Automatic Exchange of Information

Notes	Words in the singular include the plural and vice versa. A reference to one gender includes a reference to the other gender. Please fill out in block capitals.	Policy Number

AUTOMATIC EXCHANGE OF INFORMATION - SELF-CERTIFICATION FORM FOR INDIVIDUALS (LOMBARD INTERNATIONAL ASSURANCE S.A.)

Please read these instructions carefully prior to completing this Self-Certification Form.

Based on the EU Directive on Administrative Cooperation in Tax Matters (the "**DAC**") and the OECD Common Reporting Standard (the "**CRS**"), regulations in Luxembourg require Lombard International Assurance S.A. to collect and report certain information about an Account Holder's* tax residency status.

If your tax residence (or the Account Holder's, in the event that you are completing this Form on his/her/their behalf) is outside Luxembourg, in a country that is a Member State of the European Union or that abides by the CRS, Lombard International Assurance S.A. is legally obliged to pass on the information in this Form as well as certain other required information about the relevant policy(ies) to the tax authorities in Luxembourg for the benefit of the relevant foreign jurisdictions.

Such information, which may include certain personal data about the reportable person(s) (in particular his/her/their name, address, country(ies) of tax residence, date and place of birth and tax identification number(s)) and certain data about the relevant policies (in particular the policy numbers, the cash value or surrender value of the policy, the amount of any partial or total surrender paid during the elapsed year), will be transferred by the Luxembourg direct tax administration to the competent authorities of the relevant Reportable Jurisdictions.

Please note that all capitalised terms shall have the meaning ascribed to them under DAC and CRS.

Please fill in this Form if you are an individual Account Holder.

For joint or multiple Account Holders, use a separate Form for each individual person.
Where you need to self-certify on behalf of an Entity Account Holder do not use this Form. Instead, you will need a Self-Certification Form for Entities.

If you are filling in this Form on behalf of an individual Account Holder.

Please inform us in what capacity you are signing it.

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

If you have any questions about this Form or defining your tax residency status, kindly seek independent and professional advice by your tax adviser or local tax authority.
You can also acquire more information at the OECD automatic exchange of information portal and European Directive on Administrative Cooperation.

Data protection.

Processing of data that constitutes personal data will be made in the manner and for the purposes set forth in the Policy.

* The term "Account Holder" means the Policyholders or any other persons who have access to the cash value or who can change the beneficiary of the Policy.

Surname(s)	First name(s)
Date of birth	Country of birth
	City of birth

Residential address

Street/N°	
City/County	Postcode
Country	

Please complete the following table indicating (i) where the Account Holder is tax resident (i.e. where they are liable to pay tax) and (ii) the Account Holder's TIN for each country indicated. If the Account Holder is tax resident in more than three countries please use a separate sheet.

"TIN" (including "functional equivalent")

The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction.

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include,

- for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number;
- for Entities, a Business/company registration code/number.

Further detail on jurisdiction-specific TINs can be found at: http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/.

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

Reason A	The country where the Account Holder is liable to pay tax does not issue TINs to its residents.
Reason B	The Account Holder 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 **C** if the authorities of the country of tax residence entered below do not require the TIN to be disclosed).

Tax countries (please avoid any abbreviation)	Tax Identification Numbers ("TIN") (if any)	Reason if TIN unavailable (A, B or C)	Explanation if TIN unavailable (Reason B only)

Declarations

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 Lombard International Assurance S.A. within 30 days of any change in circumstances, which affects the tax residency status of the individual identified in this Form or causes the information contained herein to become incorrect, and to provide Lombard International Assurance S.A. with a suitably updated Self-Certification Form within 60 days of such change in circumstances.

Lombard International Assurance S.A. is unable to advise on these matters and cannot be held responsible for incorrect information provided in this self-certification and any consequences of this. I undertake to provide Lombard International Assurance S.A. with all necessary information and documentation to allow compliance with the provisions of any agreement requiring exchange of tax information and in particular the CRS/DAC, as applicable. I acknowledge that Lombard International Assurance S.A. will communicate such information to the competent authorities if required to do so by a competent authority.

Declaration with regard to Personal Data Protection

I authorise and empower Lombard International Assurance S.A., on my behalf and on behalf of any other person I am acting for, to collect, store, process and transfer the information in this Form (including personal data) as well as financial information related to the relevant policy(ies) for the purposes described in this Form as well as for the purposes of any other exchange of information procedures to which Lombard International Assurance S.A. may be subject to from time to time under the laws and regulations of any jurisdiction. To the extent that I am acting on behalf of other persons, I (i) certify that I have provided the information contained in this Form, in particular the Data Protection section, to such other persons and (ii) procure that those other persons provide their consent to Lombard International Assurance S.A. to process their personal data as provided herein. I will indemnify and hold Lombard International Assurance S.A. harmless for and against all financial consequences that may arise as a consequence of a failure to do so.

Name in full and date	Place
Signature	

Note: If you are not the Account Holder please indicate the capacity in which you are signing this Form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity