



HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M)

www.hsbclife.com.sg

Customer Care Hotline: +65 6880 4888

Email: cc.life@mail.life.hsbc.com.sg

Mailing Address: Robinson Road Post Office P.O. BOX 1094 Singapore 902144

## Absolute Assignment Form for Individuals (For Joint Owner)

### **INSTRUCTIONS:**

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND SUBMIT THE **REQUIRED DOCUMENTS** WITH THE FORM.

- 1) A copy of NRIC / Passport\* of both Assignor(s) and Assignee(s);
- 2) Proof of relationship:
  - A copy of Marriage Certificate (for assignment between spouses) or
  - A copy of Birth Certificate of child (for assignment between parent/child) or
  - A copy of Birth Certificate for both the Assignor and Assignee (for assignment between siblings)
- 3) Proof of residential address:
  - A copy of NRIC / Passport (with minimum 6 months' validity) which shows the address or
  - A copy of utility bill, statement / letter issued by bank / financial institution or letter from a Government department or agency issued within the last 3 months
- 4) A copy of NRIC / Passport\* of the Payor, if applicable (refer Section E)
- 5) US IRS Form W-9 or US IRS Form W-8BEN for Assignee(s), if applicable (refer Section F)
- 6) A copy of NRIC / Passport\* of the Beneficial Owner, if applicable (refer Section H)
- 7) CRS Individual Self-Certification Form for Assignee(s)

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.

### **Consent to use of personal data**

HSBC's Data Privacy Policy (which may be found at <https://www.insurance.hsbc.com.sg/privacy-and-security/>) forms a part of the terms and conditions governing your relationship with HSBC. By submitting this form, you consent to the collection, use and disclosure of your personal data for the purposes set out in the Data Privacy Policy.

### **US INSURANCE REGULATORY REQUIREMENTS:**

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.

By submitting this form, you confirm that you are in compliance with US laws and regulations and other laws having extra-territorial effect:

- you are not physically present in the US when executing the policy servicing request(s);
- you are aware of and understand the **policy servicing restrictions** applicable to any and all persons residing temporarily or permanently in the US;
- you will inform HSBC Life (Singapore) Pte. Ltd. should you 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>

POLICY INFORMATION			
Policy No			
MAIN POLICYOWNER / FIRST ASSIGNOR		JOINT POLICYOWNER / SECOND ASSIGNOR	
Full Name of Main Policyowner / First Assignor as in NRIC/Passport (including alias)		Full Name of Joint Policyowner / Second Assignor as in NRIC/Passport (including alias)	
Contact No.	(+ ) Country/Region Code	Contact No.	(+ ) Country/Region Code
NRIC / Passport No.		NRIC / Passport No.	
Email Address	(+ ) Country/Region Code	Email Address	(+ ) Country/Region Code

**PLEASE COMPLETE PARTICULARS OF ASSIGNEE(S)**

**NOTE: ALL FIELDS ARE MANDATORY**

A. PERSONAL PARTICULARS	
FIRST ASSIGNEE	SECOND ASSIGNEE
<b>Full Name</b> as in NRIC/Passport (including alias) Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Madam <input type="checkbox"/> Ms <input type="checkbox"/> Others: _____ Last Name / Surname: First / Given Name: Other Name:	<b>Full Name</b> as in NRIC/Passport (including alias) Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Madam <input type="checkbox"/> Ms <input type="checkbox"/> Others: _____ Last Name / Surname: First / Given Name: Other Name:
<b>Relationship with Policyowner:</b>	<b>Relationship with Policyowner:</b>
<b>Date of Birth</b> (dd/mm/yyyy):	<b>Date of Birth</b> (dd/mm/yyyy):
<b>Identification Type:</b> <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Malaysian IC	<b>Identification Type:</b> <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Malaysian IC
<b>NRIC / Passport No:</b>	<b>NRIC / Passport No:</b>
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Nationality</b> (please list all)	<b>Nationality</b> (please list all)
<b>Country / Region of Birth:</b>	<b>Country / Region of Birth:</b>

