



Life Choices

Please read before completing this form.

Tax authorities require Coralisle Group Ltd. to collect and report certain information about each account holder's tax status for the purposes of US Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS). Please complete the sections below as directed and provide any additional information that is requested. Please note that we may be obliged to share this information with the relevant tax authorities.

Please Note: You are required to complete all relevant sections in relation to all known accounts held with Coralisle Group Ltd. member companies and to provide any additional information as required to evidence the declaration made. If any of the information below changes in the future, please ensure you advise Coralisle Group Ltd. of these changes within thirty (30) days.

If you have any questions about how to complete this form, please contact your tax advisor.

Every Section must be completed fully or as indicated. Please print throughout.

PART 1 INSURED'S INFORMATION

First Name _____ Middle Initial(s) _____ Last Name _____
Gender M F Date of Birth (DD/MM/YY) _____ Place of Birth _____
Life Insured _____ Policy Number _____
Policy Owner (if other than the Life Assured) _____

PART 2 US TAX (For further details, please refer to www.irs.gov)

A. Are you a citizen or resident of the US? No (complete Part 2 B)
 Yes (tick and complete below then complete Part 2 B)
 US Citizen or US Passport Holder Green Card Holder Reside in the US for over 183 days
Please attach a completed W-9 (US person) form Attached Tax ID No. _____
B. I _____ certify that I am am not a US citizen and that I am am not a US resident for tax purposes.
Signature _____ Date (DD/MM/YY) _____

PART 3 CRS (For further details, please refer to www.oecd.org)

A. Please indicate all countries in which you are a resident for tax purposes (i.e., where you are liable to pay tax) and the associated tax reference numbers in the table below:

Country/Countries of Tax Residency	Tax reference/TIN/Identification number

If a Tax reference/TIN/ Identification number is unavailable, please state why below:

B. i. I _____ certify that I am a resident for tax purposes in the Countries listed in Part 3 A.
ii. I _____ certify that I am not a resident in any country for tax purposes (other than as provided in Parts 2 B or 3 A above, if any).

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PART 4 CONSENT

Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities globally for the purposes of US Foreign Account Tax Compliance Act (FATCA), UK FATCA and the Common Reporting Standard (CRS).

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 CG Atlantic Medical & Life Insurance Ltd. promptly of any changes in circumstances which causes the information contained herein to become incorrect and to provide CG Atlantic Medical & Life Insurance Ltd. with a suitable updated Declaration within thirty (30) days of such change in circumstances.

Member's Signature _____ Date (DD/MM/YY) _____

PART 5 DISCLAIMER

CG Atlantic Medical & Life Insurance Ltd. are not tax and/or legal advisors and no information contained herein or otherwise disseminated by or on behalf of CG Atlantic Medical & Life Insurance Ltd. in any circumstances constitutes, should be construed as or substituted for independent tax and/or legal advice. If you have any questions about your tax residency or the completion of any items in this form, please contact your tax advisor.

TO BE COMPLETED BY CG ATLANTIC

US Indicia Found UK Indicia Found CRS Indicia Found FATCA/CRS Status: _____

Documentation received: W-9 Form UK Self-Certification CRS Self-Certification