

Controlling Person Tax Residency Self-certification FORM

CRS - CP



INSTRUCTIONS:

Please read these instructions before completing the applicable form.

The Mutual Administrative Assistance in Tax Matters Act based on the OECD Common Reporting Standard (“CRS”) requires **RF&G Life Insurance Company Limited** to collect and report certain information about an account holder’s tax residency. If the account holder’s tax residence is located outside **Belize**, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to **Income Tax Dept of Belize** and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder’s tax status or other mandatory field information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification. This form is intended to request information consistent with local law requirements.

Please fill in Form CRS-I “Individual tax residency self-certification form” if you are an individual account holder, sole trader or sole proprietor. For joint or multiple account holders, use a separate form for each individual person.

Please fill in Form CRS-E “Entity tax residency self-certification form” where you need to self-certify on behalf of an entity account holder.

Please fill in Form CRS-CP “Controlling Person tax residency self-certification form,” if you are a controlling person of an entity.

If you are completing this form on behalf of someone else, please indicate what capacity you are signing in Part 3. For example, you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the form under a power of attorney.

A legal guardian should complete the form on behalf of an account holder who is a minor.

Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if you are resident in the jurisdiction on the following website: www.oecd.org. In general, you will find that tax residence is the country/jurisdiction in which you live. For more information on tax residence, please consult your tax adviser or the information at the OECD automatic exchange of information portal. You can also find summaries of defined terms such as an account holder, controlling persons and other terms, on that site. . If you are a U.S. citizen or tax resident under U.S. law, you should indicate that you are a U.S. tax resident on this form and you may also need to fill in an IRS W-9 form.

As a financial institution, we are not allowed to give tax advice.

Your tax adviser may be able to assist you in answering specific questions on this form. Your domestic tax authority can provide guidance regarding how to determine your tax status.

You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD automatic exchange of information www.oecd.org.

Note: * please visit our website at www.rfqlife.com for relative Appendix and explanations

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(please complete parts 1 – 3 in BLOCK CAPITALS)

Part 1 – Identification of a Controlling Person

A. Name of Controlling Person:

_____ Title (Mr., Ms., Mrs.) / First or Given Name:* / Middle Name(s) / Family Name or Surname(s):*

B. Current Residence Address:

_____ House, Apt, Suite Name, Number, Street (if any)* / Town, City, Province, Country, State * / Country* / Postal Code, ZIP Code (if any)*

C. Mailing Address: (please only complete if different to the address shown in Section B)

_____ House, Apt, Suite Name, Number, Street (if any)* / Town, City, Province, Country, State * / Country* / Postal Code, ZIP Code (if any)*

D. Date of Birth:

E. Place of Birth

_____ dd / mm / yyyy

_____ Town or City of Birth * / Country of Birth*

F. Please enter the legal name of the relevant Entity Account Holder(s) of which you are a Controlling Person

Legal name of Entity 1 _____

Legal name of Entity 2 _____

Legal name of Entity 3 _____

Part 2 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number*(“TIN”)

Please complete the following table indicating:

1. Where the Controlling Person is tax resident
2. The Controlling Person’s TIN for each country/jurisdiction indicated.

If the Controlling Person is a tax resident in more than three countries/jurisdictions, please use a separate sheet

If a TIN is unavailable please provide the appropriate reason **A, B** or **C** where indicated below:

Reason A - The country/jurisdiction where the Controlling Person is resident does not issue TINs to its residents

Reason B - The Controlling Person is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C - No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected reason B above.

1	
2	
3	

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Part 3 – Type of Controlling Person

(Please only complete this section if you are tax resident in one or more Reportable Jurisdictions)

Please provide the Controlling Person's Status by ticking the appropriate box.	Entity 1	Entity 2	Entity 3
a. Controlling Person of a legal person – control by ownership			
b. Controlling Person of a legal person – control by other means			
c. Controlling Person of a legal person – senior managing official			
d. Controlling Person of a trust - settlor			
e. Controlling Person of a trust – trustee			
f. Controlling Person of a trust – protector			
g. Controlling Person of a trust – beneficiary			
h. Controlling Person of a trust – other			
i. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent			
j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent			
k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent			
l. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent			
m. Controlling Person of a legal arrangement (non-trust) – other-equivalent			

Part 4 - Declarations and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with **RF&G Life Company Limited** setting out how **RF&G Life Company Limited** may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Controlling person and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the (I/Controlling Person) may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

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

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

I undertake to advise **RF&G Life Insurance Company Limited** within **30 days** 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 or incomplete, and to provide **RF&G Life Insurance Company Limited** with a suitably updated self-certification and Declaration within **30 days** of such change in circumstances.

Signature: _____

Print name: _____

Date: _____

Note: If you are not the Controlling Person please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: _____