

# International Tax Compliance Self-Certification Form

Utmost PanEurope dac (Utmost PanEurope) is required by Irish law to ask the Policyholder for tax related information. Utmost PanEurope may be required to pass on this information to The Office of the Revenue Commissioners in Ireland. This form incorporates the requirements of:

- i. the US Foreign Account Tax Compliance Act (FATCA) based on the Intergovernmental Agreement signed on 21 December 2012 between the US Government and the Irish Government.
- ii. the Standard for Automatic Exchange of Financial Account Information in Tax Matters, commonly known as the Common Reporting Standard (CRS), as implemented in Irish law.

If you have any questions on how to complete this form, Utmost PanEurope recommends that you speak to your tax or legal adviser.

Policy number: _____ Policyholder: _____ Beneficiary <sup>1</sup> : _____
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Individual <input type="checkbox"/> Entity <input type="checkbox"/>
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<p><b>Individual</b></p> <p><b>Once this section is completed please continue to the Declaration section and sign the form.</b></p> <p>If there are more than two Policyholders/Beneficiaries, please use a separate sheet to provide the required information.</p>	
<p><b>First Policyholder/Beneficiary</b></p> <p>Name: _____</p> <p>Date of birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/></p> <p>Current residential address: _____                  _____                  _____</p> <p>Country of tax residence<sup>2</sup>: _____</p> <p>Taxpayer Identification Number (TIN): _____</p> <p>Citizen/Resident in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, US Federal TIN: _____</p>	<p><b>Second Policyholder/Beneficiary (if any)</b></p> <p>Name: _____</p> <p>Date of birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/></p> <p>Current residential address: _____                  _____                  _____</p> <p>Country of tax residence<sup>2</sup>: _____</p> <p>Taxpayer Identification Number (TIN): _____</p> <p>Citizen/Resident in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, US Federal TIN: _____</p>

*(Continued overleaf)*

<sup>1</sup> The Beneficiary only needs to fill out this form in the event of the death of the Life Assured.  
<sup>2</sup> If you are tax resident in more than one country, please use a separate sheet and indicate the country of tax residence and the associated TIN.

# International Tax Compliance Self-Certification Form (continued)

<b>Entity</b>	
Address: _____	Country of incorporation/organisation: _____
_____	_____
_____	Country of tax residence <sup>3</sup> : _____
_____	Tax Identification Number (TIN): _____

All entities must complete part 1 and part 2.

<b>Part 1: Foreign Account Tax Compliance Act (FATCA)</b>	
Is the entity a foreign financial institution?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes</b> , please state your Global Intermediary Identification Number (GIIN):	
□ □ □ □ □ □ - □ □ □ □ □ □ - □ □ - □ □ □ □	
If you do not hold a GIIN but are sponsored by another entity, please provide your sponsor's GIIN:	
□ □ □ □ □ □ - □ □ □ □ □ □ - □ □ - □ □ □ □	
If the entity is a foreign financial institution but does not hold a GIIN or sponsor GIIN, the entity will be classified as a Non-Participating Foreign Financial Institution (NPFFI).	
<b>If no</b> , is the entity classified as an <b>Active</b> Non-Financial Foreign Entity (NFFE)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the entity is not a foreign financial institution or Active NFFE, the entity will be classified as a <b>Passive</b> NFFE and <b>part 3 must be completed</b> .	

(Continued overleaf)

<sup>3</sup> If the entity is tax resident in more than one country, please use a separate sheet and indicate the country of tax residence and the associated TIN. If not tax resident in any country, please provide the country of effective management or principal office location.

# International Tax Compliance Self-Certification Form (continued)

**Part 2: Common Reporting Standard (CRS)**

a. Is the entity a financial institution? Yes  No

**If yes**, and the financial institution is an investment entity located in a non-participating jurisdiction and managed by another financial institution, **part 3 must be completed**. Please tick the box if this applies and continue to part 3.

**If no**, is the entity excluded from reporting under CRS? Yes  No

b. If the answer is no to question a, is the entity classified as an **Active** Non-Financial Entity (NFE)? Yes  No

If the entity is not a financial institution or Active NFE, the entity will be classified as a **Passive** NFE and **part 3 must be completed**.

**Part 3: Controlling person**

Where required and as indicated by your answers above, please provide details on all controlling persons identified as part of anti-money laundering and know your customer processes. If there are more than two controlling persons, please use a separate sheet to provide the required information.

<b>First controlling person</b>	<b>Second controlling person (if any)</b>
Name: _____	Name: _____
Date of birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date of birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Current residential address: _____ _____ _____	Current residential address: _____ _____ _____
Country of tax residence <sup>4</sup> : _____	Country of tax residence <sup>4</sup> : _____
Taxpayer Identification Number (TIN): _____	Taxpayer Identification Number (TIN): _____
Citizen/Resident in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>	Citizen/Resident in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, US Federal TIN: _____	If yes, US Federal TIN: _____

(Continued overleaf)

<sup>4</sup> If you are tax resident in more than one country, please use a separate sheet and indicate the country of tax residence and the associated TIN.

# International Tax Compliance Self-Certification Form (continued)

## Declaration

My signature below is confirmation that:

- I acknowledge that the information contained in this form and information regarding my Policy 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 intergovernmental agreements.
- I agree to inform Utmost PanEurope within 30 days of a change in circumstances that causes any information on this form to become incorrect by the completion of a new International Tax Compliance Self-Certification form.
- I declare that I have examined the information on this form and to the best of my knowledge and belief, it is true, correct and complete.

Signature of first Policyholder/Beneficiary:

Signature of second Policyholder/Beneficiary (if any):

Date:

Date:

### Utmost PanEurope dac

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Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost PanEurope dac is regulated by the Central Bank of Ireland (No 311420). Its registered office is Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.