APEX (FRANCE) TAX INFORMATION EXCHANGE PACK



SELF-CERTIFICATION FORM FOR INDIVIDUALS

HOW TO COMPLETE THIS FORM

If you are completing a hard copy of this form, please use **blue or black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Do not use correction fluid. SIGNATURE** This symbol highlights the signature sections within this form that need to be signed by the Policyholder, Authorised Signatory or Beneficiary as applicable.

WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Once complete, return this form to: Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Alternatively, completed forms and supporting documentation that are digitally signed and/or scanned, can be emailed to us at: ccsfrontoffice@utmost.ie

HOW WE USE YOUR INFORMATION

Our Privacy Notice explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy at www.utmostinternational.com/privacy-statements/ or you can request a copy from our Customer Operations team.

IMPORTANT INFORMATION

This pack has been created based on our interpretation of the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS) as at 1 January 2017 and may change in the future.

WHY HAVE I BEEN ASKED TO COMPLETE THIS FORM?

You have been asked to complete this form so that Utmost PanEurope dac ('Utmost PanEurope') can accurately report your Policy under Ireland's tax information exchange agreements, including FATCA and the CRS. This may be due to a change of circumstances on your Policy which potentially changes the status under these agreements, such as a full assignment, or because we do not currently hold sufficient information on our records to enable us to report your account correctly.

This form should be completed and signed by:

- > the Policyholder
- > persons authorised to sign on behalf of the Policyholder, for example their power of attorney or court appointed deputy, where appropriate documentation is held by Utmost PanEurope.

WHAT HAPPENS IF I DO NOT COMPLETE THIS FORM?

Completion of this form is a **mandatory** regulatory requirement. Failure to provide information when requested, could lead to your details being reported without the necessary correct information. This may ultimately lead to investigations by your local tax jurisdiction. Utmost PanEurope will continue to remind anyone who fails to provide a completed self-certification at least annually.

NOTES ON TAX RESIDENCY

Your tax residence is generally the country in which you live for more than half a year. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be tax resident elsewhere or tax resident in more than one country at the same time (dual tax residency). The country / countries in which you pay income tax are likely to be your country / countries of tax residence. If you are a US citizen or hold a US passport or green card, you will also be considered tax resident in the US even if you live outside the US. You can find more information on tax residency at http://www.oecd.org/tax/automatic-exchange /crs-implementation-and-assistance/

A WEALTH of DIFFERENCE

 $Utmost\,Wealth\,Solutions\,is\,a\,brand\,name\,used\,by\,a\,number\,of\,Utmost\,companies.\,This\,item\,has\,been\,issued\,by\,Utmost\,PanEurope\,dac.$

 ${\tt Utmost\,PanEurope\,dac\,is\,regulated\,by\,the\,Central\,Bank\,of\,Ireland}.$

Utmost PanEurope dac is a designated activity company registered in Ireland (number 311420), with a registered office at Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8. Ireland.

Utmost PanEurope dac is authorised for the pursuit of the life insurance business in France on a freedom to provide services basis, and is duly registered for such purposes with the French Prudential Control and Resolution Authority (Autorité de Contrôle Prudentiel et de Résolution or 'ACPR') under the number 228159.

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1	INDIVIDUAL SELF	F-CERTIFICATION		
Ple	_			
1	Policy number]	
2	Policyholder		1	
3	Beneficiary		The Beneficiary	
4	Full name		only needs to fill in this form in the event of the death of the Relevant Life Assured.	
5	Permanent residential address		Assured	
	Postcode]	
6	Date of birth	d d m m y y y y		
Please complete below as appropriate; you may need to complete more than one if you are tax resident in multiple jurisdictions.				
7	French tax resident	Tick here if you are tax resident in France		
		French Tax Number		
8	US tax resident	Tick here if you are tax resident in the USA		
		US Tax Identification Number (TIN)	_	
9	Other tax resident	Tick here if you are tax resident in any other countries and provide details below		
		Country of tax residency Tax reference number	7	
			-	
			_	
0	ply complete if a French Tax	Number, TIN or other tax reference has not been provided above.	_	
		o obtain a French Tax Number, TIN or tax reference number due to:		
	•	erson pays tax does not issue tax reference numbers to its residents		
> E	3 - the person completing t (provide explanation be	his form is unable to obtain a tax reference number low).		
			For example, a minor who is a Beneficiary may not have a tax reference number. You should take reasonable steps to obtain and provide a tax reference to Utmost PanEurope at the earliest opportunity.	

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I declare that the information provided on this form is, to the best of my knowledge and belief, accurate and complete.

I understand and agree that the information provided to Utmost PanEurope may be shared with the Office of the Revenue Commissioners in Ireland and exchanged with the tax authorities of another country or countries as required under the intergovernmental agreements.

I agree to inform Utmost PanEurope immediately should any information provided by me within this pack change, **and understand** that I am obliged to do so.

	Person 1	
SIGNATURE		SIGNATURE
Print full name		
Date	d d m m y y y y	
We may need to	o contact you in relation to the completion of this form. Please provide details of method of contact below.	
	Person 1	
Telephone number		These details will only be used for
(including international dialling code)		the administration of the Policy held with us.
Email address		

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