宏泰人壽實體保戶 FATCA 暨 CRS 身分確認聲明暨同意書

3A19

敬愛的保戶，您好：

一、為因應美國「外國帳戶稅收遵從法案（以下簡稱FATCA）」及我國「金融機構執行共同申報及盡職審查作業辦法(以下簡稱CRS)」，敬請要保人（本法人／團體／實體）據實填寫下列詢問事項及提供相關文件，以檢視要保人或具控制權之人是否具有美國或其他國家之稅務居住者身分；倘填寫不完整或未能依該法條要求提供相關資料及文件，將會造成無法完成要保申請，恐影響您的權益，敬請留意。

二、如對判定　貴實體的稅務居民身分有任何疑問，請瀏覽OECD網站www.oecd.org/tax/automatic-exchange/或諮詢　貴實體的稅務顧問。

【基本資料】

本法人／團體／實體	中文	英文
名稱	恩典O股份有限公司	OO company
設立或成立所在地國家／地區	台灣	Taiwan
營業地址	台北市信義區仁愛路四段 509 號	No. 509, Sec. 4, Ren'ai Rd., Xinyi Dist., Taipei
通訊地址	☑同上 ☐其他：	☑同上 ☐其他：

1.本法人／團體／實體具何種稅務居民身分（可複選）：

☐美國(需請檢附 W-9 表單)。

☑本國(ROC)統一編號：12345678 (需請附自我證明表-實體(法人)Self-Certification Form–Entity)。

☐其他國家／地區稅務居民(需請附自我證明表-實體(法人)Self-Certification Form–Entity)。

2.本次投保出具之證明文件類別、文件證號：12345678

☑公司登記證明文件或商業登記證明文件（如主管機關核准公司或商業登記之核准函、公司設立／變更登記表、或公司登記證明書等）。

☐主管機關核發之證照或核准成立或已備案之文件。

【FATCA 身分辨識】

(一)金融機構：本法人／團體為具有全球中間機構辨識碼(GIIN)之金融機構。(倘無 GIIN，請另填 W8-BEN-E 表單。)

全球中間機構辨識碼（GIIN）	請填入辨識碼： ☐☐☐☐☐☐．☐☐☐☐☐．☐☐．☐☐☐
FATCA 第四章狀態	☐有簽署協議的外國金融機構
	☐在模式一下應申報的外國金融機構
	☐在模式二下應申報的外國金融機構
	☐註冊視同合規的外國金融機構（除在模式一下應申報的外國金融機構或尚未取得 GIIN 之受贊助的外國金融機構）

(二)非金融機構(請勾選一項最適　貴法人／團體身分狀態之類別，倘所列類別無適用者，請另填 W-8BEN-E 表單。)

1.本法人／團體為「股票在證券市場正常交易的公司或其關係企業」:(請勾選下方二者之一)

☐1.1 茲聲明本法人／團體非依美國法律組織設立，亦非屬金融機構，且本法人／團體股票於一或多個證券市場正常交易，該交易所包含_____（請填寫交易所名稱）。

☐1.2 茲聲明本法人／團體非依美國法律組織設立，亦非屬金融機構，且本法人之關係企業_____（請填寫關係企業名稱）股票於一或多個證券市場正常交易，該交易所包含_____（請填寫交易所名稱）。

2.本法人／團體為「非營利組織」

□本組織為以宗教、慈善、科學、藝術、文化或教育等目的而組織設立與營運；並依本組織設立登記國之稅法規範得享免稅之非營利組織；且無任一本組織之出資者或成員持有本組織之資產或收入。

3.本法人／團體為「50%以下之收入來自於被動收入之一般法人」

□茲聲明本法人／團體非依美國法律組織設立，亦非屬金融機構。且本法人／團體前一日曆年總收入中被動收入少於 50%；且前一日曆年所持有之資產中，可產生或因持有而產生被動收入之資產係少於 50%。

