

# FATCA/CRS SELF-CERTIFICATION FORM FOR INDIVIDUALS

Archipelago Life Insurance Limited (A Life Insurer Licensed by Labuan FSA)  
Co. No. LL09829 | Licence No. IS2013141



Archipelago™  
Life Insurance Limited

## IMPORTANT NOTES

- Please complete, where applicable, the relevant sections below. Kindly consult your tax, legal and/or other professional advisers if you have any question on or in relation to U.S. Foreign Account Tax Compliance Act ("FATCA") any of the U.S. IRS Forms or this Self-Certification Form, and Common Reporting Standard ("CRS") and OECD's Automatic Exchange of Information ("AEOI").
- Website – FATCA: <https://www.irs.gov/businesses/corporations/information-for-foreign-financial-institutions>  
Website – CRS-AEOI: [www.oecd.org/tax/automatic-exchange/](http://www.oecd.org/tax/automatic-exchange/)
- For Preexisting individual, if your signature does not match our records we will be unable to carry out your instructions/ verifications

## PART 1 – Identification of Individual Policyholder/ Account Holder

Full Name :	
Policy Number (Only applicable to Preexisting Policy) :	
Country of Birth :	Date of Birth : DD / MM / YYYY
Current Residence Address	
Line 1 House/Apt/Suite/Name, Number, Street	
Line 2 Town/City/Province/State	
Line 3 Postal Code/ ZIP Code	
Line 4 Country	
Mailing Address (Please complete if different from the Current Residence Address)	
Line 1 House/Apt/Suite/Name, Number, Street	
Line 2 Town/City/Province/State	
Line 3 Postal Code/ ZIP Code	
Line 4 Country	

## PART 2 – Country of Residence for Tax Purposes and related Taxpayer Identification Number ("TIN")

Please complete the following table indicating:

- where the Policyholder is a tax resident (except for Malaysia); and
- the Policyholder's TIN for each country indicated.

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

- Reason A - The country where the Policyholder is liable to pay tax does not issue TINs to its residents;
- Reason B - The Policyholder is unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason); or
- Reason C - No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

If the Policyholder is tax resident in more than three countries please use a separate sheet.

If the Controlling Person is a U.S. person under U.S. FATCA regulations, please fill in and provide U.S. IRS Form W-9 in addition to this form. The term U.S. person or United States person means a person described in Section 7701(a)(30) of the Internal Revenue Code: A citizen or a resident of the United States.

No	Country of Tax Residence	TIN	If no TIN available, indicate Reason A, B or C
1			
2			
3			
No	Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason "B" above		
1			
2			
3			

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## PART 3 – Declaration

1. I represent and declare that the information provided above is true, accurate and complete.
2. I hereby consent for Archipelago Life Insurance Limited (“Insurer”) or any of its affiliates to report my information to regulatory authority in accordance with the requirements of Foreign Account Tax Compliance Act (“FATCA”) and Common Reporting Standard (“CRS”) as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.
3. I hereby consent that the Insurer may withhold from my policy/ account(s) such amounts in accordance with the requirements of FATCA and CRS as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.
4. I hereby consent that the Insurer may classify me as a reportable account, a recalcitrant CP/Policyholder/ account holder and/or suspend, recall or terminate my policy/ account, in the event I fail to provide accurate and complete information and/or documentation as the Insurer may require.
5. I understand to notify the Insurer in writing within 30 days if there is a change in any information which I have provided to the Insurer.

Signature:	
Name:	
Capacity*:	

Note: \*If you are not the Policyholder/Ultimate Beneficial Owner, please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

For Office Use:	Remarks, if any:
<input type="checkbox"/> Not Reportable <input type="checkbox"/> Reportable <input type="checkbox"/> Refuse to respond/ Undocumented	
Reviewed by: _____ Date: DD / MM / YYYY	
Approved by: _____ Date: DD / MM / YYYY	

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## Appendix – Summary of Selected Definitions

These are selected definitions provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Information (“CRS-AEOI”), the associated Commentary to the CRS, U.S. Foreign Account Tax Compliance Act (“FATCA”) and domestic guidance.

This can be found at the following link- <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>; and <https://www.irs.gov/businesses/corporations/information-for-foreign-financial-institutions>.

**“Account Holder” (“Policyholder”)** means is the person listed or identified as the holder of a Financial Account/Policy maintained by the Financial Institution. This is regardless of whether such person is a flow-through Entity. Thus, for example, if a trust or an estate is listed as the holder or owner of a Financial Account/Policy, the trust or estate is the Account Holder, rather than the trustee or the trust’s owners or beneficiaries. Similarly, if a partnership is listed as the holder or owner of a Financial Account/Policy, the partnership is the Account Holder, rather than the partners in the partnership. A person, other than a Financial Institution, holding a Financial Account/Policy for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor, or intermediary, is not treated as holding the account, and such other person is treated as holding the account.

**“Controlling Person(s)”** are the natural person(s) who exercise control over an entity. Where that entity is treated as a Passive Non-Financial Entity (“Passive NFE”) then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons. This definition corresponds to the term “beneficial owner” described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).

**If the account/policy is maintained for an entity of which the individual is a Controlling Person, then the “Controlling Person Tax Residency Self-Certification” form should be completed instead of this form.**

**“CRS”** stands for Common Reporting Standards, which is developed by The Organisation for Economic Co-operation and Development (OECD) to obtain information from financial institutions and for automatic exchange of financial account/policy information with other jurisdictions on an annual basis for tax purposes.

**“Entity”** means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation. This term covers any person other than an individual (i.e. a natural person).

**“FATCA”** stands for the Foreign Account Tax Compliance provisions, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. financial institutions and other non-U.S. entities.

**“Financial Institution”** means a “Custodial Institution”, a “Depository Institution”, an “Investment Entity”, or a “Specified Insurance Company”. Please see the relevant domestic guidance and the CRS for further classification definitions that apply to Financial Institutions.

**“Financial Account”** A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

**“Participating Jurisdiction”** A Participating Jurisdiction means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account/policy information set out in the Common Reporting Standard.

**“Reportable Account”** means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person ‘Reportable Jurisdiction’ A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account/policy information is in place.

**“Reportable Person”** is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

**“Specified Insurance Company”** means any Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

**“TIN” (including “functional equivalent”)** means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link OECD automatic exchange of information portal.

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a “functional equivalent”). Examples of that type of number include, for Entities, a Business/company registration code/number.

**“U.S. person”** or United States person means a person described in Section 7701(a)(30) of the Internal Revenue Code: A citizen or a resident of the United States.

**“U.S. IRS Forms”** refers to the U.S. Internal Revenue Service (IRS) Forms W-9, W-8BEN-E, W-8IMY, W-8EXP and W-8ECI that are available from the US IRS website. You are advised to always obtain your own legal and tax advice when filling up US IRS Forms.