

AUTOMATIC EXCHANGE OF INFORMATION TAX COMPLIANCE FORM - INDIVIDUAL

PLEASE COMPLETE USING BLACK OR BLUE INK AND PRINT YOUR RESPONSES

1.	FIRST NAME	MIDDLE NAME	LAST NAME		
2.	RESIDENTIAL ADDRESS (INCLUDING	COUNTRY)			
3.	MAILING ADDRESS (INCLUDING COU	JNTRY) (IF DIFFERENT):			
4.	TELEPHONE NUMBER(S) INCLUDING	AREA CODE (XXX)-XXX-XXXX			
	HOME:	WORK:	MOBILE:		
5.	E-MAIL ADDRESS:				
6.	COUNTRY(IES) OF CITIZENSHIP OR I IF YOU ARE A CITIZEN OR NATIONAL OF MO	NATIONALITY: RE THAN ONE COUNTRY, PLEASE STATE ALL COUNT	RIES.		
7.	TAX RESIDENCE COUNTRY(IES): PLEASE STATE ALL COUNTRIES IN WHICH YOU ARE LIABLE TO TAX BY REASON OF RESIDENCE, DOMICILE, ETC				
8.	PLEASE PROVIDE THE TAX IDENTIFI CORRESPONDING ORDER TO ITEM 7.	CATION NUMBER FOR EACH TAX RESIDENC	Y COUNTRY: PLEASE LIST TAX ID NUMBERS IN		
9	DATE OF BIRTH:	10. CITY OF BIRTH:	11. COUNTRY OF BIRTH:		
12.	ARE YOU THE HOLDER OF A U.S. GR	REEN CARD? YES NO			
13.	PRESENT IN THE PRECEDING YEAR	E PRESENT IN THE U.S. IN THE CURRENT Y AND 1/6 OF THE DAYS YOU WERE PRESENT R 31 DAYS DURING THE CURRENT YEAR AN	IN THE FIRST OF THESE 3 YEARS, HAVE		
4.	ADE VOLLA ODANITE OF A DOWN	OF ATTORNEY OR AN AUTUORISE COMME	YES NO		
14.	ARE YOU A GRANTEE OF A POWER	OF ATTORNEY OR AN AUTHORISED SIGNAT	ORY WITH A U.S. ADDRESS?		
			YES NO		

CS10277 – September 2017



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15.	ARE YOU GIVING STANDING INSTRUCTIONS FOR THE TRANSFER OF DIVIDEND INCOME TO A U.S. ACCOUNT?				
		YES	NO		
16.	HAVE YOU DESIGNATED ANY U.S. BENEFICIARIES ON YOUR ACCOUNT? IF YES, PLEASE STATE THE FULL NAMES AND ADDRESSES OF THE BENEFICIARIES:	YES	NO		
17.	COMPLETION OF U.S. TREASURY FORMS IF YOU ARE A U.S. CITIZEN, RESIDENT OR GREEN CARD HOLDER PLEASE CONFIRM COMPLETION OF FORM WIS IF YOU HAVE PROVIDED INFORMATION INDICATING A CONNECTION TO THE U.S. BUT ARE NOT A U.S. PERSON, PLEASE CONFIRM COMPLETION OF FORM W8-BEN OR OTHER APPROPRIATE FORM AND SUBMISSION OF SUPPORTING DOCUMENTATION.	9.	ATTACHED		
18.	DECLARATION AND WAIVER				
THE UNDERSIGNED CONFIRMS THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT AND AUTHORIZES SAGICOR (WHICH EXPRESSION SHALL INCLUDE SAGICOR FINANCIAL CORPORATION LIMITED AND ANY ENTITY UNDER ITS CONTROL) TO SUBMIT ALL CURRENT AND HISTORICAL DATA RELATED TO ANY PAST OR PRESENT ACCOUNT(S) OF THE UNDERSIGNED, INCLUDING, BUT NOT LIMITED TO, THE EXISTENCE OF THE ACCOUNT IN THE NAME OF THE UNDERSIGNED; THE IDENTITY, ADDRESS AND TAX IDENTIFICATION NUMBER OF THE UNDERSIGNED; THE BENEFICIAL OWNER OF THE ACCOUNT; THE HOLDERS OF POWERS OF ATTORNEY FOR THE ACCOUNT; THE DETAILS OF ANY ACCOUNT TRANSACTIONS; THE NATURE, BALANCES AND COMPOSITION OF THE ASSETS HELD IN THE ACCOUNT; ANY CORRESPONDENCE RELATING TO THE ACCOUNT AND ANY US INTERNAL REVENUE SERVICE OR DEPARTMENT OF TREASURY FORMS WHICH THE UNDERSIGNED FURNISHES TO THE SAGICOR (COLLECTIVELY "CUSTOMER INFORMATION") TO THE U.S. INTERNAL REVENUE SERVICE OR DOMESTIC GOVERNMENTAL AUTHORITIES ("AUTHORITIES") AS NECESSARY FOR COMPLIANCE WITH THE U.S. FOREIGN ACCOUNT TAX COMPLIANCE ACT, THE MULTILATERAL COMPETENT AUTHORITY AGREEMENT ON AUTOMATIC EXCHANGE OF FINANCIAL ACCOUNT INFORMATION OR RELATED DOMESTIC LEGISLATION.					
THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT CUSTOMER INFORMATION MAY BE USED BY ONE OR MORE OF THE AUTHORITIES FOR LAW ENFORCEMENT PURPOSES, INCLUDING BUT NOT LIMITED TO CRIMINAL PROCEEDINGS AND CIVIL TAX PROCEEDINGS AGAINST THE UNDERSIGNED OR THIRD PARTIES. THE UNDERSIGNED HEREBY RELEASES AND DISCHARGES SAGICOR FROM ITS OBLIGATIONS UNDER ANY CONTRACTUAL OR STATUTORY PROVISION WHICH RESTRICTS THE DISCLOSURE OF CUSTOMER INFORMATION AND AGREES THAT SAGICOR MAY CONTACT THE UNDERSIGNED AT ANY TIME BY ANY MEANS IN ORDER TO OBTAIN OR UPDATE CUSTOMER INFORMATION AND THAT THE UNDERSIGNED WILL ALSO UNDERTAKE TO ADVISE SAGICOR OF ANY CHANGE IN CIRCUMSTANCES WHICH AFFECTS HIS TAX RESIDENCY STATUS OR STATUS AS A US PERSON THAT WOULD CAUSE THE INFORMATION CONTAINED HEREIN TO BECOME INCORRECT TO INCOMPLETE AND TO PROVIDE A SUITABLY UPDATED SELF-CERTIFICATION AND DECLARATION.					
SIGN	ATURE DATE				
APPLICATION / ACCOUNT NO.					