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B. ADDRESS DETAILS	
<ul style="list-style-type: none"> <li>For residential and permanent address, PO Box and C/O address is not allowed.</li> <li>If you reside in a country/region where complete legal addresses do not exist, please provide a description of the location of your property (which should include exact street/ building name, apartment/ villa number, city, country/region and the closest landmark, etc)</li> </ul>	
FIRST ASSIGNEE	SECOND ASSIGNEE
<p><b>Residential Address</b> (residential address refers to your current place of residence. Please provide proof of residential address)</p>     <p>Postal Code: _____ Country/Region: _____</p> <p><b>At this address since</b> (dd/mm/yyyy): _____</p>	<p><b>Residential Address</b> (residential address refers to your current place of residence. Please provide proof of residential address)</p>     <p>Postal Code: _____ Country/Region: _____</p> <p><b>At this address since</b> (dd/mm/yyyy): _____</p>
<p><b>Previous Address</b> (if Residential Address is less than 12 months)</p>     <p>Postal Code: _____ Country/Region: _____</p>	<p><b>Previous Address</b> (if Residential Address is less than 12 months)</p>     <p>Postal Code: _____ Country/Region: _____</p>
<p><b>Mailing Address</b> (if different from Residential Address)</p>     <p>Postal Code: _____ Country/Region: _____</p>	<p><b>Mailing Address</b> (if different from Residential Address)</p>     <p>Postal Code: _____ Country/Region: _____</p>
<p><b>Permanent Address</b> (if different from Residential Address)</p>     <p>Postal Code: _____ Country/Region: _____</p>	<p><b>Permanent Address</b> (if different from Residential Address)</p>     <p>Postal Code: _____ Country/Region: _____</p>
C. CONTACT DETAILS	
FIRST ASSIGNEE	SECOND ASSIGNEE
<p><b>Contact Number</b> (please include Country / Region code)</p> <p>Mobile No. (+    )</p> <p>Home No. (+    )</p> <p>Office No. (+    )</p>	<p><b>Contact Number</b> (please include Country / Region code)</p> <p>Mobile No. (+    )</p> <p>Home No. (+    )</p> <p>Office No. (+    )</p>
<p><b>Email address</b> (To be completed in capital letters)</p>	<p><b>Email address</b> (To be completed in capital letters)</p>

<p><b>Electronic (e-Statement) service</b></p> <p><input type="checkbox"/> Opt In (Yes, I would like to receive e-statement)  <input type="checkbox"/> Opt Out (No, I prefer to receive hardcopy)</p> <p>Please note:</p> <ul style="list-style-type: none"> <li>Unless you opt out, you will automatically be enrolled into the e-statement service if you have an email address registered with us.</li> <li>Should you prefer to receive paper statement to your mailing address, you can select opt out from e-Statement.</li> <li>The e-Statement Service is currently available for all policy statements – Annual, Bonus and Monthly Statements.</li> <li>We will notify you of any changes to your eStatement option.</li> </ul>	<p><b>Electronic (e-Statement) service</b></p> <p><input type="checkbox"/> Opt In (Yes, I would like to receive e-statement)  <input type="checkbox"/> Opt Out (No, I prefer to receive hardcopy)</p> <p>Please note:</p> <ul style="list-style-type: none"> <li>Unless you opt out, you will automatically be enrolled into the e-statement service if you have an email address registered with us.</li> <li>Should you prefer to receive paper statement to your mailing address, you can select opt out from e-Statement.</li> <li>The e-Statement Service is currently available for all policy statements – Annual, Bonus and Monthly Statements.</li> <li>We will notify you of any changes to your eStatement option.</li> </ul>
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<b>C1. PRIMARY CONTACT PREFERENCE</b>	<b>(*FOR JOINT ASSIGNMENT ONLY)</b>
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To send all correspondence, notices, statements, notifications or payments to the mailing address, email address or phone number of either First Assignee or Second Assignee:

First Assignee                       Second Assignee

(\*Please tick one box only)

**Note:**  
Failure to specify the primary contact preference will result in the First Assignee being assigned as the primary contact person. If the primary contact person changes his or her mailing address, email address, or phone number, the contact information for this policy will be automatically updated.

