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**INSURANCE ACT**  
**INSURANCE (NOMINATION OF BENEFICIARIES)**  
**REGULATIONS 2009**

**FORM 1**

**TRUST NOMINATION**

**PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM**

- 1 This Form can only be used to make a trust nomination in respect of one relevant policy.
- 2 Unless the context otherwise requires, this Form must be completed in full in order to make a valid trust nomination.
- 3 A trust nomination must comply with section 49L(2) and (3) of the Insurance Act (Cap. 142), and must be made using this Form, in order for it to be valid.
- 4 A trust nomination, if valid, will take effect from the date this Form is lodged with the registered insurer that issued the relevant policy specified in Part 1.
- 5 Only a policyowner who has attained the age of 18 years may make a trust nomination.
- 6 The policyowner must sign this Form in the presence of 2 witnesses, in order to make a valid trust nomination.
- 7 If this Form pertains to a relevant policy in respect of which a trust nomination has been made, this Form must be accompanied by a copy of Form 2 which revokes the earlier trust nomination.
- 8 This Form must be lodged with the registered insurer that issued the relevant policy specified in Part 1. Otherwise, the registered insurer will not be bound to give effect to the trust nomination purportedly made using this Form.
- 9 The personal data which you have submitted 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>.
- 10 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.
- 11 Compliance with US laws and regulations and other laws having extra-territorial effect:
  - I am not physically present in the US when executing the policy servicing request(s);
  - I am aware of and understand the policy servicing restrictions\* applicable to any and all persons residing temporarily or permanently in the US; and
  - I will inform HSBC Insurance (Singapore) should I 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>.

**Part 1 INSTRUCTIONS**

In accordance with section 49L(2) of the Insurance Act, I nominate each person named in Part 3 (referred to in this Form as a nominee) to receive the share (of the policy moneys payable under the relevant policy specified below) set down against his/her name.

I understand that this nomination will not be revoked by my marriage or divorce. I also understand that this nomination will create a trust of the policy moneys in favour of every nominee named in Part 3. I am aware that thereafter I will no longer have any interest in, or any right or control over, all or any of the policy moneys payable under the policy specified below (whether paid out during my lifetime or after my death).

I will also not be allowed to vary any term or condition of the policy, or give any instruction in relation to the policy which may directly or indirectly alter the benefits payable under the policy, except in accordance with section 49L(9) of the Insurance Act.

<b>Policy No. or other reference of the relevant policy</b> Where the policy number or other reference is NOT available, please provide: (a) the plan name; and (b) the Basic Sum Insured	
<b>Name of insurer</b>	HSBC Insurance (Singapore) Pte. Limited
<b>Name of policyowner</b>	
<b>NRIC or Passport No. of policyowner</b>	
<b>Signature or right thumb print of policyowner</b>	
<b>Date</b>	

**Part 2 WITNESSES**

Notes:

- 1 Each witness must have attained the age of 21 years.
- 2 A witness must not be a nominee or the spouse of a nominee. Otherwise, the trust nomination made using this Form will not be valid.
- 3 The date specified in this Part and the date specified in Part 1 must be the same date.

<b>Name of witness</b>	(1)	(2)
<b>NRIC or Passport No. of witness</b>		
<b>Address of witness</b>		
<b>Telephone No. of witness</b>		
<b>Signature of witness</b>	I confirm that this Form was signed by the policyowner in my presence.	I confirm that this Form was signed by the policyowner in my presence.
<b>Date</b>		

**Part 3 NOMINEE(S)**

Notes:

- 1 Only the spouse, or a child, of the policyowner is eligible to become a nominee under a trust nomination. The policyowner cannot name himself as a nominee. A trust nomination will not be valid if any person other than the spouse or a child of the policyowner is named as a nominee.
- 2 A trust nomination will not be valid if any nominee's share is not specified.
- 3 A trust nomination will not be valid if the total of the shares of all nominees does not add up to 100%.
- 4 A policyowner who wishes to name more than 4 nominees shall attach to this Form as many additional copies of Form 1 as may be necessary to cover all nominees.

Name of nominee	NRIC, Birth Certificate or Passport No. of nominee	Date of birth of nominee	Address of nominee	Relationship of nominee to policyowner	Share of nominee (%)
Total (%)  <u>Note:</u> 1 If there is no additional Form 1 attached to this Form, the total must add up to 100%. 2 If there is any additional Form 1 attached to this Form, the sum of the totals for all Forms must add up to 100%.					
Is there any additional copy of Form 1 attached to this Form?					Yes/No*
If the answer to the preceding question is "Yes", please state the number of additional copies of Form 1 attached to this Form.					

\* Please delete as appropriate.

**Part 4 TRUSTEE(S)**

Notes:

- 1 A trustee must have attained the age of 18 years.
- 2 A policyowner must appoint at least one trustee. However, a policyowner may appoint more than one trustee. If a policyowner wishes to appoint more than 2 trustees, he may do so by completing Form 3.
- 3 The policyowner, a witness or a nominee may be named as trustee. However, if the policyowner is named as a trustee:
  - (a) he will not be able to consent to the revocation of the trust nomination;
  - (b) he will not be able to consent to the variation of a term or condition of the relevant policy, or to the execution by the registered insurer that issued the relevant policy of any instruction in relation to the relevant policy which may directly or indirectly alter the benefits payable under the relevant policy; and
  - (c) he will not be able to give a valid discharge to the registered insurer that issued the relevant policy for any payment made, pursuant to the trust nomination, from the policy moneys payable under the relevant policy.
- 4 In this Part, "licensed trust company", "director" and "resident manager" have the same meanings as in the Trust Companies Act (Cap. 336).
- 5 Identification documents of trustee/s to be submitted together with the form
  - If trustee is an individual
    - (a) A copy of trustee's NRIC or passport
  - If trustee is a licensed trust company
    - (a) A copy of Certificate of Incorporation, Certificate of Partnership, Certificate of Registration or its equivalent for overseas-based companies or Memorandum & Articles of Association
    - (b) A copy of NRIC or passport of all authorised signatories
    - (c) Proof of address of all authorized signatories, and
    - (d) A copy of NRIC or passport of at least 2 directors

	(1) (mandatory)	(2) (optional)
<b>Name of trustee</b>		
<b>NRIC or Passport No. of trustee (if trustee is an individual) or Unique Entity No. of trustee (if trustee is a licensed trust company)</b>		
<b>Date of birth of trustee (if trustee is an individual) or date of incorporation of trustee (if trustee is a licensed trust company)</b>		
<b>Address of trustee</b>		
<b>Telephone No. of trustee</b>		
<b>Signature or right thumb print of trustee (if trustee is an individual) or signature, name and designation of authorised director or resident manager of trustee (if trustee is a licensed trust company)</b>	I agree/The abovenamed licensed trust company agrees* to be appointed as a trustee of the policy moneys payable under the relevant policy specified in Part 1.	I agree/The abovenamed licensed trust company agrees* to be appointed as a trustee of the policy moneys payable under the relevant policy specified in Part 1.

\* Please delete as appropriate.

## 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.