



### United States of America (US) Person Declaration Form (C01)

**Particulars of Applicant / Assured / Trustee / Beneficiary / Assignee**

Name : \_\_\_\_\_

Identity Card / Passport No. : \_\_\_\_\_ Contract / Policy No. : \_\_\_\_\_

**US Indicia Identification for Purposes of Foreign Account Tax Compliance Act**

Please tick the appropriate boxes.

US Indicia	Applicant/ Assured/Trustee/ Beneficiary/ Assignee	Joint Applicant/ Assured	If 'Yes', please provide additional documentation(s). <i>ONLY Applicable for Cash Value or Annuity Contracts</i>
Are you a US citizen or resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>For US person</b> Please submit W-9 form.</p> <p><b>For non US person</b> Please submit W-8BEN / W-8BEN-E (whichever is applicable) and satisfactory documentary evidence.</p> <p>Documentary evidence includes government identity document (eg passport, ID card (for individual) or Certificate of Incorporation (for Corporation) etc.)</p>
Were you born in US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a US Taxpayer ID number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a US mailing or residential address (including a US post office box)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a US telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give standing instructions to transfer funds to an account maintained in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give effective power of attorney or signatory granted to a person with a US address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a US "in-care-of" or "hold mail" address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

For the purpose of FATCA, a US Person means:

- (a) A US citizen or resident individual, (including US green card holder) of the US; or
- (b) A partnership or corporation organised in the US or under the laws of the US or any State thereof, or a trust if: (i) a court within the US would have authority under the applicable law to render orders or judgments concerning substantially all issues regarding the administration of the trust; and (ii) one or more US persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the US.

The definitions above shall be interpreted in accordance with the provisions of the US Internal Revenue Code.

**Declaration on US Person Status**

Please tick the appropriate boxes.

Declaration	Applicant/Assured Trustee/Beneficiary/ Assignee	Joint Applicant/ Assured
<p>I/We hereby declare and agree that <b><u>I/We do NOT have any US indicia</u></b> (declared in the table above) <b><u>and I/We am/are NOT a US person</u></b> for US federal income tax purposes and that I/We am/are not acting for, or on behalf of a US person.</p> <p>I/We understand that Aviva, believing this statement to be true, will rely on it and act on it. In the event this statement is false, Aviva reserves the right and shall be entitled to cancel or terminate this Policy/Plan.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>I/We hereby declare and agree that <b><u>I/We have one or more US indicia</u></b> (declared in the table above) <b><u>but I/We am/are NOT a US person</u></b> for US federal income tax purposes and that I/We am/are not acting for, or on behalf of a US person.</p> <p>I/We understand that Aviva, believing this statement to be true, will rely on it and act on it. In the event this statement is false, Aviva reserves the right and shall be entitled to cancel or terminate this Policy/Plan.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>I/We hereby declare and agree that <b><u>I/We am/are a US person</u></b> for US federal income tax purposes.</p>	<input type="checkbox"/>	<input type="checkbox"/>

I/We understand that Aviva is obliged to provide to any governmental authority including the Inland Revenue Authority of Singapore (IRAS) and/or the US Internal Revenue Service (IRS), with information on US persons who may have cash value or annuity contracts with certain prescribed amount at any time during the calendar year.

By purchasing this Policy/Plan and signing the application form, I/We:

- (i) declare that the information provided above is correct;
- (ii) consent to the disclosure of personal data and information relating to the Policy/Plan, and Applicant/Trustee/Assignee/Claimant/Beneficiary to any governmental authority including the IRAS and/or IRS, and shall provide such personal data and information as may be required by Aviva from time to time to fulfil its contractual, legal and regulatory obligations;
- (iii) agree that if I/We fail or refuse after request is made to provide such personal data or information, Aviva reserves the right to cancel or terminate the Policy/Plan without being liable whatsoever for such cancellation or termination;
- (iv) will be responsible for my/our own tax liabilities and obligations within or outside Singapore, which may be due under or in connection with the Policy/Plan, and will seek such tax advice at my/our sole costs and expense;
- (v) declare that Aviva has not and will not provide me/us with any US tax compliance or planning advice and I/We will not hold Aviva liable whatsoever for any adverse tax consequences suffered by me/us as a result of this application and/or the Policy/Plan; and
- (vi) agree that if my/our tax status have changed to a US tax status and/or I/We have become US citizen or resident, I/We will notify Aviva within 30 days of the change.

\_\_\_\_\_  
Signature of Applicant/Assured/Trustee/Beneficiary/Assignee\*

\* Company Stamp is required for Corporation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Applicant/Assured

\_\_\_\_\_  
Date