Identity document ID Card Expiry Date..... Passport No..... Expiry Date.....

Consent and Verification of Status for Compliance with the US Foreign Account Tax Compliance Act (FATCA)

1. Confirmation of Status

1.1 I am the entity that is Exempt Beneficial Owner or Deemed Compliant Financial Institution e.g. foreign government, organization of foreign government, international organization, organization representative, Bank of Thailand, Exempt retirement funds under FATCA, Entity wholly owned by exempt beneficial owners.

No Yes (If you answer 'Yes', please complete Form **W-8BEN-E** of the Internal Revenue Service (IRS) only.)

1.2 Are you a U.S. entity or an entity that has registered or has been incorporated in the U.S.?

No Yes (If you answer 'Yes', please complete Form **W9** of the Internal Revenue Service (IRS) only.)

1.3 I am the entity that is a financial institution under the definition of FATCA e.g. Depository Corporations (bank, or similar like a bank), Custodian Institute, entity that conducting business related to investment (e.g. broker, investment manager and funds etc.) or insurance company.

No Yes (If you answer 'Yes', please complete Form **W-8BEN-E** of the Internal Revenue Service (IRS) only.)

1.4 I am the Passive Non-Financial Entity (Passive NFE) under FATCA, that primarily has earned passive income from asset investment e.g. interest, dividends, rents, royalties, etc. equal to or more than 50% of total gross income, or held asset that generate passive income equal to or more than 50% of total asset, in the preceding fiscal calendar year.

No Yes (If you answer 'Yes', please complete Form **W-8BEN-E** of the Internal Revenue Service (IRS) only.)

Please answer 'No' in 1.4 if you are any of the following:

Active Non-Financial Entities (Active NFE) as stated under FATCA e.g. a publicly traded entity, a non-profit organization, association, foundation, or an entity that is a non-financial start-up company that has been organized less than 24 months.

2. Consent and agreement

I acknowledge that **FWD Life Insurance Public Company Limited ("the Company")** is subject to and required to comply with the Foreign Account Tax Compliance Act (FATCA). In this regard, I provide my consent and agree that the Company may do either the following for the compliance with FATCA.

a. Provision and Disclosure of Information and Notice of Information or Status Change

I provide my express consent that the Company shall have the right to provide such personal data and information to both domestic and foreign governmental authorities in compliance with FATCA law.

I agree to provide additional information to respond to the Company request within a specific time frame.

I agree to notify the Company of any change of my status or information already notified the Company if the status or information which has been changed is related to the US within 30 days from the date of such change.

b. Result of failure to give information

In the event that I fail to provide the information, I consent and agree to allow the Company to withhold tax from any sum I am entitled to receive under the casualty insurance policy as stipulated in the FATCA.

If the Company exercises its right to withhold tax under the FATCA, in case I have failure to give information, the Company must send me a notice that I shall show any relevant documents or evidences or a letter to the Company, to confirm that I don't have a duty to pay taxes in U.S. within 30 days since receiving notice letter. If I fail to provide the information, the Company shall withhold tax from any sum I am entitled to receive under the casualty insurance policy as stipulated in the FATCA.

And the Company shall send the notice to the address given by me to the company.

Date..... Month..... Year.....

Signature.....

(.....)

Witness/Insurance agent/Insurance Broker

Signature.....

(.....)

Beneficiary (Juristic Person)

Director or Managing Partner, the Authorized Person of the Insured (Juristic Person) or Authorized Person