<b>EMPLOYMENT DETAILS</b>
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FIRST ASSIGNEE	SECOND ASSIGNEE
<p><b>Employment Status:</b></p> <p><input type="checkbox"/> Self Employed (Sole Proprietor/Freelance)</p> <p><input type="checkbox"/> Self Employed (Business Owner)</p> <p><input type="checkbox"/> Employed Staff</p> <p><input type="checkbox"/> Key Controller (Such as CEO, CFO, COO, MD)</p> <p><input type="checkbox"/> Home Maker</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Student: Name of School _____</p> <p>Couse Completion Date (dd/mm/yyyy) _____</p>	<p><b>Employment Status:</b></p> <p><input type="checkbox"/> Self Employed (Sole Proprietor/Freelance)</p> <p><input type="checkbox"/> Self Employed (Business Owner)</p> <p><input type="checkbox"/> Employed Staff</p> <p><input type="checkbox"/> Key Controller (Such as CEO, CFO, COO, MD)</p> <p><input type="checkbox"/> Home Maker</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Student: Name of School _____</p> <p>Couse Completion Date (dd/mm/yyyy) _____</p>
<p><b>Name of Employer/Business &amp; Office Address:</b></p>  <p>Postal Code: _____ Country/Region: _____</p>	<p><b>Name of Employer/Business &amp; Office Address:</b></p>  <p>Postal Code: _____ Country/Region: _____</p>
<p><b>Occupation:</b></p> <p><b>Job Title:</b></p> <p><b>Length of Service:</b> _____ year(s) _____ month(s)</p>	<p><b>Occupation:</b></p> <p><b>Job Title:</b></p> <p><b>Length of Service:</b> _____ year(s) _____ month(s)</p>
<p><b>Industry / Nature of Business:</b></p> <p><input type="checkbox"/> Money Services Business</p> <p><input type="checkbox"/> Involved in production/distribution of military products</p> <p><input type="checkbox"/> Casino/Other types of gaming/gambling operations</p>	<p><b>Industry / Nature of Business:</b></p> <p><input type="checkbox"/> Money Services Business</p> <p><input type="checkbox"/> Involved in production/distribution of military products</p> <p><input type="checkbox"/> Casino/Other types of gaming/gambling operations</p>

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<input type="checkbox"/> Charities, Non-Profit Organization, Non-Government Org <input type="checkbox"/> Government and State-Owned Bodies <input type="checkbox"/> Casino/Other types of gaming/gambling operations <input type="checkbox"/> Others: _____	<input type="checkbox"/> Charities, Non-Profit Organization, Non-Government Org <input type="checkbox"/> Government and State-Owned Bodies <input type="checkbox"/> Casino/Other types of gaming/gambling operations <input type="checkbox"/> Others: _____
<b>Source of Ongoing Wealth/Income</b> – you may tick more than 1 option <input type="checkbox"/> Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Savings <input type="checkbox"/> Investment Income <input type="checkbox"/> Lottery <input type="checkbox"/> Others: _____	<b>Source of Ongoing Wealth/Income</b> – you may tick more than 1 option <input type="checkbox"/> Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Savings <input type="checkbox"/> Investment Income <input type="checkbox"/> Lottery <input type="checkbox"/> Others: _____
<b>Annual Income (S\$):</b> <b>Other Income (S\$):</b> <b>Sources(s) of Other Income:</b> <b>Country(s)/Region(s) where you have accumulated your wealth:</b>	<b>Annual Income (S\$):</b> <b>Other Income (S\$):</b> <b>Sources(s) of Other Income:</b> <b>Country(s)/Region(s) where you have accumulated your wealth:</b>
<b>D. PAYOR DETAILS</b>	
Will premium payment of the policy be made by the Assignee(s)? <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide reason, if 'No') _____ If <b>No</b> , please provide details of the <u>Payor</u> and submit a copy of Payor's NRIC / Passport (with minimum 6 months' validity)	
<b>Full Name</b> as in NRIC/Passport (including alias) Last Name / Surname: First / Given Name: Other Name:	
<b>Date of Birth</b> (dd/mm/yyyy):	<b>Country / Region of Residence:</b>
<b>Nationality</b> (please list all)	<b>Relationship with Assignee(s):</b>
<b>Reason for funding arrangement:</b>	

