

PLEASE COMPLETE ALL PAGES

Instructions for Completion:

We are obliged under the intergovernmental agreements (“IGAs”) entered into by Bermuda in relation to the automatic exchange of information for tax matters, and as a registered Participating Foreign Financial Institution with the Internal Revenue Service of the United States, to collect certain information about each policy holder’s tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant IGA and US/UK Foreign Account Tax Compliance Act (“FATCA”) Regulations.

If any of the information below regarding your tax residence or US/UK FATCA classification changes in the future, please ensure you advise us of these changes promptly by providing an updated ENTITY DECLARATION FORM. If you have any questions about how to complete this form, please contact your tax advisor.

A separate Declaration must be completed by each Verification Subject			
Policy #:		FOR INTERNAL USE ONLY	
Section 1: Identification			
Entity (i.e. Corporation or Trust)	Name	Date of Incorporation/Formation	Country
Registered Physical Address: street number, street name, city/town, state/province/county, postal code, country			
Mailing Address (if different from above)			
Section 2: Declaration of Residence for Tax purposes			
Please tick either (A), (B) or (C) and complete as appropriate.			
<p>A) <input type="checkbox"/> The entity is a Specified U.S. Person and the entity’s U.S. Federal Taxpayer Identifying Number (U.S. TIN) is as follows:</p> <p>B) <input type="checkbox"/> The entity is a U.S. Person that is not a Specified U.S. Person. Indicate exemption¹.</p> <p>C) <input type="checkbox"/> The entity is not a U.S. citizen or resident in the U.S. for tax purposes.</p>			

¹Under the US IGA and in the U.S. Internal Revenue Code, Specified US Person does not include: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37); The United States or any of its agencies or instrumentalities; A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities; A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472D1(c)(1)(i); A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i); A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state; A real estate investment trust; A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940; A common trust fund as defined in section 584(a); A bank as defined in section 581; A broker; A trust exempt from tax under section 664 or described in section 4947; or A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Argus International Life Bermuda Limited

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Section 3: Entity FATCA Classification

3.1 If you are a Registered Financial Institution, please tick the appropriate category below and provide your FATCA GIIN at 3.1.1:

- A) Bermuda or IGA Partner Jurisdiction Financial Institution
- B) Registered Deemed Compliant Foreign Financial Institution
- C) Participating Foreign Financial Institution

3.1.1 Please provide your Global Intermediary Identification number (GIIN):

3.2 If you are a Financial Institution but unable to provide a GIIN, please tick the relevant reason below:

- A) The Entity is a Model 2 Financial Institution and has not yet obtained a GIIN but intends to do so, if required.
- B) The Entity is a Sponsored Financial Institution and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN.
Sponsoring Entity's Name: _____ Sponsoring Entity's GIIN: _____
- C) The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN.
Trustee's Name: _____ Trustee's GIIN: _____
- D) The Entity is a Certified Deemed Compliant, or otherwise Non Reporting, Foreign Financial Institution (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution). Indicate exemption: _____
- E) The Entity is an Exempted Foreign Financial Institution. Indicate exemption: _____
- F) The Entity is a Non-Participating Foreign Financial Institution
- G) The Entity is a US Financial Institution

3.3 If you are not a Foreign Financial Institution, please confirm the Entity's FATCA status below:

- A) The Entity is an Exempt Beneficial Owner. Indicate status: _____
- B) The Entity is an Active Non-Financial Foreign Entity (including an Exempted NFFE)
- C) The Entity is a Passive Non-Financial Foreign Entity (**Please complete the table on the next page providing details of any controlling person²**)

² Means the natural persons who exercise control over an Entity. For companies and similar legal persons, it depends on the ownership structure of the company and will include any person owning 10 % or more of the company (or legal person). For trusts and other similar legal arrangements, it will include the settlor, the trustee(s), the protector (if any), the beneficiaries, and any other natural person exercising ultimate effective control over the trust.

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A Subsidiary of Argus Group Holdings Limited

Full Name	Date of birth (MM/DD/YY)	Full Residence address	Details of controlling person's beneficial interest	Country/countries of tax residency	Tax reference number

Section 4: Declaration of Tax Residency (other than the U.S.)

Please indicate the Entity's place of tax residency (if resident in more than one country please detail all countries and associated tax reference number).

Country/countries of tax residency	Tax reference number

Section 5: Declaration and Undertakings

I/We declare (as an authorized signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I/We undertake to advise the recipient promptly and provide an updated Self- Certification form within 30 days where any change in circumstances occurs, which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities.

Authorized Signature

Print Name:

Position/Title

Date (MM/DD/YY)

Authorized Signature

Print Name:

Position/Title

Date (MM/DD/YY)

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