#### **NTUC Income Insurance Co-operative Limited**



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an NTUC Social Enterprise

821/089

# **FATCA and CRS self-certification form for Controlling Person**

### Instruction (Please read before completing the form)

NTUC Income Insurance Co-operative Limited ("Income") is required to collect and report certain information about an account holder's tax residency in order to comply with the Singapore Income Tax Act (Chapter 134) and related regulations including Income Tax (International Tax Compliance Agreements) (United States of America) Regulations 2015 (FATCA) and Income Tax (International Tax Compliance Agreements) (Common Reporting Standard) Regulation 2016 (CRS).

Please complete this form if you are an individual, a sole trader or sole proprietor. For multiple Account Holders, please use a separate form for each Account Holder. For the purpose of this self-certification, an Account Holder may refer to the following persons: Proposer (eventually the Policyowner), Controlling Person, Beneficial Owner, Assignee, Trustee, Beneficiary under a Trust or a Trust Nominee named under Section 49L of the Singapore Insurance Act (Chapter 142). Should any information provided change in the future, please ensure that you notify us promptly.

If you have require further details, please consult your tax/legal adviser or local tax authority.

It is important for you to provide us with complete and accurate information in this form, as these are pursuant to requirements under Singapore Income Tax Act (Chapter 134) and its subsidiary legislation.

Controlling Person self-certification form						
	Section 1: Iden	tification of contr	olling person			
Proposal/Policy number			Date of birth (dd/mm/y	уууу)		
Name (as shown in NRIC or FIN)			NRIC number or FIN		Sex Male	Female
Home address			Country of birth			
Country of home address			Postal code/ZIP code			
	Section 2:	Tax Residency de	claration			
Are you solely a tax resident of Singapore?  Yes, I am solely a tax resident of Singapore and do not have a foreign tax residency. My Singapore TIN is my NRIC or FIN.  If your TIN is not your NRIC or FIN, please specify your TIN:  No, I am currently a tax resident in the following list of countries/jurisdictions (include Singapore, if applicable):						
No Country(ies)/Jurisdiction(s) of tax residence^	TIN	If TIN is not available, please circle the reason code (Refer to Table 1 below)  If reason B has been indicate why TIN				
1			A/B/C			
2			A/B/C			
3			A/B/C			
4			A/B/C			
5			A/B/C			
^ If you are a United States (U.S.) citizen o	r U.S. resident for tax pu	irposes, you are requi	red to submit Form W-9.	•		

## Table 1

Reason code	Description			
Α	The country/jurisdiction where the account holder is resident does not issue TINs to its residents.			
В	The account holder is otherwise unable to obtain a TIN or equivalent number. (Please explain why you are unable to obtain a TIN if you have selected this reason)			
С	No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)			

Please refer to the OECD website for more information on tax residency:

http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/

## Section 3: Country of address outside country of tax residency (where relevant)

Please help us to understand why your country of home address indicated is different from the country(ies) of tax residency indicated under Section 2.

Tick (✓) ONE only and submit relevant supporting documents:

No	Reason	Tick the box
1	Student at an education institution in the country of residential	
2	Working in the country of residential for less than 6 months	
3	On an educational or cultural exchange visitor program in the country of residential for less than 6 months	
4	Regular travel between jurisdictions for work and home	
5	Others – Please specify:	

Section 4: Name o	f entity and ty	vpe of contro	lling person
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(A) Le	egal name of the relevant entity account holder(s) of which you are a controlling person:	
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(B)	Entity	unique	/business	registration	number:

(C) Please provide the type of controlling person by ticking the appropriate box.

✓	Type of Controlling Person
	a. Controlling Person of a legal person – control by ownership
	b. Controlling Person of a legal person – control by other means
	c. Controlling Person of a legal person – senior managing official
	d. Controlling Person of a trust – settlor
	e. Controlling Person of a trust – trustee
	f. Controlling Person of a trust – protector
	g. Controlling Person of a trust – beneficiary
	h. Controlling Person of a trust – other
	i. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent
	j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent
	k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent
	I. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent
	m. Controlling Person of a legal arrangement (non-trust) – other-equivalent

#### **Section 5: Declarations and authorisation**

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to. Income's privacy policy can be viewed at http://www.income.com.sg/privacy-policy.

I certify that I am the Controlling Person, or I am authorized to sign on behalf of the Controlling Person, of all the accounts to which this form relates.

I agree and expressly consent that Income shall have the right to provide my personal data and information regarding a Controlling Person and any Reportable Account(s) to any governmental authorities, regulatory bodies and/or any other person(s) to fulfil its obligations under applicable tax regulations, including Singapore Income Tax Act (Chapter 134), the Foreign Account Tax Compliance Act ("FATCA") and the OECD Common Reporting Standard for Common Exchange of Financial Account Information "CRS"). I understand that such disclosures may:

- (a) involve cross border transfer of personal data and information outside the jurisdiction;
- (b) be in respect to personal data and information provided in this form, or in any document provided, or to be provided to Income by me or from other sources: and
- (c) relate to personal data of the Account Holder and any information about relevant policy or policies.

I understand that Income will not be able to sell or administer any insurance product or provide any services to me if I refuse to give this expressed consent.

I declare that all statements made in this form are correct and complete. I undertake to inform Income within 30 days if there is a change in circumstances

I declare that all statements made in this form are correct and complete. I undertake to inform Income within 30 days if there is a change in circumstances that affects the tax residency status of the Account Holder or causes the information in this form to be incorrect or incomplete (including any changes to the information on controlling persons where the Account Holder is a Passive NFE / FI- Financial Institution — An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution). I shall provide Income with an updated self-certification form within 90 days of such change in circumstances. I understand any false, misleading or fraudulent information regarding my resident status for tax purposes may result in certain penalties.

Name of signatory#:	
Signature :	
Date (dd/mm/yyyy):	
* Declaration below 18 years old requires a legal guardian to sign off. Note: If you are not the Controlling Person, please indicate the capacity is also attach a certified true copy of the power of attorney.	n which you are signing the form. If you are signing under a power of attorney, please
Capacity:	