宏泰人壽保險股份有限公司

自我證明表-具控制權之人 Self-Certification Form –Controlling Person

3A21

保單號碼 policy number ：

請以英文正楷填寫本表，標有星號者(*)為必填
Please fill in this form in English block letters.
Those marked with an asterisk (*) are required.

重要提示 Important Notes：

1. 金融機構執行共同申報及盡職審查作業辦法(下稱 CRS 作業辦法)規定，金融機構應蒐集及申報有關帳戶持有人稅務居住者身分之特定資訊。CRS 作業辦法係依稅捐稽徵法第 5 條之 1 第 6 項訂定，其內容參考經濟合作暨發展組織發布之共同申報及盡職審查準則。

Under the Regulations Governing the Implementation of the Common Standard on Reporting and Due Diligence for Financial Institutions (“Regulations”), Financial Institutions (“FIs”) are required to collect and report certain information about the Account Holder’s tax residency status. The Regulations are enacted pursuant to Paragraph 6, Article 5-1 of the Tax Collection Act and are drafted in reference to the Common Standard on Reporting and Due Diligence for Financial Account Information (CRS) developed by the Organization for Economic Cooperation and Development (OECD).

2. 金融機構依 CRS 作業辦法規定取得具控制權之人之自我證明文件，以辨識具控制權之人為稅務居住者之國家/地區。金融機構依法可能將本表及該帳戶其他資訊提供中華民國稅捐稽徵機關，經由政府間協定進行稅務目的金融帳戶資訊交換，提供他方國家/地區稅捐稽徵機關。

Under the Regulations, FIs obtain a self-certification from the Account Holder to determine the country(ies)/jurisdiction(s) in which the Account Holder is a tax resident. The FIs may be legally obliged to submit the information in this form and other financial information with respect to the account to the tax authorities of the Republic of China (Taiwan)(“ROC”). Such information may be provided to tax authorities of another country(ies)/jurisdiction(s) through the exchange of financial account information for tax purposes pursuant to intergovernmental agreements.

3. 帳戶持有人為消極非金融機構實體(含由另一金融機構管理且非位於應申報國或參與國之投資實體)，該等實體之具控制權之人請分別填寫此表。

If the A ccount Holder is a Passive NFE, including an I nvestment Entity that is managed by another FI and located outside a Reportable Jurisdiction or a Participating Jurisdiction , please use this separate form for each Controlling Person of these entities.

4. 除不適用或特別註明外，必須填寫這份文件所有部分。如這份文件上的空位不敷使用，可另行增列填寫。標有星號（*）欄位資訊為宏泰人壽保險股份有限公司須向稅捐稽徵機關申報之資料。

All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields or parts marked with an asterisk (*) is required to be reported by Hontai Life Insurance Inc. to the local taxation authorities.

5. 如您係代理實體帳戶持有人提交自我證明表，請填寫「自我證明表-實體」，勿填寫本表 。相同地， 如您為個人帳戶持有人或獨資資本主，請填寫「自我證明表-個人」 。

Where you need to certify on behalf of an Entity Account Holder, do not fill in this form; instead please complete a “Self Certification Form Entity Similarly, if you are an individual, sole trader or sole proprietor, please complete a “Self Certification Form Individual.

6. 本表將持續有效，倘狀態變動(例如具控制權之人之稅務居住者身分變動)致所填資訊不正確或不完整，具控制權之人應通知金融機構，並更新本表。

This form will remain valid unless there is a change in circumstances relating to information, such as the Controlling Person ’s tax residen cy status, that makes this form incorrect or incomplete. In that case, the Controlling Person must notify the FI and provide an updated s elf c ertification form.

7. 本表相關用詞(如帳戶持有人、稅務識別碼、積極非金融機構實體、消極非金融機構實體、應申報國、參與國及 具控制權之人等)，請詳本辦法。

The definition of the capitalized terms us ed in this form, such as Account Holder , Taxpayer Identification Number (“TIN”)，Active Non Financi al Entity (“NFE”), Passive NFE Reportable Jurisdiction Participating Jurisdiction,Controlling Person, etc. can be found in the Regulations.

