

SELF-CERTIFICATION

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost Luxembourg S.A.

Words in the singular include the plural and vice versa. A reference to one gender includes a reference to the other gender.

Policy Number

SELF-CERTIFICATION

In the context of the FATCA intergovernmental agreement (the "FATCA IGA") entered into with the United States, Utmost Luxembourg S.A. (following the "Insurer") is required to identify all policyholders, proxy holders, cession holders and beneficiaries which qualify as a "Specified U.S. Person" under the FATCA IGA on the basis of a self-certification to be provided by these persons.

A Specified U.S. Person is, with respect to individuals, any U.S. citizen or any other resident alien.

Resident aliens include, among others, persons who meet the green card test, i.e. persons who have been issued an alien registration card and who are authorised to reside permanently in the United States, or persons who meet the substantial presence test, i.e. persons who were physically present in the United States on at least 31 days during the current year and 183 days during the 3-year period that includes the current year and the 2 years immediately before that, counting all the days present during the current year, 1/3 of the days present in the preceding year and 1/6 days present in the preceding year.

For the purposes of complying with its obligations under the FATCA IGA, we request that you fill in this self-certification form. Please note that we are able to accept US tax form W-8BEN as an alternative to this self-certification if you are not a Specified U.S. person. If you are a Specified U.S. person you must provide a US tax form W-9.

Data Protection:

- › When reports are sent to the competent authorities, your personal data is processed by the Insurer and transmitted in accordance with the applicable legal requirements.
- › You will receive an Information Notice relating to this data processing before a report is sent to the competent authority.
- › You will have 1 (one) month to exercise your rights of access, rectification, erasure, restriction, portability or opposition (if applicable).
- › If we do not receive a reply from you within 1 (one) month of sending the Information Notice, we will assume that the data is correct, and it will be forwarded as is to the competent authority.

Surname(s)

First name(s)

Acting as

Policyholder

Cession Holder

Proxy Holder

Beneficiary

1. PLEASE STATE YOUR PERMANENT RESIDENCE ADDRESS

Street/N°

City/County

Postcode

Country

2. PLEASE STATE REQUIRED BIRTHPLACE AND BIRTH DATE DETAILS

Date of birth

d	d	m	m	y	y	y	y
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 Country of birth

City of birth

If the place of birth is in the United States but you are no longer a U.S. citizen, then written evidence confirming that you are not a Specified U.S. Person must be provided.

3. PLEASE COMPLETE THE TABLE BELOW STATING COUNTRIES IN WHICH YOU ARE TAX-RESIDENT OR LIABLE FOR PAYING TAX, ALONG WITH THE ASSOCIATED TAX IDENTIFICATION NUMBER*

COUNTRY OF TAX RESIDENCY	TAX IDENTIFICATION NUMBER

4. WHAT IS YOUR NATIONALITY/IN WHICH COUNTRIES DO YOU HAVE CITIZENSHIP STATUS? IF YOU HAVE NATIONALITY/CITIZENSHIP STATUS IN MORE THAN ONE COUNTRY PLEASE LIST ALL COUNTRIES OF WHICH YOU ARE A NATIONAL/CITIZEN*

NATIONALITY/ COUNTRY OF CITIZENSHIP	TAX IDENTIFICATION NUMBER (IF APPLICABLE)

*If you are unsure of your nationality, tax residency or citizenship status, or have any questions regarding tax you should seek advice from an appropriately qualified adviser.

I hereby certify that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete.

I further certify that I am not a U.S. citizen nor another Specified U.S. person, including a resident alien individual.

OR

I further certify that I am a U.S. citizen or another Specified U.S. person, including a resident alien individual. I attach a US tax form W-9.

The Insurer is unable to advise on these matters and cannot be held responsible for incorrect information provided in this self-certification and any consequences of this.

I undertake to provide the Insurer with all necessary information and documentation to allow compliance with the provisions of any agreement requiring exchange of tax information and in particular the FATCA IGA. I acknowledge that the Insurer will communicate such information to the competent authorities if required to do so by a competent authority.

I undertake and agree to inform within 30 days the Insurer of a change of my status if I become or cease to be a Specified U.S. Person, as applicable.

Policyholder 1

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

Policyholder 2

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

Policyholder 3

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

Policyholder 4

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost Luxembourg S.A. is registered with R.C.S. under number B37604 and regulated by the Commissariat aux Assurances (CAA)
 Registered office address: 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg
 Utmost Wealth Solutions is registered in Luxembourg as a business name of Utmost Luxembourg S.A.