

# SELF-CERTIFICATION FORM (INDIVIDUAL)

## 自我證明表格 (個人)

### IMPORTANT NOTES

- This is a self-certification form provided by individual customers to Transamerica Life (Bermuda) Ltd. (Transamerica Life Bermuda) for the purpose of the U.S. Foreign Account Tax Compliance Act and the Hong Kong Inland Revenue Ordinance (Cap. 112). The data collected may be transmitted by Transamerica Life Bermuda to relevant tax authority(ies) in Hong Kong or other jurisdiction(s).
- An account holder must report all changes in his/her tax residency status within 30 days of the relevant change to Transamerica Life Bermuda. Account holder means policy owner, assignee or beneficiary, as the case may be.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s).
- If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.
- Capitalised terms in this form have the same meaning as defined in the Policy.

### 重要提示

- 這是由個人客戶就美國海外賬戶納稅法案及香港《稅務條例》(第112章)向全美人壽(百慕達)有限公司(「全美人壽百慕達」)提交的自我證明表格。全美人壽百慕達或需將收集所得的資料交給香港或其他稅務管轄區的稅務當局。
- 如賬戶持有人的稅務居民身分有所改變,應於發生改變後30日內將所有變更通知全美人壽百慕達。根據具體情況,賬戶持有人指保單持有人、受讓人或受益人。
- 除不適用或特別註明外,必須填寫這份表格所有部分。如這份表格上的空位不夠應用,可另加紙填寫。
- 如表格內所填寫的資料有任何錯誤,請予以修正並在旁邊簡簽作實。
- 本表格所用的大寫詞彙表,與保單定義者具相同涵義。

Transamerica Life Bermuda does not offer tax or legal advice and will not be liable for any errors contained in this form. Should you require further assistance in completing this form, you should contact a qualified tax advisor.

全美人壽百慕達並不提供稅務或法律意見,亦不會對本表格內的任何錯漏承擔法律責任。如需進一步協助,請向合資格稅務顧問查詢。

Section 1 第一部 Individual Account Holder Details* 個人賬戶持有人資料*		<input checked="" type="checkbox"/> Select the box that applies <input type="checkbox"/> 請選擇合適空格	
Account Holder's Name 賬戶持有人姓名 (As shown on ID Card/Passport 與身份證或護照上姓名相同) (Policy Owner/ Beneficiary/ Assignee (as applicable) 保單持有人/ 受益人/ 受讓人 (如適用))	<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Ms 女士		
	Given Name(s) 名字	Surname 姓氏	
Policy Number (if any) 保單號碼 (如有)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
Residential Address 居住地址	Number/Street/Building 室/ 街道/ 大廈		
	City 城市	Province 省份	
	Country 國家	Postal Code 郵政編號	
Correspondence Address (if different from residential address) 通訊地址 (如與居住地址不同)	Number/Street/Building 室/ 街道/ 大廈		
	City 城市	Province 省份	
	Country 國家	Postal Code 郵政編號	
Date of Birth 出生日期	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span> _ </span><span> _ </span><span> _ </span><span> _ </span><span> _ </span><span> _ </span><span> _ </span><span> _ </span> </div> (dd/mm/yyyy 日/月/年)		
City of Birth 出生城市		Country of Birth 出生國家	

\* For joint or multiple account holders, complete a separate form for each of them.

對於聯名或多人聯名賬戶持有人,每名賬戶持有人須分別填寫一份表格。

### Note 注意:

To update your contact information, please submit the Change of Contact Details Form available from your insurance intermediary.

如要更新聯絡資料,請向保險中介人索取更改聯絡資料表格,並於填妥後交回。

## Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”)

居留司法管轄區及稅務編號或具有同等功能的識辨編號(「稅務編號」)

Select the box that applies  
請選擇合適空格

### Section 2 第二部

Complete the following table indicating a) the jurisdiction of residence (including Hong Kong) 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.  
提供以下資料，列明 a) 賬戶持有人的居留司法管轄區，亦即賬戶持有人的**稅務管轄區**（香港包括在內）及 b) 該居留司法管轄區發給賬戶持有人的稅務編號。列出**所有**（不限於 5 個）居留司法管轄區。

If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.  
如賬戶持有人是香港稅務居民，稅務編號是其香港身份證號碼。

If a TIN is unavailable, provide the appropriate reason A), B) or C):  
如沒有提供稅務編號，必須填寫合適的理由 A), B) 或 C)：

Reason A - The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.  
理由 A) - 賬戶持有人的居留司法管轄區並沒有向其居民發出稅務編號。

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.  
理由 B) - 賬戶持有人不能取得稅務編號。如選取這一理由，解釋賬戶持有人不能取得稅務編號的原因。

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.  
理由 C) - 賬戶持有人毋須提供稅務編號。居留司法管轄區的主管機關不需要賬戶持有人披露稅務編號。

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.  
若有顯示美國指標（如美國出生地、美國地址等）而不提供美國為居留司法管轄區，需填寫 W-8BEN 表格，並於填妥後交回。

Jurisdiction/Country of Residence 居留司法管轄區/ 國家	Taxpayer Identification Number (TIN) 稅務編號	If TIN is not available, please tick Reason A, B or C 如沒有提供稅務編號，填寫理由 A、B 或 C	If Reason B is selected, please explain why the account holder is unable to obtain a TIN 如選取理由 B，解釋賬戶持有人不能取得稅務編號的原因
(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 第三部

## Declarations and Signature 聲明及簽署

#### Hong Kong Inland Revenue Ordinance

I/we understand that Transamerica Life Bermuda is required to comply with the following requirements of the Inland Revenue Ordinance (Cap. 112) to facilitate the Inland Revenue Department (“IRD”) automatically exchanging certain financial account information as provided for thereunder:

- a) to identify certain accounts as non-excluded “financial accounts” (“NEFAs”);
- b) to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes;
- c) to determine the status of certain NEFA-holding entities as “passive NFEs” and identify the jurisdiction(s) in which their “controlling persons” reside for tax purposes;
- d) to collect certain information on NEFAs (“Required Information”); and
- e) to furnish certain Required Information to the IRD (collectively, the “AEOI requirements”).