第一部分：具控制權之人身分辨識資料*

Part 1 Identification ofa Controlling Person*

具控制權之人姓名* Name of Controlling Person* ◎請填寫護照之姓名。 Please provide the name on the passport.	姓氏* Last Name or Surname(s)*	
	名字* First or Given Name*	
	中間名 Middle Name(s)	
出生日期*（西元年/月/日） Date of Birth*(yyyy/mm/dd)		
出生地* Place of Birth*	出生城市 Town or City of Birth	
	出生國家/地區 Country/Jurisdiction	
現行居住地址* Current Residence Address* ◎請依各欄提示逐欄分列填寫。 Please complete all required fields.	(如有室、樓層、大樓、街道、地區等)* (e.g. Suite, Floor, Building, Street, District, if any)*	
	(鎮、市、省、縣、州等)* (e.g. Town/City/Province/County/State)*	
	國家/地區 Country/Jurisdiction*	郵政編碼/郵遞區號(如有)Post Code/ZIP Code (if any)
通訊地址(與現行居住地址不同時，填寫此欄) Mailing Address (Complete if different to the Current Residence Address)	(如有室、樓層、大樓、街道、地區等)* (e.g. Suite, Floor, Building, Street, District, if any)	
	(鎮、市、省、縣、州等) (e.g. Town/City/Province/County/State)	
	國家/地區 Country/Jurisdiction	郵政編碼/郵遞區號(如有)Post Code/ZIP Code (if any)

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第二部分：具控制權之人之相關實體帳戶*

Part 2 As a Controlling Person of the Entity Account Holder*

請填寫您對其為具控制權之人之相關實體帳戶持有人名稱及稅務識別碼

Please enter thelegal name and the TIN of the relevant Entity Acc ount Holder of which that person is a Controlling Person

實體 Entity	實體帳戶持有人名稱 Legal Name of the Entity Account Holder	實體帳戶持有人稅務識別碼 The TIN of the Entity Account Holder
(1)		
(2)		
(3)		

如實體帳戶持有人為中華民國稅務居住者，填列統一編號（8 碼，由公司、商業登記主管機關或稅籍登記所轄稅捐稽徵機關編配 ）。

If the Entity Account Holder is the tax resident of the ROC , the TIN is the Business Administration Number (8 digit number issued by the authorities in charge of corporation or business registration or by the tax authorities in charge of tax registration).

第三部分：稅務居住者之國家/地區及其稅務識別碼或具相當功能之辨識碼*

Part 3 Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent number*

請於下表填寫(a)具控制權之人為稅務居住者之國家/地區，及(b)於該國家/地區稅務識別碼。

Complete the following table indicating (a)the country/jurisdiction where the Controlling Person is a tax resident and (b)the Account Holder's TIN for each country/jurisdiction indicated.

具控制權之人如同時為 2 個以上國家/地區稅務居住者，請填寫所有其為稅務居住者之國家/地區。

If the Controlling Person is a tax resident in more than one country/jurisdiction at the same time, please indicate all countries/ jurisdictions of tax residence.

如具控制權之人為中華民國稅務居住者，填列稅務識別碼如下：

1. 具身分證字號者為身分證字號(10 碼，由內政部戶政司編配)。
2. 具統一證號者為統一證號(10 碼，由內政部移民署編配)。
3. 個人無身分證字號或統一證號者，得依稅籍編號編碼原則自行編配：(1)大陸地區人民：為 9＋西元出生年後 2 碼及出生月日 4 碼。(2)非屬(1)之其他個人：西元出生年月日 8 碼＋護照顯示英文姓名前 2 字母 2 碼。

If the Controlling Person is a tax resident of the ROC, his or her Tax Identification Number (TIN) is as follows:

1. National ID Card Number (a 10-digit code issued by the Department of Household Registration, Ministry of the Interior)
2. UI Number (a 10-digit code issued by the National Immigration Agency, Ministry of the Interior)
3. For those who have neither National ID Card Number nor UI Number, they may produce Tax Code themselves by reference to the coding principle:(1) For individuals of Mainland China citizens are coded as 9+yy+mm+dd (for example born on October 25, 1985, the code would be 9851025); (2) For individuals other than the ones indicated in(1):yyyy+mm+dd + the first two letters of his or her English name in order printed on his or her passport. (for example, the Tax Code for David Caruso born on October 25, 1985, would be 19851025DA)

如無法提供稅務識別碼，於下列欄位填寫適用之理由 A、B 或 C：

If a TIN is unavailable, fill in with the most appropriate reason among A, B and C below:

理由 A－具控制權之人為稅務居住者之國家/地區未核發稅務識別碼

Reason A – The country/jurisdiction where the Controlling Person is a tax resident does not issue TINs to its residents.

理由 B－具控制權之人無法取得稅務識別碼(請說明具控制權之人無法取得稅務識別碼原因)

Reason B – The Controlling Person is unable to obtain a TIN. Explain why the Controlling Person is unable to obtain a TIN if you have selected this reason.

