

OECD CRS and U.S. FATCA Self-Certification Form for Individuals (including sole proprietorships)

Part 1: Identification of Account Holde	r (in BLOCK CAPITALS)
Mr	. Mrs. Ms. Miss
Personal Details	
Family Name / Surname	
First Name	
THIST NUMBE	<u>l</u>
Middle Name	
Date of Birth	
Place of Birth	
Current Residential Address	
House / Apartment Number, Street	
Town / City	
Country	
Postal Zip Code	
Mailing Address (Please complete onl	y if different from Residential Address)
House / Apartment Number, Street	
Town / City	
Country	
Postal Zip Code	



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Part 2: Jurisdiction of Residency for Tax Purposes (CRS) (in BLOCK CAPITALS)

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/Reportable Jurisdiction indicated. If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet. If a TIN is unavailable please provide the appropriate reason A, B, or C

- Reason A The country where the Account Holder is liable to pay taxes does not issue TINs to its residents
- ➤ Reason B The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain reason why you are unable to obtain a TIN in the below table if you have selected this reason)
- ➤ Reason C 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)

	Country/Jurisdiction	TIN	If no TIN is available,		
No.	of tax residence	(Taxpayer Identification Number e.g.	please enter Reason A, B, or C		
NO.	(no abbreviations)	Social Security Number)			
	(110 abbleviations)	Social Security Number)	A, D, OI C		
Please 6	explain in the following	boxes why the Account Holder is unab	le to obtain a TIN if you		
selected	l Reason B above.				
		esident in the jurisdiction(s) listed above			
collecte	d and holds addresses in	other jurisdictions that are not listed abov	/e:		
	YES NO				
	11.5				
If you ha	ave ticked no, please prov	vide a reason for this in the following box:			



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Part 2: Jurisdiction of Citizenship (U.S. FATCA) (in BLOCK CAPITALS)										
I am a U.S. Person for tax purposes and my U.S. Taxpayer Identification Number (e.g. TIN, social security number) is:										
I am not a U.S. Person for tax purposes.										
PART 4: Declaration and Signature (in BLOCK CAPITALS) I hereby certify that the information I have provided in this form is true, correct and complete in all respects. I confirm that I have provided the information in this document willingly without advice or help from NGI. I understand that providing false information, withholding relevant information or responding in a misleading way, may result in rejection of my application or other appropriate action taken against me. I further certify that, if any information provided on this form changes, I will inform you within 30 days of such a change. I hereby consent to NGI using, processing, reporting and transferring information about me, my relationship with NGI (including information about my accounts and other Insurance products related to the accounts) and my financial affairs to any governmental authority (e.g. tax authorities, ministries, central banks, regulators) or third party as may be required by, or in connection with, any law, regulation or agreement with any governmental authority in the country where NGI maintains my accounts (which may then pass that information to the tax authorities in another country) or in other countries (such as the United States) as may be required by the foregoing. Note: In the case of joint account holders, each Account Holder must complete a separate form.										
Print Name:										
Signature of Policy Owner:				Date:						
Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a copy of the power of attorney.										
Capacity:										