The account holder(s) agree(s) to comply with requests made by the Transamerica Life Bermuda to comply with the AEOI requirements.

I/we acknowledge and agree that a) the information contained in this form is collected and may be kept by Transamerica Life Bermuda for the purpose of automatic exchange of financial account information, and b) such information and information regarding the account holder and any reportable account(s) may be reported by Transamerica Life Bermuda to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

I/we undertake to advise Transamerica Life Bermuda 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 Transamerica Life Bermuda with a suitably updated self-certification form within 30 days of such change in circumstances.

**香港《稅務條例》**

本人/ 吾等明白全美人壽百慕達須遵守《稅務條例》(第112章)的以下規定,以協助稅務局自動交換根據該條例提供的若干財務賬戶資料:

- a) 以識別若干賬戶為不獲豁免財務賬戶(「不獲豁免財務賬戶」);
- b) 就稅務用途識別持有不獲豁免財務賬戶的個人及若干持有不獲豁免財務賬戶的實體所在的司法管轄區;
- c) 釐定若干持有不獲豁免財務賬戶實體的狀態為「被動非財務實體」,並就稅務用途識別其「控權人」所在的司法管轄區;
- d) 收集不獲豁免財務賬戶的若干資料(「必要資料」);及
- e) 向稅務局提供若干必要資料(統稱「自動交換財務賬戶資料規定」)。

賬戶持有人同意遵守全美人壽百慕達的要求,以遵守自動交換財務賬戶資料規定。

本人/ 吾等知悉及同意,全美人壽百慕達可根據香港《稅務條例》(第112章)有關交換財務賬戶資料的法律條文,a)收集本表格所載資料並可備存作自動交換財務賬戶資料用途及b)把該等資料和關於賬戶持有人及任何須申報賬戶的資料向香港特別行政區政府稅務局申報,從而把資料轉交到賬戶持有人的居留司法管轄區的稅務當局。

本人/ 吾等承諾,如情況有所改變,以致影響本表格第一部所述的個人稅務居民身分,或引致本表格所載的資料不正確,本人會通知全美人壽百慕達,並會在情況發生改變後30日內,向全美人壽百慕達提交一份已適當更新的自我證明表格。

**Foreign Account Tax Compliance Act**

I/we understand that Transamerica Life Bermuda 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 Transamerica Life Bermuda 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 Requirements"). I/we consent to Transamerica Life Bermuda making any such disclosures.

I/we agree to provide information from time to time, as Transamerica Life Bermuda 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 statements 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 Transamerica Life Bermuda 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 Transamerica Life Bermuda 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 Transamerica Life Bermuda 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.

**美國海外賬戶納稅法案**

本人/ 吾等明白全美人壽百慕達須遵守美國《海外賬戶納稅法案》(「稅務規定」)下的若干責任。稅務規定要求金融機構確定保單持有人及權益轉讓人在美國的稅務狀況(「稅務狀況」)。

本人/ 吾等明白全美人壽百慕達或須不時直接或間接根據稅務規定以及根據本地及國際稅務法例及規例向其他稅務及監管部門作出若干披露,有關法例及規例包括(但不限於)在若干交換協議及契約下強制執行、遵守及交換稅務資料(「稅務要求」)。本人/ 吾等同意全美人壽百慕達作出任何相關披露。

本人/ 吾等同意按全美人壽百慕達要求,不時提供資料以履行上述法律及監管責任。資料包括(但不限於)填寫美國報稅表及提供書面陳述及證明。

本人/ 吾等進一步同意及承諾確保任何保單持有人的繼承人或收款人亦會應要求提供有關資料。

本人/ 吾等同意倘情況有變以致稅務狀況改變,或居住地改變以致影響稅務狀況,將於三十日內通知全美人壽百慕達。

本人/ 吾等同意全美人壽百慕達或會根據稅務規定或其他法例或規例的要求向相關政府或稅務部門提交上述資料。當中可能涉及移交資料至本人/ 吾等居住國以外之地方及/ 或須向美國國家稅務局移交資料的國家或其他相關政府或稅務部門。

本人/ 吾等同意全美人壽百慕達可能根據適用的稅務要求保留任何應支付予保單持有人(或任何保單持有人的繼承人或收款人)的款項,並將款項直接或間接匯至相關稅務部門。

I certify that I am the Policy Owner/Beneficiary/Assignee (as applicable) of all the account(s) to which this form relates. I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

本人證明，就與本表格各所有相關的賬戶，本人是保單持有人/ 受益人/ 受讓人（如適用）簽署本表格。本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實，正確和完備。

Signature of Individual Account Holder 個人賬戶持有人簽署

Signature 簽署	Name 姓名	
	Date 日期	_ / _ / _ _  (dd/mm/yyyy 日/月/年)
<b>X</b>	Place of signing 簽署地點	(City, Country 城市, 國家)

**WARNING: It is an offence under section 80 (2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HKD10,000).**

**警告: 根據《稅務條例》第80 (2E) 條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第3級（即10,000港元）罰款。**