

INSURANCE FATCA/CRS DECLARATION

Individual declaration- US Person* or Person Residing outside India

You are requested to consult a legal/tax advisor for Residential Status

Note: The information in this section is being collected because of enhancements to IndiaFirst Life Insurance's new policy issuance procedures in order to fully comply with Foreign Account Tax Compliance Act (FATCA) requirements and the Common Reporting Standards (CRS) requirements pursuant to amendments made to Income-tax Act, 1961 read with Income-Tax Rules, 1962.

Self-Attested Address and ID Proof of Policyholder is mandatory document to be enclosed.

For more information refer:

http://www.incometaxindia.gov.in/dtaa/other%20agreements/india_iga_final-_india_english.pdf

<http://www.oecd.org/ctp/exchange-of-tax-information/automatic-exchange-financial-account-information-common-reporting-standard.pdf>

(We are unable to provide advice about your tax residency. If you have any questions about your tax residency, please contact your tax advisor)

ALL THE FIELDS GIVEN BELOW ARE MANDATORY. PLEASE DO NOT LEAVE THEM BLANK

CLIENT ID			
Parameters	Proposer	Life Insured	Nominee
Name			
Father's name			
US Person (Pls ✓)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Resident of any other country other than US	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Country of Residence- Please specify the country			
Taxpayer Identification Number (TIN) (Mention complete number and Submit a copy - Mandatory)			
Exemption claimed, if any (to be supported by necessary documents)			
"COUNTRY OUTSIDE INDIA" Indicia			
Country issuing the "Identity Proof"			
Telephone No. Outside India? (Pls ✓)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, provide Telephone no.			
Citizenship Outside India. (Pls ✓)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, provide country of citizenship			
Communication / Permanent Address Outside India? (Pls ✓)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, provide the address			
Country/ies of Residence for Tax purpose is outside India? (Pls ✓)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Power of Attorney (POA) of a person outside India? (Pls ✓)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Source of Income			

Note: Please use multiple forms incase of multiple life assured or multiple nominees

*US Person: In case of individuals, US Person means a citizen or resident of the United States. Persons who would qualify as USPersons could be Born in the United States, Born outside the United States of a US parent, Naturalized citizens, Green Card Holders, Tax residents. [Please note that above information is provided only for quick reference to customers. Please consult your tax/legal advisor for details]

I / We confirm that above details provided by me / us are correct and to the best of my knowledge. I / We also confirm that I / We will report any change in my/our tax status in future to IndiaFirst Life Insurance within 30 days of such change. I acknowledge that towards compliance with tax information sharing laws, such as FATCA/CRS, IndiaFirst Life Insurance may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of Policy issuance or any time subsequently.

I hereby give consent to IndiaFirst Life Insurance to share with any regulatory body my information such as contact details, tax identification number / social security number, account balances / activities or any transactions undertaken with IndiaFirst Life Insurance.

IndiaFirst Life Insurance may deduct from the moneys payable to me such amount as may be required to comply with any instruction issued by a Government/ Statutory/ Regulatory authority, including, but not limited to, instructions by Indian Authorities to comply with a foreign law, such as FATCA/CRS.

I also authorise IndiaFirst Life Insurance to terminate the Policy in the event that appropriate documentation of Insured / Policyholder as may be required by IndiaFirst Life Insurance for the compliance as aforesaid is not timely provided to IndiaFirst Life Insurance.

	PROPOSER	LIFE INSURED	NOMINEE
Name			
Signature	X	X	X
Date			