

Entity Classification Declaration Form Under The U.S. Foreign Account Tax Compliance Act (FATCA)

「美國外國帳戶税務合規法案(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 | |
|--|--|---|-------------------|
| | | | NEW E |
| 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 | |
| | | | 05422045 |
| 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 | |
| | | | |
| 提示:選取方格(IA-香港;ANG-澳門)並填 Remark: If the stated AIA financial planner / bi and follow up my request. | r Macau) and input the reg. no. using standard form 入特定的登記號碼[香港號碼由2個英文字母 + 4位數 roker / IFA on this form is not my current servicing A I /經紀 / 獨立理財顧問並不是本人目前的財務策劃龐 | 數字組成;澳門號碼由3個英文字母 + 4位數字組成 NA financial planner / broker / IFA, I give consent to | him/her to handle |
| Entity Name: | | | |
| Entity Address: | | | |
| Formed or existing under the laws of Please submit W9 if place of jurisdiction | | f jurisdiction) | |
| For Non-U.S. entity, please answer the b Please answer the below 2 questions (i) | elow: & (ii) for classification as Passive Non-Finan | icial Foreign Entity | |
| (i) The entity that is a non- financial inst | itution with 50% or more of gross income for | r the preceding calendar year is passive inc | ome*; or |
| (ii) The entity that is a non- financial in production of passive income* | stitution with 50% or more of the assets at Yes No | : any time during the preceding calendar y | ear are held for |
| *Passive income include interest, dividends, rents | and royalties (other than those derived from the active | econduct of a trade or business), annuities, and similar | r type of income |
| If both of the above two questions are "Yes", please tick Box (C) | e "No", please tick either Box (A) or Box | (B) in the below. If either of the above to | two answers is |
| (A) I certify that the Entity is in activ | ve business or trade and is not a financial ins | stitution | |
| OR | | | |
| (B) The Entity has identified its stat [Please submit the latest W-8 | us under the Foreign Account Tax Compliand | ce Act by completing a W-8BEN-E form | |

| U.S. Entity Yes | No No es", please provide the Nar | n 10% direct or indirect interest in the Entity who is a US me, address and U.S. Taxpayer Identification Number(TIN in the Entity | | | |
|---|---|--|---|--|--|
| | Name | Address | TIN | | |
| Shareholder 1 | | | | | |
| Shareholder 2 | | | | | |
| Shareholder 3 | | | | | |
| Shareholder 4 | | | | | |
| Shareholder 5 | | | | | |
| Shareholder 6 | | | | | |
| Shareholder 7 | | | | | |
| Shareholder 8 | | | | | |
| Shareholder 9 | | | | | |
| investments contained in thi scheme provider(s) by any n I / We acknowledge and conpension scheme(s) issued in for the purposes as set out in | s application or collecte neans from time to time sent to the transfer of m n Hong Kong) or Macau n the PICS. | d other information relating to me / us or my / our p d, obtained, compiled or held by my / our policy iss may be collected and utilized in accordance with the y / our personal data to parties within or outside Hor (for policy(ies) / pension scheme(s) issued in Maca the relevant rules and regulations is / are available | suer(s) and / or pension ne PICS. ng Kong (for policy(ies) / u), as the case may be, | | |
| 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 | | | | | |
| I certify that the information above certifications above inaccurate, w | | I update AIA in the event that there is any change in circu ge. | mstances which makes the | | |
| For and on behalf of | (| (Name of Entity) | | | |
| (Signature with Company Chop) | | | | | |
| Name | Title | Date | | | |

Policy Number 保單號碼

[&]quot;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,請填寫及遞交美國税務表格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)税前收入相等於或超過總收入的5 | 50%; |
| 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% | % <u></u> 是 <u></u> 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 表格証明已進行「美國外國帳 | ──────────────────────────────────── |

Policy Number 保單號碼

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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/美國原 | 居民/美國機構之股東姓名 [、] | 、地址及美國税籍編號 | 虎(TIN) | | | | |
| | 姓名 | 地址 | | | 税籍編 | 號 | | |
| 股東一 _ | | | | | | | | |
| │ │ 股東二 _ │ | | | | | | | | |
| │ │ 股東三 _ │ | | | | | | | | |
| │ │ 股東四 _ │ | | | | | | | | |
| 股東五 _ | | | | | | | | |
| │ │ 股東六 _ │ | | | | | | | | |
| ト ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ | | | | | | | | |
| │ │ 股東八 _ │ | | | | | | | | |
| 股東九 _ | | | | | | | | |
| 有限公司(聲/我/們 我/我, 們 我/ 我 們 我 們 就 們 我 們 我 們 我 們 我 們 我 們 我 們 我 一 我 一 我 一 我 | 認我 / 我們已閱讀、明白及同意我香港分行)、友邦(國際)有限公司聲明」),該聲明可在以下網址下明及同意在本申請所載或我 / 我們或持有的任何個人資料及關於我 / 利悉及同意就該聲明所述目的轉移利門境外 / 境內(如保單 / 退休金計畫合相關守則及法規之最新版本可於 | (澳門分行)及/或友載https://www.aia.com.h 的保單繕發人及/或 我們的保單、帳戶或投 找/我們的個人資料至 財在澳門繕發)(視乎 | 邦保險有限公司 nk/zh-hk/privacy-sl 退休金計劃服務 資的其他資料, 香港境外/境內 情況而定)予該 情況而定)予該 | (如適用 atement-m 提供者不同 可根據該 「如保單 |))的 ain。 诗以任 锋明收 / 退休 | 個人 | 資料 法明 使割在 | 本 は 集、 。 |
| | | | | | | | | |
| 股東一簽名 | | | | | | | | |
| 股東二簽名 | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | · · | | | | |
| 本人代表 | | (機構名稱) | | | | | | |
| | (簽 | 署連同公司蓋印) | | | | | | |
| 負責人姓名 | | 職銜 | /scr | 署日期 | | | | |
| ㅈ묫八ᄮ띱 | | 193 半月 | | ᆸᆸᅒ | | | | |

"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。

O5422045---4 Page 4 of 4 OPPOSF54.1024