

## Self-Certification Form - Individual

## 自我證明表格 - 個人

Policy Number

保單號碼

Name of Individual Account Holder

個人帳戶持有人名稱

**This form is for self-certification only. For any policy changes, e.g. change of mailing address, please use the related change form.**  
**此表格只供自我證明之用。保單更改事宜，例如：更改地址，請使用相關的更改表格。**

 Applicant/Policyowner 保單申請人/保單持有人 Successor Owner 繼任持有人 Beneficiary 受益人

## Important Notes:

- This is a Self-Certification Form provided by an Applicant/Policyowner/Successor Owner/Beneficiary (the "Account Holder") to Chubb Life Insurance Company Limited ("the Company") for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Company to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.
- The Account Holder should report all changes in his/her tax residency status to the Company.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s).
- This self-certification will replace your existing self-certification in the Company (if any); and if you are Applicant/Policyowner/Successor Owner, all information (except mailing address) provided in this form will be updated to ALL policy(ies) under you, while the mailing address will be updated to the policy(ies) of the above mentioned policy number(s) only unless otherwise expressly stipulated to the contrary.

## 重要提示：

- 這是由保單申請人/保單持有人/繼任持有人/受益人（「帳戶持有人」）向安達人壽保險香港有限公司（「本公司」）提供的自我證明表格，以作自動交換財務帳戶資料用途。本公司可把收集所得的資料交給稅務局，稅務局會將資料轉交到另一稅務管轄區的稅務當局。
- 如帳戶持有人的稅務居民身份有所改變，應盡快將所有變更通知本公司。
- 除不適用或特別註明外，必須填寫這份表格所有部份。如這份表格上的空位不夠應用，可另紙填寫。
- 此自我證明將會取代您於本公司原有的自我證明（如有）；及如果您是保單申請人/保單持有人/繼任持有人，除有明文的相反規定外，所有於本表格提供的資料（郵遞地址除外）將會更改至您名下之所有保單，而郵遞地址則只會更新至上述指明保單號碼之保單。

## PART I: Identification of Individual Account Holder 第一部份: 個人帳戶持有人的身份識辨資料

If you are applying the policy as an applicant/policyowner of the policy and confirm that the information provided in the application is update, correct and complete as of the signing date of this Self-Certification Form, please indicate your confirmation by ticking this box and you shall therefore not be required to complete Part I below.

如果您正作為保單申請人/保單持有人申請保單，並確認於此自我證明簽署日期時，申請書上所提供的資料為最新、準確及完整，請於此空格內加上剔號確認及您因此不須填寫以下的第一部份。

1. Surname in English  
姓氏(英文)2. Other name in English  
名字(英文)3. H.K.ID card/Passport No. 香港  
身份證/護照號碼4. Date of birth  
出生日期

dd	mm	yyyy
日	月	年

5. Place of birth  
出生地6. Residential address in English  
住宅地址(英文)

Flat/Rm	Floor	Block
室	樓	座

Building/Estate name  
大廈/屋苑名稱Street name & no.  
街道名稱及號碼District/Country  
地區/國家Postal code  
郵政編號

7. Mailing address (Complete if different to the current residence address) 郵遞地址 (如與住宅地址不同, 填寫此欄)	Flat/Rm Floor 室 _____ 樓 _____	Block 座 _____
Building/Estate name 大廈/屋苑名稱		
Street name & no. 街道名稱及號碼		
District/Country 地區/國家		
Postal code 郵政編號		

## PART II: Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")

第二部份: 居留司法管轄區及稅務編號或具有等同功能的識辨編號 (以下簡稱「稅務編號」)

1. Please select your tax residency(ies) (can select more than one) 請選擇您的稅務居民身份 (可選擇多項)  
 Hong Kong<sup>\*\*\*</sup> 香港<sup>\*\*\*</sup>    US<sup>\*\*\*</sup> 美國<sup>\*\*\*</sup>    Others<sup>\*\*\*</sup> 其他<sup>\*\*\*</sup>

**\*\*If you confirm that your citizenship, residency or nationality is US, or you are a resident in the US for tax purposes, please provide a signed Form W-9 "Request for Taxpayer Identification Number and Certification" ("Form W-9").**  
 如您確認您的公民身份、居籍或國籍為美國, 或是有美國繳稅義務之美國居民, 請提交已簽署的 W-9 表格。

