

Controlling Person Self-Certification Form for Tax Residency Status

Customer Information Notice

In line with the OECD Common Reporting Standard (CRS), Financial Institutions are obliged to collect and report certain information of their Policy Holders. Under CRS the Policy Holder's information is to be reported to the relevant tax authority where the account is held, which, if a different country to that in which the Policy Holder resides, will be shared with the relevant tax authority of the Policy Holder's resident country, if that is a CRS-participating jurisdiction.

Information that may be reported includes name, address, date of birth, account balance, any payments including redemption and dividend/interest payments, Tax Residency and TIN(s). Controlling Person

You can find more information on <https://www.revenue.ie/en/business/aeoi/index.html>.

1. Policy Holder Identification

Policy Holder Name _____ App/Policy Number _____

Date of Birth _____

Residential Address _____
(include postcode & country) _____

2. Certification of Tax Status (Please complete questions 1 and 2)

1. Are you a U.S Citizen? Yes No If **Yes**, please provide U.S TIN _____

2. Are you a residence in any other country other than the Republic of Ireland? Yes No

If **Yes**, please complete the below:

Country of Tax Residency	TIN	Reason why no TIN provided (indicate A, B or C from below)

If a TIN is unavailable, please indicate why using one of the following explanations:

- A. The country/jurisdiction where the Policy Holder is resident does not issue TINS or TIN equivalents to its residents
- B. The Policy Holder is otherwise unable to obtain a TIN (also provide explanation in the box above)
- C. The domestic law of the country/territory of tax residency does not require the collection of a TIN

3. Type of Controlling Person

1. Confirm the type of Controlling Person _____
(examples include Director, Beneficial Owner, Trustees etc.)

2. Entity Name _____

4. Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any changes in circumstances occurs which causes any of the information contained in this form to be incorrect.

Signature:

Date:

X