




Entity Classification Declaration Form Under The U.S. Foreign Account Tax Compliance Act (FATCA)
「美國外國帳戶稅務合規法案(FATCA)」之機構身分確認聲明書

Policy Number 保單號碼	Name of Proposed Insured / Insured 準受保人 / 受保人姓名	ID Card Number / Passport Number 身份證號碼 / 護照號碼	 05422032
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼	
Operations Team 營運部組別	Agent / Broker Name 營業員 / 經紀姓名	Agent's / Broker Tel. No 營業員 / 經紀聯絡電話	

Entity Name: _____

Entity Address: _____

Formed or existing under the laws of _____(place of jurisdiction)
Please submit W9 if place of jurisdiction is U.S.

For Non-U.S. entity, please answer the below:
Please answer the below 2 questions (i) & (ii) for classification as Passive Non-Financial Foreign Entity

- (i) The entity that is a non- financial institution with 50% or more of gross income for the preceding calendar year is passive income*; or
 Yes No
- (ii) The entity that is a non- financial institution with 50% or more of the assets at any time during the preceding calendar year are held for production of passive income* Yes No

*Passive income include interest, dividends, rents and royalties (other than those derived from the activeconduct of a trade or business), annuities, and similar type of income

If both of the above two questions are "No", please tick either Box (A) or Box (B) in the below. If either of the above two answers is "Yes", please tick Box (C)

(A) I certify that the Entity is in active business or trade and is not a financial institution

OR

(B) The Entity has identified its status under the Foreign Account Tax Compliance Act by completing a W-8BEN-E form
[Please submit the latest W-8BEN-E form]

(C) The entity has beneficial owner(s) with a more than 10% direct or indirect interest in the Entity who is a US citizen, resident or U.S. Entity Yes No
 If the answer of the above is "Yes", please provide the Name, address and U.S. Taxpayer Identification Number(TIN) of each substantial U.S. owner holding more than 10% of direct or indirect interest in the Entity

	Name	Address	TIN
Shareholder 1	_____	_____	_____
Shareholder 2	_____	_____	_____
Shareholder 3	_____	_____	_____
Shareholder 4	_____	_____	_____
Shareholder 5	_____	_____	_____
Shareholder 6	_____	_____	_____
Shareholder 7	_____	_____	_____
Shareholder 8	_____	_____	_____
Shareholder 9	_____	_____	_____

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").
 I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request. Upon the submission of a request for change tax residency status to us, we will correspondingly update the status (including AIA International Limited, AIA Company Limited and AIA Everest Life Company Limited) in respect.

Signature of Shareholder 1 _____	Signature of Shareholder 6 _____
Signature of Shareholder 2 _____	Signature of Shareholder 7 _____
Signature of Shareholder 3 _____	Signature of Shareholder 8 _____
Signature of Shareholder 4 _____	Signature of Shareholder 9 _____
Signature of Shareholder 5 _____	

Personal Information Protection Law of The People's Republic of China ("China PIPL")

A Privacy Addendum in compliance with the China PIPL is available at: www.aia.com.hk (Privacy Statement), and is made available upon request. It is applicable to you if you are located in Mainland China.
 I have read and understood the Privacy Addendum and agree that the AIA group of companies can process my personal information as set out in the Privacy Addendum.

I certify that the information above is accurate and that I will update AIA in the event that there is any change in circumstances which makes the certifications above inaccurate, within 30 days of such change.

For and on behalf of _____ (Name of Entity)

_____ (Signature with Company Chop)

Name _____ Title _____ Date _____

"AIA" shall refer to AIA International Limited (Incorporated in Bermuda with limited liability), AIA Company Limited (Incorporated in Hong Kong with limited liability) or AIA Everest Life Company Limited (Incorporated in Hong Kong with limited liability), as the case may be, depending on the issuing company of the relevant insurance policies this form / request / correspondence is subject to.

機構名： _____

機構地： _____

機構之組織登記法律 _____ (法律依據地)

如法律依據地為美國，請填寫及遞交美國稅務表格W-9

如非美國所屬機構，請回答以下問題：

請回答以下問題一及問題二，以便辨識是否被動的非金融機構。

(問題一) 前一年度被動所得 (註 1) 稅前收入相等於或超過總收入的50%; 是 否

(問題二) 前一年度產生被動所得之資產金額相等於或超過總資產的50% 是 否

(註 1) 被動所得是指，機構非基於其營業活動所產生之投資收入，例如股息、利息、房租等。

如以上問題一及問題二均為”否”，請選擇以下甲項或乙項。

如以上任何一題為”是”，請回答丙項。

(甲) 本人確認本機構為非金融機構並有從事實質業務

或

(乙) 本機構就所填寫之W-8BEN-E 表格證明已進行「美國外國帳戶稅務合規法案」身分辨識 **【請遞交最新之W-8BEN-E表格】**

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(丙) 股東中有美國公民 / 美國居民 / 美國機構，且該名股東的股權直接或間接持有大於10%。 是 否

如以上為“是”，請列出股權大於10%之美國公民 / 美國居民 / 美國機構之股東姓名、地址及美國稅籍編號(TIN)

	姓名	地址	稅籍編號
股東一	_____	_____	_____
股東二	_____	_____	_____
股東三	_____	_____	_____
股東四	_____	_____	_____
股東五	_____	_____	_____
股東六	_____	_____	_____
股東七	_____	_____	_____
股東八	_____	_____	_____
股東九	_____	_____	_____

個人資料收集及使用

本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。

本人 / 我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。本人 / 我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人 / 我們的個人資料至香港（如保單在香港簽發）或澳門（如保單在澳門簽發）境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。遞交申請更改稅務居民身分，其所有相關保單的稅務居民身分（包括友邦保險(國際)有限公司，友邦保險有限公司及友邦雋峰人壽有限公司）將會相應地更新。

股東一簽名	_____	股東六簽名	_____
股東二簽名	_____	股東七簽名	_____
股東三簽名	_____	股東八簽名	_____
股東四簽名	_____	股東九簽名	_____
股東五簽名	_____		

中華人民共和國個人信息保護法（「個人信息保護法」）

遵照個人信息保護法的私隱附錄可於以下網站下載：www.aia.com.hk（私隱權保護政策）。您亦可向我們索取。如您位於中國內地，此私隱附錄則適用於您。

我已閱讀及明白私隱附錄，並同意友邦保險集團可按照私隱附錄處理我的個人信息。

本人確認上述資料準確無誤。如有任何改變的情況致使上述確證不準確，本人會於變更後三十天內通知友邦。

本人代表 _____（機構名稱）

_____（簽署連同公司蓋印）

負責人姓名 _____ 職銜 _____ 簽署日期 _____

“AIA”指友邦保險(國際)有限公司（於百慕達註冊成立之有限公司），友邦保險有限公司（於香港註冊成立之有限公司）或友邦雋峰人壽有限公司（於香港註冊成立之有限公司）（視情況而定），具體取決於本表格 / 要求相關保單的簽發公司。