

**HSBC Insurance (Singapore) Pte. Limited** (Reg. No. 195400150N)

21 Collyer Quay #02-01 Singapore 049320 Monday to Friday 9:30am to 5pm [www.insurance.hsbc.com.sg](http://www.insurance.hsbc.com.sg)

Customer Care Hotline: (65) 6225 6111

Mailing Address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

## Absolute Assignment Form For Individuals

For Takaful policy, please read "certificate" for policy, "certificate holder" for policyowner, "wakil" for financial consultant, "participant" for life insured, "takaful benefit" for sum insured, and "contribution" for premium.

The personal data which you are submitting is being collected for the purposes stated in the HSBC Data Protection Policy. For more information on how we manage your personal data, please visit <http://www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security>.

Due to US insurance regulatory requirements, you are not to enter the US or any territory subject to US jurisdiction at the time of considering or deciding relevant matters on the insurance product, otherwise the request effected hereunder may be void.

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND SUBMIT THE FOLLOWING DOCUMENTS TOGETHER WITH THE FORM.

- A copy of NRIC or Passport of both Assignor and Assignee;
- A copy of Marriage Certificate (for assignment between spouses); and
- A copy of Birth Certificate of child (for assignment between parent/child)
- A copy of Birth Certificate for **both** the Assignor and Assignee (for assignment between siblings)

Name of Policyowner / Assignor		Policy No.	
		NRIC / Passport No.	
Contact No.	(+ ) Country Code		
Email Address			
Name of Life Insured:			

### 1. Personal Particulars of Assignee

Name of Assignee ("Assignee") as shown in NRIC / Passport Last Name/Surname: First/Given Name:		Relationship to Policyowner	
NRIC / Passport No.	Date of Birth (dd/mm/yyyy)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Identification Type: <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Malaysian IC			
Nationality(ies): (please list all)			
Country of Tax Residency(ies): (please list all)			
Tax Identification Number(s) (please list all)			
Residential Address (Residential Address refers to your current place of residence. PO Box and C/O addresses are not allowed)			
At this address since (dd/mm/yyyy):			
Permanent Address (If different from residential address)			
Mailing Address (If different from residential address)			
Previous address (If residing at current residential address less than 3 years)			

### 2. Contact Details of Assignee

Mobile No. (+ ) Country code	Home No. (+ ) Country code	Office No. (+ ) Country code
Email address: (To be completed in capital letters)		

### 3. Employment Details of Assignee

Employment Status:  Self Employed (*Sole Proprietor/Freelance*)  Self Employed (*Business Owner*)  Employed Staff  
 Key Controller (*such as CEO, CFO, COO, MD*)  Homemaker  Retired  Unemployed  
 Student (*Course completion date "dd/mm/yyyy"*) \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_ Annual Income(SGD): \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_ Length of Service: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

Work Address: \_\_\_\_\_

Nature of Business / Industry:

- Involved in Production / Distribution of Military Products  Charities, Non-Profit Organisations, Non-Governmental Organisations\*  
 Money Services Business\*\*  Government and State-Owned Bodies  
 Casino / Other types of gaming / gambling operations  Others \_\_\_\_\_

\* Examples: Red Cross, World Wildlife Fund, Green Peace, Salvation Army, etc

\*\* Examples: Companies offering services involving money/currency exchange, money transfer, cheque cashing (excluding banks)

### 4. Payor Details

Will premium payment for the policy be made by Assignee?  Yes  No  N/A

If No, please provide the following details:

Name of Payor : \_\_\_\_\_  
Occupation of Payor : \_\_\_\_\_  
Address of Payor : \_\_\_\_\_  
Relationship to Assignee : \_\_\_\_\_  
Source of Funds : \_\_\_\_\_  
Source of Wealth : \_\_\_\_\_

Please provide (i) Copy of Payor's Identification (NRIC/Passport) or  
(ii) Evidence of Incorporation, Ownership and Shareholdings if Payor is an Entity

### 5. Foreign Account Tax Compliance Act (FATCA)

Is the Assignee a United States Citizen?  Yes  No

Is the Assignee a United States Resident?  Yes  No

Is the Assignee a United States Green Card Holder?  Yes  No

If **any** of the above is Yes, the assignee needs to complete and submit a **US IRS Form W-9** together with this form.

If **all** of the above is No, the assignee needs to complete and submit a **US IRS Form W-8BEN** together with this form if he/she has any of the following:

- Residential / Mailing / Permanent address in the United States
- United States phone number
- United States as country of birth

### 6. Politically Exposed Person (PEP)

Are you a member of any royal family; or a family member of any local or overseas politician, royalty, high ranking public official; or have business interests with any local or overseas politician, royalty, high ranking public official?

