



**Section 2**

Jurisdiction of Residence and Taxpayer Identification Number ("TIN") or its Functional Equivalent ("TIN")

Select the box that applies

Complete the following table indicating a) the jurisdiction of residence where the account holder is a **resident for tax purposes** and b) the account holder's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence.

**If a TIN is unavailable, provide the appropriate reason A), B) or C):**

**Reason A) - The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.**

**Reason B) - The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.**

**Reason C) - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.**

If U.S. indicia (e.g. U.S. birth place, U.S. address, etc) is identified, but U.S. is not reported as the jurisdiction/country of residence below, please submit a Form W-8BEN.

| Jurisdiction/Country of Residence | Taxpayer Identification Number (TIN) | If TIN is not available, please tick Reason A, B or C                            | If Reason B is selected, please explain why the account holder is unable to obtain a TIN |
|-----------------------------------|--------------------------------------|--|--|
| (1)                               |                                      | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |  |
| (2)                               |                                      | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |  |
| (3)                               |                                      | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |  |
| (4)                               |                                      | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |  |
| (5)                               |                                      | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |  |

**Section 3**

Declarations and Signature

**OECD CRS**

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the account holder's relationship with TLB setting out how TLB may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the account holder and any reportable account(s) (as defined in the CRS) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchange with tax authorities of another country/jurisdiction or countries/jurisdictions in which the account holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I/We undertake to advise TLB of any change in circumstances which affects the tax residency status of the individual identified in Section 1 of this form or causes the information contained herein to become incorrect, and to provide TLB with a suitably updated self-certification form within 30 days of such change in circumstances.

**Foreign Account Tax Compliant Act**

I/We understand that TLB is required to comply with certain obligations under the U.S. Foreign Account Tax Compliance Act ("FATCA") which requires financial institutions to ascertain the United States tax paying status of policy owners and assignees ("Tax Status").

I/We understand that TLB may, from time to time, directly or indirectly, be required to make certain disclosures under FATCA as well as to other tax and regulatory authorities with regard to local and international tax legislation and regulations, including but not limited to enforcement, compliance and exchange of tax information under certain exchange agreements and treaties ("Tax Requirement"). I/We consent to TLB making any such disclosures.

I/We agree to provide information from time to time, as TLB may require, to meet the aforementioned legal and regulatory obligations. The information includes, but is not limited to, completion of U.S. tax forms and the provision of written statement and certifications.

I/We further agree and undertake to ensure that any successor policy owner or payee will also provide this information when requested.

I/We agree to notify TLB within 30 days should a change of circumstances result in a change of Tax Status or a change in residence which affects the Tax Status.

I/We agree that TLB may share the aforementioned information to any relevant government or tax authority as required by FATCA or any other law or regulation. This may involve a transfer of information outside my/our country of residence and/or the country in which the application was made to the United States Inland Revenue Service or other relevant government or tax authority.

I/We agree that TLB may withhold any payment due to the policy owner (or any successive policy owner or payee) and remit the withheld amount either directly or indirectly to the relevant taxation authority under the applicable Tax Requirements.