**E. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**

FIRST ASSIGNEE	SECOND ASSIGNEE
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a United States Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States Green Card Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a United States Green Card Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>any</b> of the above is Yes, please complete and submit a <b>US IRS Form W-9</b> together with this form.	If <b>any</b> of the above is Yes, please complete and submit a <b>US IRS Form W-9</b> together with this form.
If <b>all</b> of the above is No, please complete and submit a <b>US IRS Form W-8BEN</b> together with this form if you have any of the following:	If <b>all</b> of the above is No, please complete and submit a <b>US IRS Form W-8BEN</b> together with this form if you have any of the following:
<ul style="list-style-type: none"> <li>Residential / Mailing / Permanent address in the United States</li> <li>United States phone number</li> <li>United States as country of birth</li> </ul>	<ul style="list-style-type: none"> <li>Residential / Mailing / Permanent address in the United States</li> <li>United States phone number</li> <li>United States as country of birth</li> </ul>

**F. DECLARATION OF POLITICALLY EXPOSED PERSON (PEP)**

FIRST ASSIGNEE	SECOND ASSIGNEE
Have you or any person in connection with this policy* ever been a Politically Exposed Person (PEP), a family member of a PEP or close associate of a PEP?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any person in connection with this policy* ever been a Politically Exposed Person (PEP), a family member of a PEP or close associate of a PEP?  <input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , please provide the following details:	If <b>Yes</b> , please provide the following details:
1. Full Name of PEP as shown in NRIC/Passport (including alias):	1. Full Name of PEP as shown in NRIC/Passport (including alias):
2. Rank/Position held by PEP:	2. Rank/Position held by PEP:
3. Country/Region where the PEP holds office:	3. Country/Region where the PEP holds office:
4. Relationship with Assignee:	4. Relationship with Assignee:

\*This include policyowner(s), life insured, beneficial owner(s), beneficiary(ies), director(s) and authorised signatory(ies)

A Politically Exposed Person ("PEP") is defined as an individual who is or has been entrusted with prominent public positions in Singapore, a foreign country/region or an international organisation, which includes a current or former senior official in the executive, legislative, administrative, military or judicial branches of a government or a government agency, a member of a ruling royal family, a senior official of a political party, a senior executive of a government-owned or government-funded corporation, institution or charity and a senior executive of an international organisation. Family member of a PEP means parent, spouse, child, sibling, partner, uncle, aunt, cousin, niece, nephew, grand-parent/child, all in-laws, and includes any such step relatives or adopted family members.

Close associate of a PEP means a person who is widely and publicly known to maintain close relationship with a PEP either socially or professionally.

**G. DECLARATION OF BENEFICIAL OWNER (BO) – complete this section if applicable**

**Please complete this Section only if you are not the Beneficial Owner.**

For avoidance of doubt, completion of this section does not in any way constitute a nomination of beneficiary(ies) under the policy.

- Full Name of Beneficial Owner as shown in NRIC/Passport: (including alias)
- Former/Other Name: (documentary proof is required e.g. deed pool)
- NRIC/Passport No:
- Relationship with Policyowner:

A copy of NRIC / Passport of Beneficial Owner must be submitted to us.

