

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. Certifying status

A. Do you have nationality or country of birth related to the United States?

- No
 Yes, please specify
 U.S. Nationality, Born in USA, U.S. Nationality and Born in USA

B. Do you have or ever had U.S. Green Card or not?

- No
 Yes, Green Card No....., Expired Date.....
 Ever had and already expired, Green Card No....., Expired Date.....

C. Do you have a duty to pay tax to the U.S. Internal Revenue Service or not?

- No
 Yes

D. Do you have a resident in USA for purpose of paying tax or not (e.g.having a resident in USA at least 183 days in the past calendar year)

- No
 Yes

2. Agreement

1. I acknowledge that **FWD Life Insurance Public Company Limited (“the Company”)** is subject to and required to comply with FATCA.
2. I acknowledge that the Company has to collect, use, or disclose any of my information to the domestic or international government sectors to comply with FATCA.
3. I will provide additional information as request by the Company in order to comply with the FATCA in writing within the specified period.
4. I will notify the Company of any change in status or any information I have previously notified to the Company. If the status or information that changes is related to the United States within 30 days from the date of change of status or information.
5. In the event that I do not disclose the information under (3) and (4), I grant the Company the right to report my information to domestic or international government sectors to comply with FATCA.

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

Signature.....

(.....)

Witness / Insurance Agent

Signature.....

(.....)

Beneficiary

Signature.....

(.....)

- Father/Mother Legal representatives of the beneficiary