## 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 U  No Yes, please specify U.S. Nationality, Born in USA, U.S. Nationality, No No Yes , Green Card No	onality and Born in USA, Expired Date, Expired Date, Expired Date
Yes	
<ol> <li>Agreement</li> <li>I acknowledge that FWD Life Insurance Public Company Limited ("the Company") is subject to and required to comply with FATCA.</li> </ol>	
<ul><li>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.</li><li>3. I will provide additional information as request by the Company in order to comply with the FATCA in writing within the specified period.</li></ul>	
<ul> <li>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.</li> <li>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.</li> </ul>	
DateMonthYear	
Signature	Signature
(	() Beneficiary
Signature	
	()
	Father/Mother Legal representatives of the beneficiary