**\*\*If you confirm that your place of birth, address or telephone number is in US, please provide (i) a signed Form W-8BEN "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)"; (ii) a valid government issued identification document evidencing the non-US citizenship; and (iii) a copy of Certificate of Loss of Nationality of the United States or a valid government issued certificate of residence evidencing non-US residency.**

如您確認您的出生地為美國, 或擁有美國地址或電話號碼, 請提交 (i) 已簽署的 W-8BEN 表格; (ii) 由政府發出的有效身份證明文件以茲證明您非美國公民; 及 (iii) 放棄美國國籍證明書之副本或由政府發出的有效居住證明文件副本以茲證明您的居籍非為美國。

**\*\*\*If the answer to question 1 above includes "Hong Kong" and/or "Others", please complete the following table indicating (i) the country/jurisdiction of residence (including Hong Kong) where Account Holder is a tax resident; and (ii) Account Holder's Taxpayer Identification Number ("TIN") for each country/jurisdiction indicated. If Account Holder is a tax resident in more than three countries/jurisdictions, please use a separate Self-Certification Form to supplement. If Account Holder is filling in this form on behalf of someone else, Account Holder is required to tell the Company in what capacity in which Account Holder is acting on behalf of another person by completing this form and/or the "Supplementary Form of Beneficial Owner/Controlling Person/Successor Owner" (NB222) (for Applicant/ Policyowner/Successor Owner)/"Declaration Form of Beneficial Owner/Controlling Person" (CLMO10) (for Beneficiary) to furnish necessary information. To facilitate the completion of the table below, Account Holder **must read** the Notes for Completion below carefully. Further details for the understanding of the said Notes and meaning of the terms can be found within the Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) ("IRO") or the website of Inland Revenue Department of Hong Kong.**

如果第1題的答案包括「香港」及/或「其他」, 請回答下表並列出 (i) 帳戶持有人為稅務居民的納稅居住國家/司法管轄區 (包括香港); 及 (ii) 帳戶持有人於每個國家/司法管轄區的稅務編號。如果帳戶持有人是三個以上國家/司法管轄區的稅務居民, 請以另一張自我證明表格補充。如填寫此表格的帳戶持有人是代表其他人行事, 帳戶持有人必須於本表格及/或於「實益擁有人/控權人/繼任持有人補充資料表格」(NB222) (如為保單申請人/保單持有人/繼任持有人)/「實益擁有人/控權人聲明書」(CLMO10) (如為受益人) 提供所需資料以告訴本公司帳戶持有人是以什麼身份行事。為方便完成下表, 帳戶持有人**必須細閱**下方的填寫須知。更多關於上述須知及術語意義的詳情可於《稅務條例》(香港法律第112章) (「稅務條例」) 或香港稅務局網頁找到。

If the Account Holder is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number (for individual) and the Hong Kong Business Registration Number (for entity).

如帳戶持有人是香港稅務居民, 稅務編號是其香港身份證號碼 (就個人而言) 及商業登記號碼 (就實體而言)。

Jurisdiction of Residence and Taxpayer Identification Number (TIN) 居留司法管轄區及稅務編號 (TIN)

Country/Jurisdiction of tax residence <sup>(1)</sup> 納稅居住國家 / 司法管轄區 <sup>(1)</sup>	TIN 稅務編號	If no TIN available, please provide Reason A, B or C <sup>(2)</sup> 如未能提供稅務編號, 請提供原因 A、B 或 C <sup>(2)</sup>	<b>MUST</b> explain why you are unable to obtain a TIN if you selected Reason B <sup>(2)</sup> 如您選擇原因 B, <b>必須</b> 解釋為何您未能夠獲得稅務編號 <sup>(2)</sup>
I.			
II.			
III.			

Footnotes: 附註:

(1) Pursuant to sub-section 3 of Section 50B of the IRO, the Company may collect information from the Account Holder for identifying his/her tax residency even if he/she is a resident for tax purposes in a territory outside Hong Kong that is not a "Reportable Jurisdiction" as defined under Part I of Schedule 17E of the IRO. If the country/jurisdiction of tax residence(s) so provided in the above table is/are different from the country/jurisdiction of residential address/ mailing address/ workplace address as provided in Part I of this form/per our record, please provide the explanation in question 2 below.

