

First Policy No.:									
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Second Policy No.:									
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SELF-CERTIFICATION FORM OF ENTITY (POS-G68)

Name of Declarer (Name of entity or Branch):	Type of Declarer: <input type="checkbox"/> Policy Owner <input type="checkbox"/> Assignee <input type="checkbox"/> Beneficiary
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Important Notes / Disclaimer:

(1) This is a self-certification form provided by Declarer to YF Life Insurance International Limited ("the Company") for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Company to Inland Revenue Department for transfer to the tax authority of another jurisdiction.

(2) All parts of this form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, please complete on Form G03.

(3) Taxpayer Identification Number or its functional equivalent is abbreviated as "TIN".

(4) YF Life Insurance International Ltd. does not provide any tax or legal advice. If the Declarer has any questions regarding his / her tax residency or related information, please seek independent professional advice from legal or tax expert(s) or visit the website of the Hong Kong Inland Revenue Department / U.S. Internal Revenue Service for details.

(5) The below definitions are not exhaustive and for reference only. For details, please refer to Foreign Account Tax Compliance Act issued by U.S. Internal Revenue Service and / or Common Reporting Standards issued by Organization for Economic Co-operation and Development.

(6) Please read instructions and glossary in below websites before completing the form:
 Hong Kong: http://www.ird.gov.hk/chi/tax/aeoj/self_cert.htm / Macau: <https://www.dsfgov.mo/AEOI/?lang=zh&FormType=3#top>

I / We represent, confirm, and declare the following:

Legal Name of Declarer : _____

Business Registration Number : _____

Place of Incorporation of Declarer : _____

Current Business Address of Declarer : _____

Correspondence Address : _____

Part 1 Declarer's U.S. Tax Status Declaration

Is the Declarer a U.S person, being a U.S. corporation, partnership, estate, or trust?

- Yes → Please submit Form W-9 and fill-in U.S. tax residence and U.S TIN in the below "Jurisdiction of Residence List".
- No

Part 2 Declarer's Tax Residency

Please complete the following table indicating all jurisdictions of residence (including Hong Kong and Macau) and Declarer's TIN issued by the jurisdiction.

If the Declarer is a tax resident of Hong Kong, the "TIN" is the Hong Kong Business Registration Number.

If the Declarer is not a tax resident in any jurisdiction (e.g., fiscally transparent), please indicate the jurisdiction in which its place of effective management is situated.

If a TIN is unavailable, please provide the appropriate reason:

Reason A - The jurisdiction where the Declarer is a resident for tax purposes does not issue TINs to its residents.

Reason B - The Declarer is unable to obtain a TIN. Please explain why the Declarer is unable to obtain a TIN if you have selected this reason.

Reason C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

Jurisdiction of Residence List			
Jurisdiction of Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why the Declarer is unable to obtain a TIN if Reason B has been selected



Supplementary Information

Part 3 Entity Type of the Declarer

The Declarer is a: **(Please tick one as appropriate)**

Financial Institution	<input type="checkbox"/>	Custodial Institution, Depository Institution or Specified Insurance Company
	<input type="checkbox"/>	Investment Entity, except an investment entity that is managed by another financial institution (e.g., with discretion to manage the entity's assets) and located in a non-participating jurisdiction
Active NFE	<input type="checkbox"/>	NFE the stock of which is regularly traded on _____ which is an established securities market
	<input type="checkbox"/>	Related entity of _____ the stock of which is regularly traded on _____ which is an established securities market
	<input type="checkbox"/>	NFE is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the foregoing entities
	<input type="checkbox"/>	Active NFE other than the above (Please specify _____)
Passive NFE	<input type="checkbox"/>	Investment entity that is managed by another financial institution and located in a non-participating jurisdiction
	<input type="checkbox"/>	NFE that is not an active NFE

Part 4 Controlling Persons (Complete this part if the entity account holder is passive NFE)

Indicates all the names of controlling person(s) of the declarer in the table below. If no natural person exercises control over an entity which is a legal person, the controlling person will be the individual holding the position of senior managing official. Complete Self-certification of Controlling Person (POS-G68CP) for each controlling person.

(1)	(2)
(3)	(4)
(5)	(6)
(7)	(8)

Part 5 Declarations and Signature

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Policyholder and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region / Financial Services Bureau of the Government of Macau Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Policyholder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112) / Macau laws and regulations. I certify that I am the Policyholder / I am authorized to sign for the Policyholder of all the account(s) to which this form relates. I undertake to advise YF Life Insurance International Limited ("the Company") of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances.

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false, or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction shall bear any legal liability(ies) arising therefrom.

Name

Signature and Company Stamp

#Capacity

Date (MM/DD/CCYY)

E.g., director or officer of a company, partner of a partnership, trustee of a trust etc.