

Self-Certification Form - Individual 自我證明表格 - 個人

Policy No. _____

保單編號 _____

Important Notes 重要提示：

- This self-certification should be completed only by an applicant / policyholder / beneficiary ("account holder") who is an individual. If the account holder is an entity (including a trust or a company), it must complete a separate form titled "Self-Certification Form - Entity."
 - This is a self-certification provided by an account holder to Standard Life (Asia) Limited ("Company") for the purpose of automatic exchange of financial account information ("AEOI") and the U.S. Foreign Account Tax Compliance Act ("FATCA"). The data collected may be transmitted by the Company to the Inland Revenue Department ("IRD") or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction. The data collected may be transmitted by the Company to the U.S. Internal Revenue Service ("IRS"). The Company may be required under FATCA to impose withholding tax on certain policy payments.
 - An account holder must report all changes in his/her tax residence status to the Company within 30 days of that change.
 - Please see the IRD website for the definitions of the terms used in this form and further guidance on AEOI in Hong Kong: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm.
 - Please see the agreement between Hong Kong and the United States for the implementation of FATCA in Hong Kong: <http://www.fstb.gov.hk/fsb/topical/doc/HK-USIGA.pdf>.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s).
- 本身自我證明表格應由具有申請人、保單持有人或受益人(以下簡稱為「帳戶持有人」)身份的個人填寫。如果帳戶持有人是實體(包括信託和公司),請填寫另一張名為「自我證明表格 - 實體」的表格。
 - 這是帳戶持有人根據自動交換財務帳戶資料以及美國《海外帳戶稅收合規法案》的規定,向標準人壽保險(亞洲)有限公司(以下簡稱為「標準人壽」)提供的自我證明表格。標準人壽可把收集所得的資料交給香港特別行政區稅務局或者其他相關的本地或海外稅務部門,用於轉交給另一稅務管轄區稅務部門。標準人壽亦可將收集所得的資料交給美國國稅局。標準人壽可能須按照美國《海外帳戶稅收合規法案》的要求,對部分保單款項代扣預扣稅。
 - 如帳戶持有人的稅務居民身份有所改變,應在變更發生後三十天內將所有變更通知標準人壽。
 - 關於本表格中所用詞彙的定義,以及自動交換財務帳戶資料的指引詳情,請見稅務局網頁:http://www.ird.gov.hk/chi/tax/dta_aeoi.htm。
 - 香港特別行政區與美國關於在香港實施《海外帳戶稅收合規法案》的協議,請見:<http://www.fstb.gov.hk/fsb/topical/doc/HK-USIGA.pdf>。
 - 除不適用或特別註明外,必須填寫這份表格所有部分。如這份表格上的空位不敷應用,可另紙填寫。

Part 1 第 1 部分 Identification of Individual Account Holder 個人帳戶持有人的身份識別資料

(For joint or multiple account holders, complete a separate form for each individual account holder.)
(聯名帳戶之每一名帳戶持有人,請各自填寫一份自我證明表格。)

Name of Account Holder 帳戶持有人的姓名

Title (e.g. Mr, Mrs, Ms, Miss)

稱謂(例如:先生、太太、女士、小姐) _____

Last Name or Surname 姓氏 _____

First or Given Name 名字 _____

Middle Name(s) 中間名 _____

Hong Kong Identity Card or Passport Number

香港身份證或護照號碼 _____

Current Residence Address 現時住址

Line 1 (e.g. Suite, Floor, Building, Street, District)
第 1 行(例如:室、樓層、大廈、街道、地區) _____

Line 2 (City) 第 2 行(城市) _____

Line 3 (e.g. Province, State) 第 3 行(例如:省、州) _____

Country 國家 _____

Post Code/ZIP Code 郵政編碼 / 郵遞區號碼 _____

Mailing Address 通訊地址 (Complete if different to the current residence address) (如通訊地址與現時住址不同,請填寫此欄)

Line 1 (e.g. Suite, Floor, Building, Street, District)
第 1 行(例如:室、樓層、大廈、街道、地區) _____

Line 2 (City) 第 2 行(城市) _____

Line 3 (e.g. Province, State) 第 3 行(例如:省、州) _____

Country 國家 _____

Post Code/ZIP Code 郵政編碼 / 郵遞區號碼 _____

Date of Birth 出生日期 (dd/mm/yyyy) (日 / 月 / 年) _____

Place of Birth 出生地點

Town/City 鎮 / 城市 _____

Province/State 省 / 州 _____

Country 國家 _____

Part 2 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")

第 2 部分 稅務居住地及稅務編號或具有同等識辨功能的編號 (以下簡稱為「稅務編號」)

Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the account holder is a **resident for tax purposes** and (b) the account holder's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence.

If you are a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.

If you are a tax resident of China, the TIN is the China Identity Card Number.

You are a tax resident of the United States if you are a U.S. citizen, permanent resident ("Green Card" holder), or otherwise a U.S. tax resident under the U.S. Internal Revenue Code. If you are a U.S. tax resident, please fill out the U.S. social security number as the U.S. TIN.

