Sagicor

AUTOMATIC EXCHANGE OF INFORMATION TAX COMPLIANCE FORM – INDIVIDUAL

PLEASE COMPLETE USING BLACK OR BLUE INK AND PRINT YOUR RESPONSES TO ALL ITEMS, INDICATING 'N/A' WHERE NECESSARY

1.	FIRST NAME	MIDDLE NAME	LAST NAME
2.	RESIDENTIAL ADDRESS (INCLUDING COUNTRY)		
3.	MAILING ADDRESS (INCLUDING COUNTRY) (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 NATIONALITY: IF YOU ARE A CITIZEN OR NATIONAL OF MORE THAN ONE COUNTRY, PLEASE STATE ALL COUNTRIES.		
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 IDENTIFICATION NUMBER FOR EACH TAX RESIDENCY COUNTRY: PLEASE LIST TAX ID NUMBERS IN CORRESPONDING ORDER TO ITEM 7.		
8A.	IF A TAX ID NUMBER IS UNAVAILABLE, PLEASE CHOOSE THE APPROPRIATE REASON: • ☐ THE COUNTRY/JURISDICTION WHERE THE ACCOUNT HOLDER IS RESIDENT DOES NOT ISSUE TINs TO ITS RESIDENTS. • ☐ THE ACCOUNT HOLDER IS OTHERWISE UNABLE TO OBTAIN A TIN. (PLEASE PROVIDE A REASON WHY YOU ARE UNABLE TO OBTAIN A TIN, IF YOU HAVE SELECTED THIS REASON) • ☐ NO TIN IS REQUIRED. (ONLY SELECT THIS REASON IF THE DOMESTIC LAW OF THE RELEVANT JURISDICTION DOES NOT REQUIRE THE COLLECTION OF THE TIN ISSUED B Y SUCH JURISDICTION)		
8B.	PLEASE EXPLAIN BELOW WHY YOU ARE UNABLE TO OBTAIN IF YOU SELECTED THE SECOND REASON ABOVE.		
9.	DATE OF BIRTH:	10. CITY OF BIRTH:	11. COUNTRY OF BIRTH:
12.	ARE YOU THE HOLDER OF A U.S. GREEN CARD? YES ☐ NO ☐		
13.	COUNTING ALL THE DAYS YOU WERE PRESENT IN THE U.S. IN THE CURRENT YEAR, 1/3 OF THE DAYS YOU WERE PRESENT IN THE PRECEDING YEAR AND 1/6 OF THE DAYS YOU WERE PRESENT IN THE FIRST OF THESE 3 YEARS, HAVE YOU BEEN PRESENT IN THE U.S. FOR 31 DAYS DURING THE CURRENT YEAR AND 183 DAYS DURING THE LAST 3 YEARS? YES ☐ NO ☐		
14.	ARE YOU A GRANTEE OF A POWER OF ATTORNEY OR AN AUTHORISED SIGNATORY WITH A U.S. ADDRESS? YES ☐ NO ☐		
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 FORM ATTACHED

IF YOU ARE A U.S. CITIZEN, RESIDENT OR GREEN CARD HOLDER PLEASE CONFIRM COMPLETION OF FORM W9.
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. ☐ ☐

18. DECLARATION AND WAIVER

THE UNDERSIGNED CONFIRMS THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT AND AUTHORIZES SAGICOR (WHICH EXPRESSION SHALL INCLUDE SAGICOR FINANCIAL COMPANY LTD. 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 OR INCOMPLETE AND TO PROVIDE A SUITABLY UPDATED SELF-CERTIFICATION AND DECLARATION.

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SIGNATURE DATE

APPLICATION / ACCOUNT NO.