根據稅務條例第 50B 第 3 款, 本公司可為識辨帳戶持有人的稅務居民身份而收集資料, 即使他/她是某個並非「申報稅務管轄區」(定義於稅務條例第 17E 第 1 部份) 的地區的稅務居民。如於上述列表的納稅居住國家/司法管轄區與此表格第一部份提供/本公司紀錄之住宅地址/郵遞地址/工作地址的國家/司法管轄區不同, 請於以下第 2 題提供解釋。

(2) If a TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:

**Reason A** - The country/jurisdiction where the Account Holder is a tax resident does not issue TINs to its tax residents.

**Reason B** - The Account Holder is otherwise unable to obtain a TIN or equivalent number. Please explain why a TIN is unable to be obtained in the above table if this reason is selected.

**Reason C** - No TIN is required. (Note: Only select this reason if the domestic law and authority of the relevant jurisdiction of tax residence does not require the collection and disclosure of the TIN issued by such jurisdiction)

如未能提供稅務編號, 請提供以下適合的原因 A、B 或 C:

原因 A - 帳戶持有人為稅務居民的國家/司法管轄區不提供稅務編號於其稅務居民。

原因 B - 帳戶持有人因其他原因未能獲得稅務編號或相等的編號。如選擇此原因, 請於上表解釋為何未能獲得稅務編號。

原因 C - 不需要稅務編號。(註: 只有當相關納稅居住司法管轄區的國內法及主管機關並不需要該司法管轄區收集及披露稅務編號, 才選擇此原因)

2. Please provide explanation(s) if the country/jurisdiction of tax residence(s) so provided in the above table is/are different from the country/jurisdiction of residential address/ mailing address/ workplace address as provided in Part I of this form/per our record:

如於上述列表的納稅居住國家/司法管轄區與此表格第一部份提供/本公司紀錄之住宅地址/郵遞地址/工作地址的國家/司法管轄區不同，請提供解釋：

### Notes for Completion 填寫須知

The Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) (“IRO”) requires and authorizes the Company to collect and/or report certain information about the Account Holder’s tax residence and the policy information for the purpose of automatic exchange of financial account information. This form is intended to request and collect information consistent with the law requirements in Hong Kong.

《稅務條例》(香港法律第112章)要求及授權本公司為自動交換財務帳戶資料，可收集及/或報告若干關於帳戶持有人納稅居住地的資料及保單資料。此表格旨在要求及收集與香港法例要求一致的資料。

**As a financial institution, the Company is not allowed to give tax advice.** If Account Holder has any questions on Account Holder’s tax residence status and/or in answering this Self-Certification Form, please seek advice from independent tax adviser.

**作為一間財務機構，本公司不得提供稅務意見。**如帳戶持有人對帳戶持有人的納稅居住地狀況/或回答此自我證明表格有任何問題，請向獨立稅務顧問徵詢意見。

Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if Account Holder is a tax resident in the jurisdiction. In general, Account Holder will find that tax residence is the country/jurisdiction in which Account Holder resides. Special circumstances may cause Account Holder to be a tax resident elsewhere or a tax resident in more than one country/jurisdiction at the same time. For more information on tax residence, please consult a tax adviser or find the information at the Automatic Exchange of Information (“AEOI”) portal of the Organisation for Economic Co-operation and Development (“OECD”). Account Holder’s domestic tax authority may provide guidance regarding how to determine the tax status.

每個司法管轄區均按其本身的規則釐定納稅居住地的定義，及司法管轄區已提供了關於如何決定帳戶持有人是否該司法管轄區的稅務居民的資料。一般而言，帳戶持有人會發現納稅居住地為帳戶持有人居住的國家/司法管轄區。若干特別情況可能會導致帳戶持有人成為其他地方的稅務居民，或同時成為超過一個國家/司法管轄區的稅務居民。有關納稅居住地的更多資訊，請諮詢稅務顧問或尋找經濟合作暨發展組織資訊自動交換網站的資料。帳戶持有人的本地稅務機關或能提供指引如何決定稅務狀況。

If Account Holder’s tax residence is located outside Hong Kong, the Company may be legally obliged to pass on the information in this form and other required information with respect to the Account Holder’s Policy to the Inland Revenue Department of Hong Kong (“IRD”) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange relevant account/policy information.