4.本法人／團體為「超過 50%之收入來自於被動收入之一般法人」

☑茲聲明本法人／團體非依美國法律組織設立之金融機構（於美國屬地組織設立投資法人除外）、或前列各類法人、或其他類法人（註 1），且【以下聲明事項二擇一勾選】：

☑本法人／團體無持股超過 25%之美國籍股東（自然人）；

□本法人／團體有持股超過 25%之美國籍股東（自然人），且其應申報資訊如下：

	英文名稱	英文地址	美國稅務識別碼
本法人／團體資訊			
美國籍股東 1			
美國籍股東 2			
美國籍股東 3			
美國籍股東 4			

註 1：免受扣繳之美國屬地一般法人(excepted territory NFFE)、或直接申報的一般法人(direct reporting NFFE)、或受贊助的直接申報的非金融外國法人(sponsored direct reporting NFFE)。

【要保人確認聲明】

1.本法人／團體／實體已盡力檢查本表格之資訊，並相信於本契約相關文件所提供資訊正確無誤且完整，如有於文件為不實資訊，概由本法人／團體／實體負擔相關法律責任。

2.本法人／團體／實體承諾所提供的任何資料如有變更，應於三十日內主動通知宏泰人壽，更新此身分確認文件。

3.本法人／團體／實體於本聲明書所填寫或提供之資訊，如涉及個人資料，應確實遵循個人資料保護法等相關法令，並確保蒐集、處理與利用個人資料之合法性。

【要保人同意書】（僅適用於應申報對象）

1. 本法人／團體／實體同意宏泰人壽依美國「外國帳戶稅收遵從法案(FATCA)」我國「金融機構執行共同申報及盡職審查作業辦法(CRS)」規範要求，得將本法人／團體／實體與宏泰人壽往來的保險契約相關資訊（如保單號碼、保單(帳戶)價值(餘額)等），當法令要求時向美國稅務機關申報以履行相關法律義務或提供本國(ROC)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，提供帳戶持有人為稅務居住者之國家/地區稅捐稽徵機關。

2. 本法人／團體／實體、本法人／團體／實體之實質美國持有人及具控制權之人瞭解本同意書除符合個人資料保護法及相關法令規定外，具有書面同意宏泰人壽蒐集、處理及利用本法人／團體／實體、本法人／團體／實體之實質美國持有人及具控制權之人的資料之效果。

3. 本法人／團體／實體已詳閱本同意書內容，瞭解並同意受本同意書之拘束。

4. 本法人／團體提供宏泰人壽之實質美國持有人資訊，均係事先向各實質美國持有人說明用途，並取得其同意後方提供。(超過 50%之收入來自於被動收入之一般法人且有持股超過 10%之美國籍股東（自然人）者適用)

聲明人／同意人（要保人）簽章：

恩典O 股份有限 公司印

王OO

日期：中華民國 115 年 10 月 30 日

宏泰人壽保險股份有限公司

自我證明表-實體(法人)Self-Certification Form –Entity

3A20

保單號碼 policy number ： 111****456

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 作業辦法規定取得帳戶持有人之自我證明文件，以辨識帳戶持有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 form 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. 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.

4. 如帳戶持有人為獨資資本主，請填寫「自我證明表-個人 」，勿填寫本表。

If the Account Holder is a sole trader or a sole proprietor,please do not fill in this form; instead please complete a “Self Certification Form Individual.”

5. 本表將持續有效，倘狀態變動（例如帳戶持有人之稅務居住者身分變動）致所填資訊不正確或不完整，帳戶持有人應通知金融機構，並更新本表。

This form will remain valid unless there is a change in circumstances relating to information, such as the Account Holder’s tax residency status, that makes this form incorrect or incomplete. In that case, the Account Holder must notify the FI and provide an updated self-certification form.

6. 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 CRS 作業辦法。

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

第一部分：實體帳戶持有人（法人）身分辨識資料

Part 1 Identification of Entity Account Holder

實體或分支機構之法定名稱* Legal Name of Entity or Branch *	恩典O股份有限公司	
組織、設立或成立所在地之國家地區* Country/Jurisdiction of Organi z ation , Incorporation or Establishment *	Taiwan	
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)* No. 509, Sec. 4, Ren'ai Rd.	
	(如有鎮、市、省、縣、州等) * (e.g. Town/City/Province/County/State)* Xinyi Dist. , Taipei	
	國家/地區 Country/Jurisdiction* Taiwan	郵政編碼/郵遞區號(如有)Post Code/ZIP Code (if any) 105
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)	(如室、樓層、大樓、街道、地區) (e.g. Suite, Floor, Building, Street, District)	
	(如鎮、市、省、縣、州)(e.g. Town/City/Province/County/State)	
	國家/地區 Country/Jurisdiction	郵政編碼/郵遞區號 Post Code/ZIP Code

宏泰人壽保險股份有限公司

自我證明表-實體(法人)Self-Certification Form –Entity

第二部分：實體類型*

Part 2 Entity Type

（請擇一勾選並提供相關資訊。）

(Tick one of the appropriate boxes and provide the relevant information.)

