Automatic Exchange of Information Self-Certification



Notes

Words in the singular include the plural and vice versa. A reference to one gender includes a reference to the other gender.

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

Policy Number

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.

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

Where a Financial Account is held by a Passive Non-Financial Entity ("Passive NFE") Lombard International Assurance S.A. is also required to obtain details of the Controlling Persons of that Entity Account Holder. Controlling Persons are the natural persons who exercise control over an Entity.

If your tax residence (or the Controlling Person'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 to the tax authorities in Luxembourg for the benefit of the relevant foreign jurisdictions.

Please fill in this Form if the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution.

For joint or multiple Controlling Persons use a separate Form for each Controlling Person.

If you are filling in this Form on behalf of a Controlling Person.

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.

Part 1 A	Identification of a Controlling Person Name			
Surname(s)		First name(s)		
В	Residential address			
Street/N°				
City/	County	Postcode		
Country				
С	Date and place of birth			
Date of birth		Country of birth		
		City of birth		
D	D Please enter the legal name of the Entity of which you are a Controlling Person			
Legal name of Entity 1:				
Legal name of Entity 2:				
Legal name of Entity 3:				

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Part 2 Type of Controlling Person					
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					
I. Controlling Person of a legal arrangement (non-trust) - beneficiary-equivalent					
m. Controlling Person of a legal arrangement (non-trust) - other-equivalent					

Part 3 Country of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent ("TIN")

Please complete the following table indicating (i) where the Controlling Person is tax resident (il.e. where they are liable to pay tax) and (ii) the Controlling Person's TIN for each country indicated.

If the Controlling Person 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/.

If a TIN is unavailable please select a reason below, as appropriate:

- The country where I am liable to pay tax does not issue TINs to its residents.
- The Controlling Person is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN).
- No TIN is required (Please only use this option if the country of tax residence of the Controlling Person is not a Reportable Jurisdiction).

Tax countries (please avoid any abbreviation)	Tax Identification Numbers ("TIN") (if any)	Explanation if TIN unavailable

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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 Entity Account Holder's relationship with Lombard International Assurance S.A. setting out how Lombard International Assurance S.A. may use and share the information supplied regarding the Controlling Persons supplied by me to Lombard International Assurance S.A.

I acknowledge that the information contained in this Form and information regarding the Controlling Person may be reported to the tax authorities of the country in which this/these account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Controlling Person may be tax resident where those countries (or tax authorities in those countries) have entered into agreements to exchange financial account information.

I certify that I am authorised to the Controlling Person (or am authorised to sign on behalf of the Controlling Person) of all the accounts held by the entity Account Holder of which I am a Controlling Person 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 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 up to 90 days of such change in circumstances.

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) 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 Controlling Person, please indicate the capacity in which you are signing this Form.				
Capacity				

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