如果帳戶持有人的納稅居住地是於香港以外，本公司在法律上可能有責任把此表格內的資料或其他關於帳戶持有人的保單要求的資料轉交於香港稅務局，及他們可能根據政府之間交換相關戶口/保單資料的協定與其他可能為帳戶持有人所屬稅務居民的司法管轄區交換資料。

Kindly note that this Self-Certification Form will remain valid unless there is a change in circumstances relating to information, such as Account Holder’s tax residence status or other mandatory field information, that makes the information incorrect or incomplete. In that case, Account Holder must notify the Company and provide an updated self-certification.

請注意此自我證明表格將一直有效，直至出現資料(如帳戶持有人稅務居住狀況或其他必須填寫的欄目資料)變動而導致資料失實或不完整。在這種情況下，帳戶持有人必須通知本公司及提供最新的自我證明。

If there is any discrepancy or contradictory information are found during application/due diligence process of the Company, the Company may clarify with Account Holder and Account Holder may be requested to provide an updated self-certification or provide explanation on the discrepancy if necessary. Failing to provide an updated self-certification or explanation may cause your related application to be unsuccessful (if applicable).

於申請時/本公司的盡職審查時，如發現有差異或矛盾的資料，本公司可能會與帳戶持有人澄清，當有需要時，帳戶持有人或會被要求提供最新的自我證明或提供差異的解釋。未能提供最新的自我證明或解釋可能會導致您有關的申請不成功(如適用)。

### Part III: CRS Declarations and Signature 第三部份：共同匯報標準聲明及簽署

I/We, the Account Holder, declare that I/we understand and agree that:

1. Chubb Life Insurance Company Ltd. (the “Company”) is obliged to comply with the laws, regulations or orders (the “Requirements”) of local regulatory, tax, legislative authorities, including but not limited to the Inland Revenue Department of Hong Kong (the “Authorities”) and each an “Authority”) as promulgated and amended from time to time;
2. I/We have read and understood the Notes for Completion at page 3;
3. I/We will immediately update the Company of any change in circumstances which affect my/our tax residence status as certified in this form for “Tax Residency” or cause the information contained herein to become incorrect or incomplete, complete and provide additional information and documents including a suitably updated self-certification within 30 days of such change in circumstances in support of the change;
4. I/We acknowledge that the information furnished and contained in this form regarding the identification, jurisdictions of residence and tax identification number of me/us and any reportable Policy may be provided to the Inland Revenue Department of Hong Kong (“IRD”) for exchange to the tax authorities of another country/jurisdiction or countries/jurisdictions in which I/we may be tax resident pursuant to intergovernmental agreements to exchange financial account information;
5. I/We declare that all statements made in this declaration are, to the best of my/our knowledge and belief, true, correct and complete; <Below clauses 6, 7 & 8 are applicable to Account Holder if he/she/they is/are the Applicant/Policyowner/Successor Owner>
6. When I/we apply to take out the Policy, as a condition of its issue to me/us, and from time to time during the term of the Policy, the Company will:- (i) request the policyowner(s), the beneficiary, the successor owner and/or the beneficial owner of the Policy to provide his/her personal data, information and supporting documents and to complete additional forms; and (ii) to comply with the Requirements, report and/or disclose to the IRD information regarding the policyowner(s), the beneficiary, the successor owner and/or the beneficial owner of the Policy, Policy information and/or additional information (collectively the “Information”);
7. Where there is a change in the policyowner(s), the beneficiary, the successor owner and/or the beneficial owner of the Policy during the term of the Policy, I/we will immediately provide to the Company the information and supporting documentation for the new policyowner(s), beneficiary, successor owner and/or beneficial owner;
8. Where I/we have an obligation under the Policy with respect to information relating to the beneficiary, successor owner and/or beneficial owner, I/we will use my/our best endeavours to procure that they will comply with that obligation with regard to their information including providing to the Company directly that information and supporting documentation and giving the Company their consent to the disclosure and transfer of that information and supporting documentation to the IRD. I/We further agree that the Company may contact the beneficiary, successor owner and/or beneficial owner directly for these purposes.