<table>
<tr>
<td>☐金融機構
Financial Institution</td>
<td>☐ A1.應申報國及參與國之投資實體（若為應申報國及參與國以外之投資實體，請勾選 C2）
Investment Entity in a Reportable Jurisdiction and a Participating Jurisdiction (If an Investment Entity is located outside a Reportable Jurisdiction and a Participating Jurisdiction, please select C2)
☐ A2.存款機構、保管機構或特定保險公司
Depository Institution, Custodial Institution, or Specified Insurance Company</td>
</tr>
<tr>
<td>☐積極非金融機構實體
Active Non-Financial Entity (“NFE”)</td>
<td>☐ B1.於前一會計年度之股利、利息、租金、權利金、金融資產交易增益、貨幣匯兌增益或其他非積極營業活動產生收入之合計數未達收入總額百分之五十，且於該期間內持有用於取得該非積極營業活動收入之資產，未達其資產總額百分之五十。
Less than 50% of the NFE’s gross income for the preceding calendar year, including the dividends,interests, rental, premium, gain on financial assets trading, gain on monetary exchange or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income.
判斷參考公式如下:
The reference formula as below:
股利、利息、租金、權利金、金融資產交易增益、貨幣匯兌增益或其他非積極營業活動產生收入之合計數 / 收入總額 <50%
The NFE 's gross income including the dividends, interests, rental, premium, gain on financial assets trading, gain on monetary exchange / Total revenue <50%
☐ B2. 所發行之股票於經認可證券市場 經常性交易者或其關係實體（請擇一勾選並提供相關資訊）:
The outstanding stock of the NFE or its related entity is regularly traded on an established securities market (Please select one and provide the related information):
☐立約人所發行之股票經常在_____ （經認可證券交易市場）交易
The stock of the contracting party is regularly traded on _____, which is an established security market.
☐立約人為_____之關係實體，該關係實體所發行之股票經常在_____ （經認可證券交易市場）交易
The contracting party is a related entity of _____, the stock of which is regularly traded on _____, which is an established securities market.
☐ B3.政府實體、國際組織、中央銀行，或由政府實體、國際組織或中央銀行完全持有之實體;
The NFE is a Governmental Entity, an International Organization, a Central Bank, or an Entity
☐ B4.主要活動係持有子公司已發行股票或對其提供融資服務，且該子公司係從事金融機構業務以外之交易或商業行為 ，但不包括其功能為投資基金或其他基於投資目的以收購或挹資方式持有公司股權作為資本資產之投資工具;
Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.
☐ B5.組織設立未滿二十四個月且未曾營運者，為從事金融機構以外業務所需資產投入資本;
The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets withthe intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
☐ B6.前五年非屬金融機構，且正進行清算或重整程序者;
The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
☐ B7.主要活動係與其關係實體或為其關係實體從事融資或避險交易，且未對非關係實體提供融資或避險服務。前述關係實體以主要從事金融機構以外業務者為限;
The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
☐ B8.專為宗教、公益、科學、藝術、文化、運動或教育之目的而於其所在國家或地區設立及營運者；</td>
</tr>
</table>