If a TIN is unavailable, provide the appropriate reason A, B or C:

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

Reason B – The account holder is unable to obtain a TIN. Explain why the account holder 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.

請填妥下列表格，並列明（一）帳戶持有人的**稅務居住地**，亦即帳戶持有人的稅務管轄區（香港包括在內）及（二）該稅務居住地給予帳戶持有人的稅務編號。請列出閣下所屬的**所有**（不限於五個）稅務居住地。

如帳戶持有人的香港稅務居民，稅務編號是其香港身份證號碼。

如閣下是中國內地稅務居民，稅務編號是閣下的中國身份證號碼。

如閣下是美國公民、永久居民（即「綠卡持有人」）或其他根據《美國稅務法典》具有稅務居民身分的人士，您將被視為美國的稅務居民。如果閣下是美國稅務居民，請以您的美國社會福利保障號碼作為稅務編號填寫下列表格。

如沒有提供稅務編號，必須填寫合適的理由：

理由 A – 帳戶持有人的稅務居住地並沒有向其居民發出稅務編號。

理由 B – 帳戶持有人不能取得稅務編號。如選取這一理由，請提供帳戶持有人不能取得稅務編號的原因。

理由 C – 帳戶持有人毋須提供稅務編號。稅務居住地的主管機關不需要帳戶持有人披露稅務編號。

Jurisdiction of Residence 稅務居住地	TIN 稅務編號	Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號， 填寫理由 A、B 或 C	Explain why the account holder is unable to obtain a TIN if you have selected Reason B 如選擇理由 B，請提供帳戶持有人 不能取得稅務編號的原因
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____

Part 3 第 3 部分 Declarations and Signature 聲明及簽署

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the Company for the purpose of automatic exchange of financial account information under AEOI and FATCA; (b) such information and information regarding the account holder and any reportable account(s) may be reported by the Company to the IRD or any other domestic or foreign tax authority and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder 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) and the applicable AEOI rules; and (c) such information and information regarding the account holder and any reportable account(s) may be reported by the Company to the IRS.

I certify that I am the account holder or that I am authorized to sign for the account holder of all the account(s) to which this form relates.

I waive all rights I have, if any, to prohibit or restrict disclosure of information as required under AEOI, FATCA and the applicable domestic and foreign laws and regulations.

I agree with the terms and conditions as stated in this form, including but not limited to the Company's reporting of my personal data and account information to any domestic and foreign tax authority and imposing FATCA withholding tax on certain policy payments.

I undertake to advise the Company of any change in circumstances which affects the tax residence status of the individual identified in Part 1 of 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.

本人確認及同意：(一) 標準人壽可收集并備存本表格所載資料，用作根據有關交換財務帳戶資料和美國《海外帳戶稅收合規法案》的規定，進行自動交換財務帳戶資料；(二) 標準人壽可向香港特別行政區政府稅務局或者其他本地或海外稅務部門申報本表格所載資料和關於帳戶持有人及任何須申報帳戶的資料，並根據《稅務條例》(香港法例第一百一十二章)中有關交換財務帳戶資料的規定和適用的自動交換財務帳戶資料規則，將資料轉交至帳戶持有人所屬的其他稅務居住地之稅務部門；及(三) 標準人壽可向美國國稅局申報本表格所載資料以及關於帳戶持有人和任何須申報帳戶的資料。

本人證明，就與本表格所有相關的帳戶，本人是帳戶持有人或者本人已獲帳戶持有人授權簽署本表格。

本人放棄，本人所擁有的關於禁止或限制任何根據自動交換財務帳戶資料、美國《海外帳戶稅收合規法案》或其他本地或海外法律的規定而進行的資料披露之全部權利(如有)。

本人同意本表格上所載的條款，其中包括但不限於標準人壽可向本地或海外稅務部門申報本人的個人資料，和根據美國《海外帳戶稅收合規法案》的規定對部分保單款項代扣預扣稅。

本人承諾，如情況發生改變，以致影響本表格第 1 部分所述的個人的稅務居民身份，或導致本表格所載的資料變得不正確，本人會通知標準人壽，並會在情況發生改變後三十日內，向標準人壽提交一份已適當更新的自我證明表格。

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.
本人聲明，就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

Signature 簽署 _____

Name 姓名 _____

Capacity* 簽署人身份* _____

Date (dd/mm/yyyy) 日期(日/月/年) _____

* Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified copy of the power of attorney.

* 如果閣下並非第 1 部分所列的個人，請列明您的身份。如果閣下正依照一份授權書中的授權簽署本表格，請附上授權書的核證副本。

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 to a fine at level 3 (i.e. \$10,000).

警告：根據《稅務條例》第 80(2E) 條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級(即港幣 10,000 元)罰款。

Standard Life (Asia) Limited (662679) is registered in Hong Kong at 12/F., Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Authorised by the Insurance Authority of Hong Kong to write Class A, Class C and Class I long term business in Hong Kong.

標準人壽保險(亞洲)有限公司(662679)的註冊公司地址為香港鰂魚涌英皇道 979 號太古坊林肯大廈 12 樓，其已獲香港的保險業監管局授權於香港承保 A 類、C 類及 I 類之長期業務。

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