

## **UPDATE OF PERSONAL PARTICULARS**

中国人寿保险(新加坡)有限公司 China Life Insurance (Singapore) Pte. Ltd.

PARTICULARS OF POLICYOWNER / TRUS	TEE / ASSIGNEE
Name of Policyowner / Trustee / Assignee	NRIC / FIN No. / Passport No. / Unique Entity No.
PARTICULARS OF LIFE INSURED	
Name of Life Insured	NRIC / FIN No. / Passport No.
1. UPDATE MY CONTACT INFORMATION	
Apply to all my Policies	Apply only to the following Policy Number(s):
New Residential Address	New Mailing Address (if different from Residential Address)
Postal Code	Postal Code
Country	Country
Home telephone number	Mobile number
( )	( )
Country Code	Country Code
Office telephone number	Email address (Please ensure that the email address is clear & legible)
( ) Country Code	
Country Couc	

## Important Notes:

- a) PO Box address is not allowed.
- b) For Residential Address, please submit a copy of NRIC with new address / Proof of new address: Utility bill, fixed telephone line bill, bank statement etc.
- c) For Mailing Address (if different from Residential Address), please submit a copy Proof of new mailing address.
- d) Please complete Section 4. FOREIGN ACCOUNT TAX COMPLIANCE ACT & COMMON REPORTING STANDARD SELF-CERTIFICATION if there is a change in the country of your new residential address, contact number.

China Life Insurance (Singapore) Pte. Ltd.

## 2. UPDATE MY PERSONAL INFORMATION

Type of Request	Policyowner	Life Insured
Change of Name:		
Update of NRIC/Fin No./Passport No:		
Update of Nationality:		

#### **Important Notes**:

- a) Please submit a copy of NRIC/Birth Certificate/FIN/Passport/Deed Poll for Change of Name and/or Update of NRIC/FIN/Passport Number.
- b) Please submit a copy of NRIC/FIN/Passport, Re-entry permit/Certificate of citizenship (issued by authorized government body) for Update of Nationality.
- c) Please complete Section 4. FOREIGN ACCOUNT TAX COMPLIANCE ACT & COMMON REPORTING STANDARD SELF-CERTIFICATION if there is a change in nationality.

## 3. CHANGE OF SIGNATURE

The NEW signature will be applicable to all my policies.

Policyowner's Old Signature/Thumbprint	Policyowner's New Signature/Thumbprint
Life Insured's Old Signature/Thumbprint	Life Insured's New Signature/Thumbprint

#### **Important Notes:**

- a) Please ensure you sign using your previous signature, which must be consistent with our records. If you are unable to recall your previous signature, you will have to visit our office personally to make this change.
- b) Please submit a copy of NRIC/FIN/Passport with new signature signed on it.

# 4. FOREIGN ACCOUNT TAX COMPLIANCE ACT & COMMON REPORTING STANDARD SELF CERTIFICATION This section <u>must</u> be completed if there is a change in the country of your contact information, personal information or tax residency.

If you are an entity policy owner, please complete the "Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standard (CRS) Entity Self- Certification Form" which is available at www.chinalife.com.sg

Under local regulations, China Life Insurance (Singapore) Pte. Ltd. ("CLIS") is required to collect information on your tax status. If you are a tax resident outside Singapore, we may transmit your personal and policy information to the Inland Revenue Authority of Singapore ("IRAS") for transfer to the tax authority of another country/jurisdiction.

As CLIS is unable to give tax advice, please speak to a professional tax adviser or refer to the OECD website for more information on tax residency:

http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/

中国人寿保险(新加坡)有限公司

China Life Insurance (Singapore) Pte. Ltd.

A. <u>Declaration of United</u> Please select one, whichever	I States ("US") Person <sup>#</sup> Status er applicable:		
$\square$ I do not have any US in	dicia* and I am not a US person#.		
☐ I have one or more US documents)	indicia* and I am not a US person	# (Please complete I	Form W-8BEN and provide supporting
$\square$ I have one or more US	indicia* and I am a US person#. (P	lease complete For	m W-9)
the US or any State thereof, judgments concerning subst		rould have authority ration of the trust, a	under applicable law to render orders or nd (ii) one or more US persons have the
residential or mailing addres		tructions to transfer f	ntification number, US place of birth, US funds to an account maintained in the on with a US address.
B. <u>Declaration of Tax Re</u> Please complete the table	sidency under Common Reporting below indicating:	ng Standard	
	ns (including Singapore) where yo tion Number ("TIN") for each cou		
If you are a Singapore tax Assigned Tax Reference No		ur NRIC, FIN, Incom	e Tax Reference Number or the IRAS
· ·	more than five countries/jurisdicte the appropriate reason <b>A</b> , <b>B</b> or <b>C</b>	•	ue on additional sheet(s). If a TIN is elow:
Reason A - The country/ju	risdiction where you are resident	does not issue TINs	to its residents
	rise unable to obtain a TIN or equi he below table if you have selecto		ase explain why you are unable to
-	red (Note: Only select this reason collection of the TIN issued by suc		of the relevant jurisdiction does
Country/Jurisdiction of Tax Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why you are unable to obtain a TIN if you have selected Reason B
		□а□в□с	

 $\square$  A  $\square$  B  $\square$  C

	ded address and contact number(s) are different from your , please explain why and provide supporting documents:
By ticking the relevant boxes and completing the relevant	vant fields in sections A and B above, I:
	y information may be kept by CLIS and provided to IRAS ries/jurisdictions in which I may be a tax resident under al account information;
b. declare that the information I provide relating to m to the best of my knowledge and belief;	y tax status and residence is true, correct and complete
c. agree that if I fail or refuse to provide information of cancel or terminate the insurance policy without be	on my tax status and residence, CLIS reserves the right to eing liable for such cancellation or termination;
d. undertake to advise CLIS of any change in circumstathe information I have provided to be incorrect or in self-certification form and declaration within 30 days	ncomplete, and to provide CLIS with a suitably updated
5. DECLARATION & AUTHORISATION	
requested above on my policy or policies. I also expre representatives collecting, using and disclosing, at	orm is true and correct, and authorise CLIS to effect the changes essly authorise and consent to CLIS, its officers, employees and their sole discretion, any and all information relating to me, d dealings and my policies of insurance with CLIS, to any of the e:
a. CLIS's holding companies, branches, repre-	sentative offices, subsidiaries, related corporations or affiliates;
<ul> <li>b. any of CLIS's contractors or third-party ser or representatives;</li> </ul>	vice providers or distribution partners or professional advisers
	rity, court of law, tribunal or person, in any jurisdiction, where on, judgment or order of court or order of any tribunal or as a
	sferee(s) of any rights and obligations of CLIS under or relating onnected with the proposed assignment or transfer;
e. any credit bureau, insurer or representation	ve,
	considers appropriate including but not limited to the purposes of CLIS's representatives and monitoring undesirable sales
	Policy, which sets out the purposes for which personal data may .chinalife.com.sg, which I confirm I have read and understood.

Date: