

Please note that...



1. Each Claimant is required to complete 1 Regulatory Tax Declaration form
2. If there is more than 1 Claimant, please complete 1 form for each Claimant
3. For Corporate Owner, please complete the Corporate Owner Certification Form.

1 CLAIMANT DETAILS

Policy Number(s)
✓ Please list all policy numbers you are claiming for

Full Name of Claimant

NRIC/Passport/Birth Certificate No./TIN No. **Contact No.**

Address

Relationship to Deceased

2 REGULATORY TAX DECLARATION

Tax Resident's Nationality **Tax Resident's Gender** Male Female

Tax Resident's Country of Birth

A. Foreign Account Tax Compliance Act (FATCA)

1. Are you a United States Citizen? Yes No
2. Are you a United States Resident? Yes No
3. Are you a United States Resident Alien (i.e. a so-called U.S. green card holder)? Yes No
✓ If any of the replies is Yes, please provide W-9 Form and skip questions 4 & 5. If No, please proceed to answer all questions.
4. Do you have United States taxpayer identification number (SSN/ITIN)? Yes No
SSN/ITIN:
✓ If Yes, please provide W-8BEN form.
5. Do you have United States address (residential/mailling/permanent), United States telephone number or were you born in United States? Yes No
✓ If you are born in the USA but not a US Tax Payer, please provide W-8BEN form and a copy of Loss of US Nationality/I-407.

B. Details of Tax Residency

Please provide information on your Tax Residency. (This will usually be where you are liable to pay income taxes.)
If you have any questions on how to define your Tax Residency status, please visit <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance> or speak to a professional tax adviser as we are not allowed to give tax advice.

CRS Declaration of Tax Residency	Tick where applicable (You may tick more than 1)
1. I am a tax resident of Singapore	<input type="checkbox"/> <i>Please complete Section 2D (if required) and E</i>
2. I am a tax resident of other country(ies)/jurisdiction(s)	<input type="checkbox"/> <i>Please complete Section 2C, D (if required) and E</i>

C. Details of Foreign Tax Residency(ies)

Please provide **ALL the Country(ies) (excluding Singapore)** in which you are a tax resident and the associated Taxpayer Identification Number.

Country/Jurisdiction of Tax Residency	Taxpayer Identification Number (TIN)	Please tick one of the reasons* if you are unable to provide the TIN	If Reason B has been selected, please indicate why TIN is not available
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	

*Reason:

- A. The country where the Account Holder is liable to pay tax does not issue TINs to its residents.
- B. The Account Holder is otherwise unable to obtain a TIN or equivalent number.
- C. No TIN is required. (Note: Only select this reason if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.)

INTERNAL USE - FOR STAFF

D. Clarification of Tax Residency Information

If the country of your residential/ mailing address, contact number, country of birth, nationality or citizenship differs from your declared country(ies)/jurisdiction(s) of tax residency, please provide the reason below.

E. Acknowledgement of Tax Residency

I confirm that I am not a tax resident of any country(ies) other than the one(s) that I have declared above. I also agree to provide assistance to Manulife for it to comply with relevant tax regulations.

3 DECLARATION AND AUTHORISATION

Warning: Please note that the Singapore Income Tax Act (Chapter 134) imposes a penalty of a fine not exceeding \$10,000 and/or imprisonment of up to 2 years, on individual that is known to provide false or misleading information. For more information, please refer to Section 105M of the Singapore Income Tax Act (Chapter 134).

1. I declare that all answers given by me in this form are, to the best of my knowledge and belief, correct, true and complete.
2. I acknowledge and understand that the information contained in this self-certification and any reportable account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
3. I agree to notify Manulife (Singapore) Pte. Ltd. within 30 days of any errors, omissions or changes in the information provided in this form.

Signature of Claimant

Date (DD/MM/YYYY)

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website (www.manulife.com.sg)