



TAX REPORTING FORM – Individuals

Policy #					
Name	LAST NAME		FIRST NAME		MIDDLE NAME(S)
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/> Separated <input type="checkbox"/>
Date of Birth	(DD/MM/YYYY)		Place of Birth	Status <input type="checkbox"/> Citizen <input type="checkbox"/> Resident	
Nationality				Dual Nationality (please state other nationality)	
National Registration No.		Passport No.		Drivers Licence No.	
Telephone Contact INCLUDING AREA CODE (XXX) XXX-XXXX	HOME		BUSINESS		CELL
Email contact					
Occupation					
Name of Employer					
Address of Employer					
Telephone Contact INCLUDING AREA CODE (XXX) XXX-XXXX	BUSINESS			FAX	
Website					

The Foreign Account Tax Compliance Act (FATCA) (to which legal effect is given by local law) requires financial institutions to report certain information to the Internal Revenue Service of the United States of America. Common Reporting Standards ('CRS') is a similar tax reporting duty (to which legal effect is also given by local law), which requires financial institutions to report information to certain other jurisdictions.

INSTRUCTIONS

1. If you are a U.S. citizen, U.S. Resident, or Green Card Holder, complete the IRS W-9 Form (form completed)
2. If you are not a U.S citizen or U.S Resident, complete the IRS W-8BEN Form (form completed)
3. If you have provided information indicating a connection to the U.S. but are not a resident or citizen of the U.S., confirm here submission of the W-8BEN Form and any other appropriate forms and/or documentation (form/(s) completed and submitted)

List all the countries of which you are a citizen	1.	2.	3.
List the Tax I.D. # for each country of which you are a citizen	1.	2.	3.
Are you a U.S citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a permanent resident of the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you the holder of a U.S. Green Card? Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential Address U.S. (if applicable)			
Mailing Address in the U.S. (if applicable)			

Permanent residential address (other than U.S.)			Country
Mailing address (other than U.S.)			Country
List all the countries of which you are resident:			
1.	2.	3.	
List the tax identification number for each country of which you are a resident:			
1.	2.	3.	
Were you present in the U.S. for 31 days during the current year, and 183 days during the last three years? – Yes <input type="checkbox"/> No <input type="checkbox"/> .			
Are you a grantee or a power of attorney or an authorised signatory with a U.S. address or the address of any other country? Yes <input type="checkbox"/> No <input type="checkbox"/> . If yes, name those countries:			
1.	2.	3.	
Are you giving standing instructions or have given standing instructions for the transfer of funds to an account maintained in the U.S. or in any other country? Yes <input type="checkbox"/> No <input type="checkbox"/> . If yes, name those countries:			
1.	2.	3.	
Have you designated any U.S. beneficiaries or beneficiaries of any other country (other than Barbados) on your account? Yes <input type="checkbox"/> No <input type="checkbox"/>			
I declare that: <ol style="list-style-type: none"> 1. I will notify ResLife within thirty (30) days of any material change to the information I have submitted. 2. I understand that to comply with the law, ResLife is obligated to disclose the information I have submitted including any such information regarding cash values and the account values of my insurance contracts to relevant tax authorities and to any person to whom disclosure is legally required by applicable law. 3. I authorise ResLife to disclose the above-mentioned information to relevant tax authorities, to any person duly authorised to audit the accounts of ResLife to ensure compliance with relevant laws and to any person to whom disclosure is legally required by applicable law. 			
Name: _____	Name of Witness: _____		
Signature: _____	Signature: _____		
Date: _____	Date: _____		

FOR OFFICIAL USE			
Form Completed By:			
Beneficiary <input type="checkbox"/>	Policyholder <input type="checkbox"/>	Controlling Person <input type="checkbox"/>	
Initials of Client Relations Representative _____			