Yes  No

If yes, please provide the following details:

Name of the PEP(s) : \_\_\_\_\_  
Rank/Position held : \_\_\_\_\_  
Country : \_\_\_\_\_  
Relationship with Assignee : \_\_\_\_\_

## 7. Declaration and Authorisation

Payment by assignee: S\$ \_\_\_\_\_

Reason for assignment: \_\_\_\_\_

This assignment is made this \_\_\_\_\_ day of \_\_\_\_\_ (Month), 20\_\_\_\_ (Year).

It is agreed as follows:

1. In return for the payment made by the Assignee, the Assignor does hereby sell, assign and transfer to the Assignee absolutely the full benefit of all monies assured or to become payable by or under the abovenumbered policy of HSBC Insurance (Singapore) Pte. Limited (the "Company") insuring the life of the abovenamed life insured, inclusive of the cash surrender and loan value and bonus declared (if any) thereof;
2. The Assignor hereby covenants with the Assignee that the Assignor will not do or knowingly suffer anything to be done whereby the said policy may be impaired, encumbered, rendered invalid, void or voidable or the Assignee may be prevented from receiving or be deprived of the right to receive any or all of the monies assured or to become payable by or under the said policy.
3. The Assignor declares that a receipt signed by the Assignee shall fully discharge the Company from its liabilities and obligations under the policy in respect of which the receipt is given.
4. Compliance with US laws and regulations and other laws having extra-territorial effect:
  - I/We, the Policyowner and Assignee, are not physically present in the US when executing the policy servicing request;
  - I/We are aware of and understand the policy servicing restrictions\* applicable to any and all persons residing temporarily and permanently in the US; and
  - I/We will inform HSBC Insurance (Singapore) should I/we decide to reside in the US either temporarily or permanently
  - List of policy servicing restrictions is set out in our website <http://www.insurance.hsbc.com.sg/1/2/sghi/customer-service>
5. The Assignee hereby authorises the Company to collect, retain, use and/or disclose any information in respect of the Assignee that is received by the Company to its representatives and relevant third parties (including but not limited to companies within the HSBC Group, reinsurers, medical providers, agents, investigators, services providers, regulatory/government /statutory authorities) whether within or outside Singapore. The Company will as far as reasonably possible release such information only to such parties which will keep the information strictly confidential and be used, disclosed and retained in accordance with applicable laws. The Assignor & Assignee agrees to share such additional information or documentation as is required by the Company to acknowledge receipt of this Absolute Assignment.
6. This Assignment shall be governed by and construed in accordance with the laws of Singapore.

\_\_\_\_\_  
Signature of Policyowner (Assignor)

\_\_\_\_\_  
Signature of Assignee

\_\_\_\_\_  
Signature of Witness

Name (per NRIC): \_\_\_\_\_

NRIC: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Name (per NRIC): \_\_\_\_\_

NRIC: \_\_\_\_\_

### Important Notes

- If the assignment is not between immediate family members (i.e. spouse, parents, children), both the assignee and the assignor have to come personally to our Customer Service Centre to complete the form and submit the supporting documents.
- For each signatory, there should be a witness with the name and NRIC no. clearly indicated. The signature(s) of Policyowner should be signed in the same manner as they appear in our record.
- Assignment of policies purchased using funds from (a) Central Provident Fund contributions in accordance with the Central Provident Fund Investment Scheme (CPFIS) or (b) the Supplementary Retirement Scheme is not permitted.
- The Policyowner's right to terminate the policy within a period of 14 days from the date of his receipt of the policy from the Company ("the Free-Look Period") shall inure to the benefit of the Assignee where this Assignment occurs during the Free-Look Period and the Assignee may terminate the policy within the Free-Look Period subject to the terms and conditions of the policy.
- The Company is not a party to this Assignment and assumes no responsibility for the validity or legality of the Assignment.

## INSTRUCTIONS

### CRS Individual Self-Certification Form

Please read these instructions before completing the form

#### **Why are we asking you to complete this form?**

To help protect the integrity of tax systems, governments around the world are introducing a new information gathering and reporting requirement for financial institutions. This is known as the Common Reporting Standard (the CRS).

Under the CRS, we are required to determine where you are 'tax resident' (this will usually be where you are liable to pay income taxes). If you are tax resident outside the country/jurisdiction where your account is held we may need to give the national tax authority this information, along with information relating to your accounts. That may then be shared between different country/jurisdictions' tax authorities.

Completing this form will ensure that we hold accurate and up to date information about your tax residency.

If your circumstances change and any of the information provided in this form becomes incorrect, please let us know immediately and provide an updated Self-Certification.