理由 C－具控制權之人毋須提供稅務識別碼(限於該具控制權之人為稅務居住者之國家/地區國內法未要求蒐集稅務識別碼)

Reason C – TIN is not required. Only select this reason if the domestic law of the country/jurisdiction of the Controlling Person's tax residence does not require the collection of TINs.

稅務居住者之國家/地區* Country/Jurisdiction of tax residence*	稅務識別碼* TIN*	若無法提供稅務識別碼，填寫理由 A、B 或 C* Enter reason A, B or C if no TIN available*	如選取理由 B，說明具控制權之人無法取得稅務識別碼之原因 Explain why the Controlling Person is unable to obtain a TIN if you have selected reason B

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第四部分：具控制權之人類型*

Part 4 Type of Controlling Person*

就第二部分所載各實體，分別擇一勾選適當類型

Tick the appropriate box to indicate the type of Controlling P erson for the E ntity stated in Part 2.

實體類別 Entity Type	具控制權之人類型 Type of Controlling Person	實體(1) (Entity(1)	實體(2) Entity(2)	實體(3) Entity(3)
法人 Legal Person	直接或間接持有實體之股份、資本或權益超過 25% 者 Individual who exercises control over an Entity owning directly or indirectly more than 25 percent of the Entity's shares, capital, orequities	☐	☐	☐
	透過其他方式對該實體行使控制權者 Individualwho exercises control over the Entity through other means.	☐	☐	☐
	該實體之高階管理人員 Individual who holds the position of senior managing official.	☐	☐	☐
信託 Trust	委託人 Settlor	☐	☐	☐
	受託人 Trustee	☐	☐	☐
	信託監察人 Protector	☐	☐	☐
	受益人 Beneficiary	☐	☐	☐
	任何其他對該信託行使最終有效控制權之自然人 Any other individual who exercise s ultimate e ffective control over the trust	☐	☐	☐
除信託以外其他法律安排 Legal Arrangements other than Trust	具相當或類似委託人地位之人 Individual in a position equivalent/similar to settlor	☐	☐	☐
	具相當或類似受託人地位之人 Individual in a position equivalent/similar to trustee	☐	☐	☐
	具相當或類似信託監察人地位之人 Individual in a position equivalent/similar to protector	☐	☐	☐
	具相當或類似受益人地位之人 Individual in a position equivalent/similar to beneficiary	☐	☐	☐
	任何其他對該安排行使最終有效控制權地位之人 Any other Individual who exercises ultimate e ffective control over the arrangements	☐	☐	☐

第五部分：聲明及簽署*

Part 5 Declarations and Signature*

本人知悉，本表所含資訊、相關具控制權之人及任何應申報帳戶資訊，將可能提供中華民國稅捐稽徵機關，經由政府間協定進行稅務目的金融帳戶資訊交換，提供具控制權之人為稅務居住者之國家/地區稅捐稽徵機關。

I acknowledge that the information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be submitted to the tax authorities of the ROC and provided to tax authorities of country(ies)/jurisdiction(s) in which the Controlling Person is identified as a tax resident through the exchange of financial account information for tax purposes pursuant to intergovernmental agreements.

本人證明，與本表相關之所有帳戶，本人為具控制權之人。

I certify that I am the Controlling Person (or I am authorized to sign for the Controlling Person) of all the account(s) held by the Entity Account Holder to which this form relates.

本人聲明，就本人所知所信，於本自我證明所為之陳述均為正確且完整。

I declare that all made in this form are, to the best of my knowledge and belief, correct and complete.

本人承諾，如狀態變動致影響本表第二部分所述之個人稅務居住者身分，或所載資料不正確或不完整，本人將通知宏泰人壽保險股份有限公司，並在狀態變動後 30 日內提供宏泰人壽保險股份有限公司一份經適當更新之自我證明表。

I undertake to advise Hontai Life Insurance Inc. of any change in circumstances which affects the tax residency status of the individual identified in Part 2of this form or causes the information contained herein to become incorrect or incomplete, and to provide Hontai Life Insurance Inc. with a suitably updated self-certification form within 30 days of such change in circumstances.

具控制權之人簽名
Signature of Controlling Person：_____

法定代理人簽名
Signature of Legal Guardian：_____

◎未滿七歲者，由法定代理人代為簽名及法定代理人簽名；七歲(含)以上未滿十八足歲者，由本人及法定代理人簽名。

Signed by legal guardian if the account holder is under the age of 7; if the account holder is reaching the age of 7 but under the age of 18, a co-signature of his/her legal guardian is required.

FATCA暨CRS 相關表單

日期：_____年_____月_____日
Date YYYY MM DD