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| First Policy No.: | | | | | | | | | |
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| Second Policy No.: | | | | | | | | | |
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DECLARATION OF INDIVIDUAL TAX RESIDENCE (POS-G03CRS)

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| Name of Declarer: | Type of Declarer: <input type="checkbox"/> Policy Owner <input type="checkbox"/> Assignee <input type="checkbox"/> Annuitant <input type="checkbox"/> Beneficiary |
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Note:

(1) This is a self-certification form provided by Declarer 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 Inland Revenue Department 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 Declarer is a tax resident of Hong Kong/ Macau, the “TIN” is the Hong Kong/ Macau ID number.

(5) If the Declarer 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/aeoi/self_cert.htm/ Macau: <https://www.dsf.gov.mo/AEOI/?lang=zh&FormType=3#top>

Part 1 Declarer’s U.S. Tax Status Declaration (Please read remarks on page 2)

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| <p>1a. 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)?</p> <p><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” .</p> <p><input type="checkbox"/> No</p> | <p>1b. Were you born in the U.S.?</p> <p><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).</p> <p><input type="checkbox"/> No</p> |
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Part 2 Declarer’s Tax Residency

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| <p>2a. Are you tax resident of Hong Kong / Macau?</p> <p><input type="checkbox"/> Yes → Please fill-in the below “Jurisdiction of Residence List” .</p> <p><input type="checkbox"/> No</p> | <p>2b. Are you tax resident of other jurisdictions (other than Hong Kong / Macau)?</p> <p><input type="checkbox"/> Yes → Please fill-in the below “Jurisdiction of Residence List” .</p> <p><input type="checkbox"/> No</p> |
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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 the Declarer is a resident for tax purposes does not issue TINs to its residents.
Reason B - The Declarer is unable to obtain a TIN. Please explain why the Declarer 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 the Declarer is unable to obtain a TIN if Reason B has been selected |
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Supplementary Information

Part 3 Declarations and Signature

I / We acknowledge that YF Life Insurance International Ltd. ("the Company") may be obliged to comply with any applicable (local or overseas) requirements of whatever nature prescribed by any (local or overseas) authorities (regulatory, self-regulatory or otherwise) (the "Authorities" and each an "Authority"); and / or any (present or future) commitments or agreements with any Authority; and as amended from time to time (the "Applicable Requirements"), including but not limited to the implementation of the U.S. Foreign Account Tax Compliance Act pursuant to the intergovernmental agreement between Hong Kong/ Macau (where applicable) and the U.S. and the implementation of the Common Reporting Standard issued by the Organisation for Economic Co-operation and Development pursuant to the Hong Kong Inland Revenue (Amendment) (No. 3) Ordinance 2016/ Macau laws and regulations (where applicable).

In this connection, notwithstanding anything contained in this form or any policies or agreements between me / us and the Company, I / we irrevocably agree to provide the Company with all assistance and / or to waive all applicable (legal, regulatory or otherwise) restrictions as may be necessary to enable the Company to comply with the Applicable Requirements. In particular (but without limitation), I / we irrevocably agree that:

- I / We will provide the Company with further information and / or prescribed documents within such time as may be required by the Company;
- The Company may disclose to any Authority (such disclosure may be effected via the Head Office of the Company if applicable) any information about (i) any of my / our policy(ies) (whether the policy(ies) is / are in force or otherwise); and / or (ii) me / us and any Consenting Person as defined hereinafter; and
- The Company may withhold any payments otherwise payable to me / us or to any Consenting Person as defined hereinafter (and pay the withheld amounts to the relevant Authorities if required).

"Consenting Person" in relation to an insurance policy means any person who is / will be entitled to the policy's value or to receive a payment / benefit under the policy, or in relation to a trust arrangement means the settlor, the trustees, the protector, the beneficiaries / class of beneficiaries or any other natural person exercising ultimate effective control over the trust. I / We confirm that I / we have obtained the requisite consent and agreement from each Consenting Person to enable the Company to comply with the Applicable Requirements and to exercise the rights and powers of the Company set out above.

The Company shall not be liable for any costs, loss or damages that I / we or any Consenting Person may incur because of the Company taking any actions for compliance with the Applicable Requirements. If I / we have any doubt on the impact of the aforesaid on me / us or my / our legal or tax position, I / we should seek independent professional advice.

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 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 the Hong Kong 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 Part 1 of 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.

Pursuant to FATCA or other applicable local laws, I hereby consent to the Company to report my/our personal data to the U.S. or other applicable local judicial, regulatory or tax authorities where necessary in order to comply with FATCA or other applicable local laws.

This section shall survive the termination, cancellation and surrender of any of my / our policy(ies).

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.

Date (MM/DD/CCYY)

Signature of Declarer

Remarks

- 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.
- 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.
- 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.