

Form for Declaration of Status as U.S. or Non-U.S. Person For Individual



Beneficiary's Full Name..... Policy No.....
 Identity Card Passport No..... Expiry Date.....

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

1. Confirmation of Status

a. I am a U.S. Citizen, or I was born in the U.S. (or U.S. Territory) and have not legally surrendered U.S. citizenship, or I am a Green Card holder, or I am a U.S. resident for U.S. tax purposes?

No Yes

b. I have a current U.S. residence address, or I have a power of attorney, or signatory authority for granted to person with U.S. address?

No Yes

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 or beneficiary or the insured's heir is 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

Signature.....

(.....)

Beneficiary

Signature.....

(.....)

Father/Mother Legal representatives of the beneficiary