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

FWD insurance

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. Certifying status

For Financial institution under the definition of FATCA with GIIN

GIIN Number	☐☐☐☐☐☐•☐☐☐☐☐•☐☐•☐☐☐	
Country of incorporation or business operations	.....	Entity registration number .....

1. I am 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.
   If you answer 'No', please answer No. 2 & No. 3
2. I am an entity that is a financial institution under the definition of FATCA
   ☐ No ☐ Yes
   Financial institution under the definition of FATCA such as 1. Depositary Corporations (bank, or similar like a bank) 2. Custodian Institute 3. Entity that conducting business related to investment (e.g. broker, investment manager and funds etc.) 4. Insurance company 5. The entity hold share in Financial institution under the definition of FATCA 6. Treasury center
3. I am an Entity 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
   Please answer 'No' if you are any No.1 or No.2 of the following
   1) A Governmental Entity that exempts from FATCA such as Government agencies, International Organization, or Central Bank of Issue.
   2) 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.
   If you answer 'Yes', please complete Form W-8BEN-E of the Internal Revenue Service (IRS) only.

2. Agreement

1) I (the entity) acknowledge that **FWD Life Insurance Public Company Limited ("the Company")** is subject to and required to comply with FATCA.
2) I (the entity) 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 (the entity) will provide additional information as request by the Company in order to comply with the FATCA in writing within the specified period.
4) I (the entity) 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 thatI (the entity) do not disclose the information under (3) and (4), I (the entity) 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/Insurance Broker

Signature.....
(.....)
Beneficiary (Juristic Person)

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