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			
		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 FATCANoYes			
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 fr	om 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 follo			
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			
•	Company Limited ("the Company") is subject to and required to		
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 that (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 governm	ent sectors to comply with FATCA.		
DateMonthYear			
Signature	Signature		
()	()		
Witness/Insurance agent/Insurance Broker	Beneficiary (Juristic Person)		
	the Authorized Person of the Insured (Juristic Person) or Authorized Person		

FWD Life Insurance Public Company Limited

No. 6 O-NES Tower, 4th, 22nd-23rd Floors, Soi Sukhumvit 6, Khlong Toei Sub-District, Khlong Toei District, Bangkok 10110 FWD Customer Center Tel. 1351 Tax ID 0107563000304 fwd.co.th