



**TAX REPORTING FORM – Organisations**

<b>Policy No.</b>			
<b>Registered Name</b>			
<b>Trading Name (If applicable)</b>			
<b>Date of Incorporation/ Establishment</b>	(DD/MM/YYYY)	<b>Place of Incorporation/ establishment</b>	
<b>Date of commencement of business</b>	(DD/MM/YYYY)		
<b>Registered Address of Business</b>			
<b>Mailing Address</b>			
<b>Telephone contact</b>	OFFICE	FAX	
<b>Email</b>			
<b>Website</b>			

**FOREIGN ACCOUNT TAX COMPLIANCE ACT ('FATCA' OR 'THE ACT') AND COMMON REPORTING STANDARDS ('CRS')**

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 or U.S. Resident (U.S. Person), please ensure that you complete the U.S. Internal Revenue Service **W-9** form.
2. If you are not a U.S. Citizen or U.S. Resident (U.S. Person), please ensure that you complete a U.S. Internal Revenue Service **W-8BEN-E** form.
3. If you are unsure of your status, please seek independent tax advice for clarification, as it is important for you to know your tax status.
4. If you are an Owner acting on behalf of a third party, **OR** if a third party will pay for this policy, **OR** will have use of the policy, **OR** access to the contract value, **OR** can change the beneficiary under this contract please ensure that such third party completes a separate **FATCA Third Party Form**.

Please confirm below:

Is your entity incorporated, organised, or supervised under the authority of laws (including under any court authority) in the United States of America?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a Trust, would a court within the U.S. have authority under applicable law to render Orders or Judgments concerning substantially all issues regarding administration of the Trust, and (ii) one or more U.S. persons have authority to control all substantial decisions of the Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>

List the countries in which your entity is incorporated, organised, or supervised; and in the case of a trust list the country(ies) in which all substantial issues regarding administration of the Trust, and (ii) one or more controlling persons of that country have authority to control all substantial decisions of the Trust.

1.	2.	3.
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Provide the tax identification number(s) for your entity.

Country	Tax Identification #
Country	Tax Identification #
Country	Tax Identification #

Does your entity have a U.S. address?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, state the U.S. address \_\_\_\_\_

Does your entity have an address in a country other than Barbados?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, state the address \_\_\_\_\_

	Country
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Does your entity have a <b>Global Intermediary Identification Number (GIIN)</b> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Provide GIIN above \_\_\_\_\_

U.S. Taxpayer Identification Number? \_\_\_\_\_

Provide U.S. Taxpayer Identification Number above

Name the persons who exercise control over the entity. Ensure that each Controlling Person named below, completes a **W-8BEN** or **W-9** as appropriate to their circumstances and the **Tax Reporting Form** for the individual.

**Controlling Persons** mean the natural persons who exercise control over the entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any) the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means person in equivalent or similar positions.

Full name of controlling persons and their signatures.

Controlling Person	Signature
Controlling Person	Signature

Are any of the persons who exercise control over the entity a U.S. Citizen or a U.S. Resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Name the controlling persons who are U.S. Citizens or U.S. Residents.

1.	2.	3.
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Name the countries of which your controlling persons are either resident and/or citizen. (Other than U.S.)

Controlling Person

Resident

Citizen

Controlling Person

Resident

Citizen

Controlling Person

Resident

Citizen

Please indicate your status (FATCA)

- Specified U.S. Person
- Barbados Financial Institution
- Partner Jurisdiction Financial Institution
- Participating FFI
- A deemed compliant FFI
- An exempt beneficial owner
- Active NFFE
- Passive NFFE
- Non-Participating Financial Institution

Please indicate your CRS status \_\_\_\_\_

Please verify that you have completed either a W-9 Form or a W-8BEN-E

- W-9
- W-8BEN-E

**I declare that:**

1. I will notify ResLife within thirty (30) days of any material change to the information I have submitted. Material changes include changes to citizenship, residency, or tax status.
2. I understand that to comply with the law, ResLife is obligated to disclose the information I have submitted including any such information regarding the cash values and the account values of my insurance contracts to relevant tax authorities and to any other 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 of authorised signatory :** \_\_\_\_\_

**Name of Witness:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_