	或於其所在國家或地區設立及營運，且為專業組織、企業聯盟、商會、工會組織、農業或園藝組織、公民聯盟或專為促進社會福利之組織;且符合下列所有條件: The NFE is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; and meets all of the following requirements: I. 於其所在國家或地區免納所得稅者; It is exempted from income tax in its country/jurisdiction of residence; II. 股東或成員對其所得或資產不得主張所有權或受益權; It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; III. 依其所在國家或地區適用之法律或其設立文件規定，除為執行慈善活動，或為給付合理勞務報酬或財產公市價之價金外，不得分配所得或資產或贈與利益予私人或非慈善性質實體;及 The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and IV. 依其所在國家或地區適用之法律或其設立文件規定，清算或解散時應將賸餘財產分配與政府實體或其他非營利組織，或歸屬其所在國家或地區之各級政府。 The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.
☑消極非金融機構實體 Passive Non-Financial Entity (if this option is selected, please complete the Appendix 1)	☑C1.指上述(B)積極非金融機構實體以外之非金融機構實體 The Non-financial entity that is not an active non-financial entity as pertained in (B) ☐C2.於應申報國及參與國以外之投資實體 The investment entity located outside a reportable jurisdiction or a participating jurisdiction
☐立約人屬被排除帳戶（被排除帳戶定義請參考附錄二） Our company is an Excluded Account (The definition of Excluded Account please refer to Appendix 2)	

第三部分：具控制權之人(如實體帳戶持有人為消極非金融機構實體，請填寫此部分)

Part 3 Controlling Person(s) (Complete this part if the Entity Account Holder is a P assive NFE)

於下列欄位填寫所有對該帳戶具控制權之人之姓名。

Indicate the name of all Controlling Person(s) of the Account Holder in the table below.

各具控制權之人應分別填寫「自我證明表格-具控制權之人」。

Complete "self-certification form Controlling Person " for each Controlling Person.

(1) 王 OO / OO-WANG	(2)
(3)	(4)
(5)	(6)
(7)	(8)

宏泰人壽保險股份有限公司

自我證明表-實體(法人)Self-Certification Form –Entity

第四部分：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（”稅務識別碼”）*

Part 4 Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent number ("TIN")*

請於下表填寫帳戶持有人為稅務居住者之國家/地區，及於該國家/地區稅務識別碼。

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

帳戶持有人如同時為 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 Account Holder is a tax resident in more than one country/jurisdiction at the same time, please indicate all countries/ jurisdictions of tax residence.

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).

如帳戶持有人並非任何國家地區稅務居住者(如透視實體)請敘明，並填寫其實際管理處所所在國家/地區 。

If the Account Holder is not a tax resident in any country/ jurisdiction (e.g. , fiscally transparent entity), please indicate that and provide the country/ jurisdiction in which its place of effective management is situated.

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 – 帳戶持有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 Account Holder is a tax resident does not issue TINs to its residents.

理由 B – 帳戶持有人無法取得稅務識別碼(請說明帳戶持有人無法取得稅務識別碼原因)

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

理由C – 帳戶持有人毋須提供稅務識別碼(限於該帳戶持有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 Account Holder'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，說明帳戶持有人無法取得稅務識別碼之原因 Explain why the Account Holder is unable to obtain a TIN if you have selected reason B
Taiwan	220***33		

第五部分：聲明及簽署

Part 5 Declarations and Signature

本人知悉，本表所含資訊、相關帳戶持有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，提供帳戶持有人（法人）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 Account Holder 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 Account Holder 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，本人業經帳戶持有人（法人）授權簽署本表。

I certify that I am authorized to sign for the Account Holder of all the account(s) 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四部分所述帳戶持有人（法人）之稅務居住者身分，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 Account Holder identified in Part 4 of 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.





要保單位印鑑(公司大小章)

Seal of the Entity, Authorized Signatory's Seal(s) or Signature(s)

日期： 2026 年 10 月 30 日

Date YYYY MM DD

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 ： 111****456

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)* WANG	
	名字* First or Given Name* OO	
	中間名 Middle Name(s) OO	
出生日期*（西元年/月/日） Date of Birth*(yyyy/mm/dd)	1974/3/26	
出生地* Place of Birth*	出生城市 Town or City of Birth	Taiwan
	出生國家/地區 Country/Jurisdiction	Taipei
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)* No. 509, Sec. 4, Ren'ai Rd.	
	（鎮、市、省、縣、州等）* (e.g. Town/City/Province/County/State)* Xinyi Dist. , Taipei	
	國家/地區 Country/Jurisdiction* Taiwan	郵政編碼/郵遞區號(如有)Post Code/ZIP Code (if any) 110
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)

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

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) 恩典O股份有限公司	恩典O股份有限公司	12345678
(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
日本(Japan)	123456789012		
台灣(Taiwan)	A123***789		

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

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：王 OO

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：2026年 10 月 30日
Date YYYY MM DD