#### **Who should complete the CRS Individual Self-Certification Form?**

Personal insurance customers or sole traders should complete this form.

If you need to self-certify on behalf of an entity (which includes businesses, trusts and partnerships), complete an 'Entity Tax Residency Self-Certification Form' (CRS-E). Similarly, if you are a controlling person of an entity, complete a 'Controlling Person Tax Residency Self-Certification Form' (CRS-CP). You can find these forms at [www.insurance.hsbc.com.sg](http://www.insurance.hsbc.com.sg)

For joint insurance holders, each individual will need to complete a copy of the form.

Even if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.

If you are completing this form on behalf of someone else, please ensure that you let them know that you have done so and tell us in what capacity you are signing in Part 3. For example, you might be completing this form as a custodian or nominee of an account, under a Power of Attorney or as a legal guardian on behalf of an account holder who is a minor.

#### **Where to go for further information**

If you have any questions about this form or these instructions please visit: [www.insurance.hsbc.com.sg](http://www.insurance.hsbc.com.sg), contact your Financial Consultant, visit a branch or call us.

The 'Organisation for Economic Co-operation and Development' (OECD) has developed the rules to be used by all governments participating in the CRS and these can be found on the OECD's 'Automatic Exchange of Information' (AEOI) website: [www.oecd.org/tax/automatic-exchange/](http://www.oecd.org/tax/automatic-exchange/)

If you have any questions on how to define your tax residency status, please visit the OECD website or speak to a professional tax adviser as we are not allowed to give tax advice.

You can find a list of definitions in the Appendix.

# Individual Tax Residency Self-Certification Form

CRS – I

Please complete Parts 1– 3 in BLOCK CAPITALS

## **Part 1: Identification of Individual Account Holder**

### **A. Name of Account Holder**

Title  Mr  Mrs  Ms  Miss  Others

Family Name or Surname

First or Given Name

Middle Name

### **B. Current Residence Address**

**Line 1**  
House/Apt/Suite Name, Number, Street

**Line 2**  
Town/City/Province/County/State

Country/Jurisdiction  Postal Code/ZIP Code

### **C. Mailing Address (Please complete only if different from the address shown in Section B above)**

**Line 1**  
House/Apt/Suite Name, Number, Street

**Line 2**  
Town/City/Province/County/State

Country/Jurisdiction  Postal Code/ZIP Code

### **D. Date of Birth**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

**Part 2: Country / Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”) (See Appendix)**

Please complete the following table indicating:

- (i) where the Account Holder is a tax resident;
- (ii) the Account holder’s TIN for each country / 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 / jurisdiction where the Account Holder is liable to pay tax does not issue TIN to its residents
- Reason B**            The Account Holder is otherwise 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)
- Reason C**            No TIN is required. (**Note:** Only select this reason if the authorities of the country/jurisdiction of tax residence entered below do not require the TIN to be disclosed)

	Country/Jurisdiction of Tax Residence	Tax Identification Number (“TIN”)	If TIN is unavailable, enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1	
2	
3	

**Part 3: Declarations and Signature**

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with HSBC Insurance setting out how HSBC Insurance may use and share the information supplied by me. (Including HSBC’s prevailing Data Protection Policy (as may be amended from time to time), which may be found on <http://www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security>).

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided 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 the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to HSBC Insurance and that such information may be provided to the tax authorities of the country/jurisdiction in which the account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

**I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.**

I undertake to advise HSBC Insurance within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide HSBC Insurance with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Signature:

Print Name:

Date

D	D	M	M	Y	Y	Y	Y

**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 certified copy of the Power of Attorney.

Capacity:

## Appendix – Definitions

**Note:** 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 Financial Account Information (the CRS'), the associated Commentary to the CRS, and domestic guidance.

This can be found at the following link:

<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

If you have any questions then please contact your tax adviser or domestic tax authority.

**'Account Holder'** The term 'Account Holder' means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

**'Controlling Person'** This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity ('NFE') then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term 'beneficial owner' as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).

**If the account 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.**

**'Entity'** The term 'Entity' means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.

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

**'Reportable Account'** The term '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 Country/Jurisdiction'** A Reportable Country/Jurisdiction is a country/jurisdiction with which an obligation to provide financial account information is in place.

**'Reportable Person'** A Reportable Person is defined as an individual who is tax resident in a Reportable country/Jurisdiction under the tax laws of that country/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.

**'TIN'** (including 'functional equivalent') The term 'TIN' 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 country/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 country/jurisdiction.

Further details of acceptable TINs can be found at the following link:

<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

Some countries/jurisdictions do not issue a TIN. However, these countries/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 individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.