"Beneficial Owner" as defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or a legal arrangement.

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## H. OTHER DETAILS

**Purpose of insurance** - you may tick more than 1 option

- Protection  Children Education  Retirement Planning  Wealth Accumulation  Legacy Planning
- Others \_\_\_\_\_

## 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(s), the Assignor(s) does hereby sell, assign and transfer to the Assignee(s) absolutely the full benefit of all monies assured or to become payable by or under the abovenumbered policy 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(s) hereby covenants with the Assignee(s) that the Assignor(s) 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(s) 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(s) declares that a receipt signed by the Assignee(s) shall fully discharge HSBC Life (Singapore) Pte. Ltd. from its liabilities and obligations under the policy in respect of which the receipt is given.
4. This Assignment shall be governed by and construed in accordance with the laws of Singapore

Signature of Main Policyowner 1 (First Assignor)

Name:

Signature of Joint Policy owner (Second Assignor)

Name:

Signature of First Assignee

Name:

Signature of Second Assignee

Name:

Signature of Witness 1

Name (as per NRIC):

NRIC:

Signature of Witness 2

Name (as per NRIC):

NRIC:

### IMPORTANT NOTES

- If the assignment is not between immediate family members (i.e. spouse, parents, children), both the assignee(s) and the assignor(s) 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 number clearly indicated. The signature of the Policyowner(s) should be signed in the same manner as it appears 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(SRS) is **not permitted**.
- The Policyowner's right to terminate the policy within a period of 30 days from the date of his receipt of the policy from HSBC Life (Singapore) Pte. Ltd. ("the Free-Look Period") shall inure to the benefit of the Assignee(s) where this Assignment occurs during the Free-Look Period and the Assignee(s) may terminate the policy within the Free-Look Period subject to the terms and conditions of the policy.
- When there is a change in Policyowner(s), any supplementary benefit that covers the original Policyowner(s) will automatically be removed.
- HSBC Life (Singapore) Pte. Ltd. is not a party to this Assignment and assumes no responsibility for the validity or legality of the Assignment.



**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.hsbclife.com.sg](http://www.hsbclife.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.hsbclife.com.sg](http://www.hsbclife.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 for First Assignee

CRS – I

Please complete Parts 1– 3 in BLOCK CAPITALS

## Part 1: Identification of Individual Account Holder

### A. Full Name of Account Holder as shown in NRIC/Passport including alias

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

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 personal data supplied by me is being collected for the purposes set out in HSBC's Data Privacy Policy, which may be found on <https://www.insurance.hsbc.com.sg/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 Life 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 Life 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 Life 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:

# Individual Tax Residency Self-Certification Form for Second Assignee

CRS – I

Please complete Parts 1– 3 in BLOCK CAPITALS

## Part 1: Identification of Individual Account Holder

### E. Full Name of Account Holder as shown in NRIC/Passport including alias

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Others	<input type="text"/>
Family Name or Surname	<input type="text"/>					
First or Given Name	<input type="text"/>					
Middle Name	<input type="text"/>					

### F. Current Residence Address

<b>Line 1</b> House/Apt/Suite Name, Number, Street	<input type="text"/>		
<b>Line 2</b> Town/City/Province/ County/State	<input type="text"/>		
Country/Jurisdiction	<input type="text"/>	Postal Code/ZIP Code	<input type="text"/>

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

<b>Line 1</b> House/Apt/Suite Name, Number, Street	<input type="text"/>		
<b>Line 2</b> Town/City/Province/ County/State	<input type="text"/>		
Country/Jurisdiction	<input type="text"/>	Postal Code/ZIP Code	<input type="text"/>

### H. 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:

- (iii) where the Account Holder is a tax resident;
- (iv) 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 personal data supplied by me is being collected for the purposes set out in HSBC's Data Privacy Policy, which may be found on <https://www.insurance.hsbc.com.sg/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 Life 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 Life 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 Life 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.