

First Policy No.:										
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Second Policy No.:										
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SELF-CERTIFICATION FORM OF CONTROLLING PERSON (G68CP)

Note:

- (1) This is a self-certification form provided by Controlling Person to YF Life Insurance International Limited ("the Company") for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Company to U.S. Government and/ or the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region / Financial Services Bureau of the Government of Macau Special Administrative Region for transfer to the tax authority of another jurisdiction.
- (2) All parts in this section must be completed (unless not applicable or otherwise specified). If space provided is insufficient, please continue on Form G03.
- (3) Taxpayer Identification Number or its functional equivalent is abbreviated as "TIN".
- (4) If the Controlling Person is a tax resident of Hong Kong / Macau, the "TIN" is the Hong Kong / Macau ID number.
- (5) If the Controlling Person has any questions regarding his / her tax residency or related information, please seek independent professional advice from legal or tax expert(s) or visit the website of the Hong Kong Inland Revenue Department / Macau Government for details.
- (6) This supplement form is considered as a part of application of the above policy(ies).
- (7) Please read instructions and glossary in below websites before completing the form:
 Hong Kong: http://www.ird.gov.hk/chi/tax/aeoj/self_cert.htm / Macau: <https://www.dsfgov.mo/AEOI/?lang=zh&FormType=3#top>

Part 1 Personal Information of Controlling Person

English Name	:	Last Name	First Name
Chinese Name (if any)	:	Last Name	First Name
Hong Kong / Macau ID Card OR Passport No.	:		
Nationality	:		
Date of Birth (MM/DD/CCYY)	:		
Current Residential Address	:	Flat / Room	Floor
		Block	
		Building / Estate	
		Street / Road	
		District / City	Province
		Country	Postal Code
Correspondence Address (If different from the current residential address)	:	Flat / Room	Floor
		Block	
		Building / Estate	
		Street / Road	
		District / City	Province
		Country	Postal Code
The Name of Entity Account Holder(s) of which you are a Controlling Person	:		

Part 2 Controlling Person's U.S. Tax Status Declaration (Please read remarks on page 3)

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| 2a. Are you a U.S. person, being a U.S. citizen, U.S. resident for U.S. federal income tax purposes or U.S. Resident Alien (i.e., U.S. Green Card holder)?
<input type="checkbox"/> Yes → Please submit Form W-9 and fill-in U.S. tax residence and U.S. TIN in the below "Jurisdiction of Residence List".
<input type="checkbox"/> No | 2b. Were you born in the U.S.?
<input type="checkbox"/> Yes → Please submit Form W-9 or W-8 and fill-in U.S. tax residence and U.S. TIN in the below "Jurisdiction of Residence List" (if applicable).
<input type="checkbox"/> No |
|---|--|

Part 3 Controlling Person's Tax Residency

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| 3a. Are you tax resident of Hong Kong / Macau?
<input type="checkbox"/> Yes → Please fill-in the below "Jurisdiction of Residence List".
<input type="checkbox"/> No | 3b. Are you tax resident of other jurisdictions (other than Hong Kong / Macau)?
<input type="checkbox"/> Yes → Please fill-in the below "Jurisdiction of Residence List".
<input type="checkbox"/> No |
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If the answer of above questions is "No", please provide explanation in "Supplementary Information".



If a TIN is unavailable, please provide the appropriate reason:

Reason A - The jurisdiction where Controlling Person is a resident for tax purposes does not issue TINs to its residents.

Reason B - Controlling Person is unable to obtain a TIN. Please explain why Controlling Person is unable to obtain a TIN if you have selected this reason.

Reason C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

Jurisdiction of Residence List			
Jurisdiction of Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why Controlling Person is unable to obtain a TIN if Reason B has been selected

Supplementary Information

Part 4 Type of Controlling Person

Please tick as appropriate.

Type of Entity	Type of Controlling Person	Entity
Legal Person	Individual who has a controlling ownership interest (i.e., more than 25% of issued share capital (applicable to Hong Kong issued policies) / not less than 10% of issued share capital (applicable to Macau issued policies))	<input type="checkbox"/>
	Individual who exercises control / is entitled to exercise control through other means (i.e., more than 25% of voting rights (applicable to Hong Kong issued policies) / not less than 10% of voting rights (applicable to Macau issued policies))	<input type="checkbox"/>
	Individual who holds the position of senior managing official / exercises ultimate control over the management of the entity	<input type="checkbox"/>
Trust	Settlor	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>
	Protector	<input type="checkbox"/>
	Beneficiary or member of the class of beneficiaries	<input type="checkbox"/>
	Other (e.g., individual who exercises control over another entity being the settlor / trustee / protector / beneficiary)	<input type="checkbox"/>
Other Legal Arrangement	Individual in a position equivalent / similar to settlor	<input type="checkbox"/>
	Individual in a position equivalent / similar to trustee	<input type="checkbox"/>
	Individual in a position equivalent / similar to protector	<input type="checkbox"/>
	Individual in a position equivalent / similar to beneficiary or member of the class of beneficiaries	<input type="checkbox"/>
	Other (e.g., individual who exercises control over another entity being equivalent / similar to settlor / trustee / protector / beneficiary)	<input type="checkbox"/>

Part 5 Declarations and Signature

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Policyholder and any reportable account(s) may be reported by the financial institution to U.S. Government and/or the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region / Financial Services Bureau of the Government of Macau Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Policyholder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under U.S. Foreign Account Tax Compliance Act (FATCA) and/or the Inland Revenue Ordinance (Cap.112) / Macau laws and regulations.

I certify that I am the Policyholder / I am authorized to sign for the Policyholder of all the account(s) to which this form relates. I undertake to advise YF Life Insurance International Limited ("the Company") of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances.

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

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction shall bear any legal liability(ies) arising therefrom.

Name	Signature
#Capacity	Date (MM/DD/CCYY)

If the above signatory is not controlling person identified in part 1, please indicate the capacity of signatory and attach a certified copy of the power of attorney.

Remarks

1. United States (U.S.) tax resident refers to U.S. Green Card holder (i.e., U.S. lawful permanent resident) or meet the substantial presence test (i.e., he / she physically presents in U.S. on at least 31 days during the current year and 183 days during the 3-year period (includes the current year and the 2 years immediately before that)). If your answer is "Yes", please submit form W-9. The calculation of days of presence in U.S. for 3 years period = All the days you were present in U.S. in the current year + 1/3 of the days you were present in the first year before the current year + 1/6 of the days you were present in the second year before the current year.
2. If your answer is "No", not U.S tax resident, but have one or more than one of the following U.S. indicia, e.g., a U.S residential address or correspondence address or P.O. Box, a U.S. telephone number, or an instruction to transfer funds to an account maintained in the U.S., please complete Form W-8BEN and attach any relevant supporting documents.
3. If your place of birth is U.S. but declare not being U.S tax resident, please complete Form W-8BEN and provide supporting document of renunciation or loss of U.S. nationality.