本人/吾等作為帳戶持有人，現聲明本人/吾等明白及同意：

1. 安達人壽保險香港有限公司（「貴公司」）有責任遵從本地的監管、稅務、立法或司法機構，包括但不限於香港稅務局（以下簡稱「官方機構」）所頒布及不時修訂的法例、條例或指令（「規定」）；
2. 本人/吾等已詳閱及了解第三頁的填寫須知；
3. 若發生任何影響本人/吾等於此表格所證明本人/吾等之稅務居民狀況或造成本表格所含資料不準確或不完整的改變，本人/吾等會於此改變後的三十天內立即通知貴公司，完成及提供額外資料和文件，包括適當而更新的自我證明以證實此改變；
4. 本人/吾等確認，本表格提供及包含關於本人/吾等識別、納稅居住地及稅務編號的資料和須申報保單，可能會根據交換財務帳戶資訊的政府間協議，傳送給香港稅務局及與另一個國家/司法管轄區的稅務機關或本人/吾等可能為稅務居民的國家/司法管轄區交換；
5. 本人/吾等聲明，據本人/吾等所知所信，本聲明內的所有陳述真實、準確及完整；

<以下第6、7及8點的條款只適用於帳戶持有人，如他/她/他們為保單申請人/保單持有人/繼任持有人>

6. 安達人壽保險香港有限公司（「貴公司」）將在本人/吾等提出申請本保單（此乃向本人/吾等繕發保單的條件）時及在本保單期間不時：  
(i) 要求保單持有人、受益人、繼任持有人及/或實益擁有人提供其個人資料，保單資料及其他證明文件並填寫額外的表格；及(ii) 向香港稅務局報告及/或披露保單持有人、受益人、繼任持有人及/或實益擁有人的資料，保單資料及/或其他額外資料（統稱「資料」）以遵從規定；
7. 若在保單生效期間，保單的保單持有人、受益人、繼任持有人及/或實益擁有人發生改變，本人/吾等會立即向貴公司提供新的保單持有人、受益人、繼任持有人及/或實益擁有人之資料及其相關文件；
8. 本人/吾等在本保單下對受益人、繼任持有人及/或實益擁有人的資料須負有義務時，本人/吾等將盡最大努力使他們就其資料遵守相同的義務，包括直接向貴公司提供其資料和相關文件，並向貴公司給予他們的同意，以向香港稅務局披露及轉移他們的資料。本人/吾等亦同意貴公司可為此直接聯絡受益人、繼任持有人及/或實益擁有人。

#### Part IV: Personal Information Collection Statement 第四部份：個人資料收集聲明

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this form, any personal information collected or held by Chubb Life Insurance Hong Kong Limited (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the transferees indicated in and in accordance with the Personal Information Collection Statement set out in my/our Application For Life Insurance, which may include without limitation, any branch, subsidiary, holding company, associated company or affiliates of the Company (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference agencies, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong and Mainland China. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our personal information with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this form which is a condition precedent for me/us to apply for the insurance products and related services. Failure to supply the required information may result in the Company being unable to process the form. For more details of the Company's policies on personal information and privacy protection, please read the Company's Privacy Notice available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal information, access to or correction of personal information should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此表格，本人/吾等確認、聲明及同意安達人壽保險香港有限公司（「貴公司」）可以使用、處理、儲存、披露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料至在本本人/吾等的人壽保險申請書中的個人資料收集聲明所訂明的資料轉移接收方，包括但不限於，貴公司的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、保險行業協會及聯會、信貸資料機構、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論在香港及中國大陸境內或境外。此外，貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之個人資料。本人/吾等有責任提供此表格上所需資料，以作為申請保險產品及有關服務之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本表格。有關安達人壽保險香港有限公司個人資料及私隱保障政策的詳情，請參閱安達人壽保險香港有限公司的私隱政策，網址為<https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向安達人壽保險香港有限公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一號皇室大廈安達人壽大樓三十五樓。

Signature \_\_\_\_\_ Date (dd/mm/yyyy)  
簽署 \_\_\_\_\_ 日期(日/月/年)  
(Name 姓名: \_\_\_\_\_ )

Capacity 身份: \_\_\_\_\_

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

如您不是第一部份所述的個人，說明您的身份。如果您是以授權人身份簽署這份表格，須夾附該授權書的核證副本。)

**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. HK \$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（即一萬港元）罰款。**