

For customers

SELF-CERTIFICATION DECLARATION

About this form

To allow us to meet our international tax reporting obligations, for example under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard for Automatic Exchange of Financial Account Information (CRS), you're required to complete this declaration.

Data protection and your privacy rights

The information you provide on this form will be held by us in accordance with all applicable data protection laws including the Irish Data Protection Acts 1988 and 2003 and Directive 95/46/EC and thereafter the General Data Protection Regulation 'GDPR' (and all laws implementing or supplementing the GDPR).

We need to collect personal details such as names and addresses in order to service your plan or bond. This means that we are acting as a data controller. It is important that you understand how your information will be used, stored, what rights you have and for you to understand when we are bound by law to share information with third parties. We have a data protection management system in place to oversee the effective and secure processing of personal data.

Our **Data Privacy Notice** can be found on our website www.monumentregroup.com/guarantees/

This explains our data protection management system and provides the contact details of our Data Protection Officer should you have any queries or concerns.

Connected person's privacy

If you provide information relating to any individuals connected with your plan or bond, you must take all steps necessary to legitimize your processing of their personal information. You can meet this requirement by:

- obtaining their consent to processing the information before you share it with us;
- provide our contact details to the individual or entity connected with your plan or bond;
- provide them with a copy of our **Data Privacy Notice**, and
- tell them the details of your disclosure of their information to us, the purposes for which it has been disclosed, our possible further disclosure of information as necessary, and that they have rights of access to and correction of their personal information.

By providing us with any information originating from a third party, you confirm that you have taken and completed these steps.

How to complete this form

Please sign and complete all relevant sections of this form in **BLOCK CAPITALS** using ballpoint pen.


When complete, please return this form and all required documents to:

Guarantees@va.monumentinsurance.com

Or post them by airmail to:

Monument Life Insurance dac
Bishop's Square
Redmond's Hill
Dublin 2
D02 TD99
Ireland

Additional Information

Whenever you see this icon , we're asking you to send us additional material with this form.

1. POLICYHOLDER DETAILS

Policy number

- If your policy is owned by one or more **individuals**, please go to section **1.1**.
- If your policy is owned by a **trust**, please go to section **1.2**.
- If your policy is owned by a **company**, please go to section **1.3**.

Please complete the relevant sections below so we can fulfil our reporting obligations to Irish Revenue. The policyholder(s) should ensure they sign the declaration at section 2.

*Taxpayer identification number - this is the number that the tax authority use to identify you.

For example, in the UK it is your National Insurance number or your company tax number (UTR).

**Please give details of all of tax jurisdictions (i.e. countries/sovereign states) you're resident in.

1.1 Individual details

Only complete this section if the policy is held by one or more individuals.

	Individual one	Individual two
Title Mr / Mrs / Miss / Ms Other - please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.
Are you a US citizen? (Yes or No)		

1. POLICYHOLDER DETAILS - CONTINUED

1.2 Trust details

Only complete this section if the policy is owned by a trust. It's important to note that the trust entity itself is considered a trustee. Please complete the details under **Trustee one** for the trust itself, and the following sections for the individual trustees.

1.2.1 Trustee details

	Trustee one	Trustee two
Title Mr / Mrs / Miss / Ms Other - please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.
Are you a US citizen? (Yes or No)		

	Trustee three	Trustee four
Title Mr / Mrs / Miss / Ms Other - please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.
Are you a US citizen? (Yes or No)		

1. POLICYHOLDER DETAILS - CONTINUED

1.2.2 Settlor details

Complete details of all living settlors.

	Settlor one	Settlor two
Title Mr / Mrs / Miss / Ms Other - please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.
Is the settlor a US citizen? (Yes or No)		

1.2.3 Protector details

Only complete this section if a protector has been appointed to the trust.

	Protector one	Protector two
Title Mr / Mrs / Miss / Ms Other - please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.
Is the protector a US citizen? (Yes or No)		

1. POLICYHOLDER DETAILS - CONTINUED

1.2.4 Beneficiary details

The following must be completed for all beneficiaries of bare trusts, beneficiaries who are to receive direct payments from discretionary trusts and for beneficiaries with an interest in possession of other trust types. Please speak to your financial adviser if you're unsure.

	Beneficiary one	Beneficiary two
Title Mr / Mrs / Miss / Ms Other - please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.
Is the beneficiary a US citizen? (Yes or No)		

	Beneficiary three	Beneficiary four
Title Mr / Mrs / Miss / Ms Other - please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.
Is the beneficiary a US citizen? (Yes or No)		

1. POLICYHOLDER DETAILS - CONTINUED

1.3 Company details

Only complete this section if the policy is owned by a company.

Company registered address

Postcode

Jurisdiction of tax residence of the company

Company tax number

Is this company currently trading?

Yes No

1.3.1 Beneficial owners

Please complete the table below for beneficial owners who hold or control 25% or more of the shares or voting rights in a company or who otherwise exercises ultimate effective control over the management of the company.

If more than four beneficial owners are involved, please copy all of this section of the form and complete. This separate sheet must be initialled by all policyholders. ☒

	Beneficial owner one	Beneficial owner two
Title Mr / Mrs / Miss / Ms Other - please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.
Is the beneficial owner a US citizen? (Yes or No)		

1. POLICYHOLDER DETAILS - CONTINUED

	Beneficial owner three	Beneficial owner four
Title Mr / Mrs / Miss / Ms Other - please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.
Is the beneficial owner a US citizen? (Yes or No)		

2. DECLARATION

Unless otherwise specified in this document, I/We declare that the statements made in this declaration are, to the best of my/our knowledge and belief true, correct and complete.

I/We/The company hereby undertakes to inform you of any change in my/our/the company's country of residence and/or jurisdiction of tax residence during the life of the policies.

I am/We are not resident in the United States of America (US) for tax purposes, or a US citizen and I am/we are not required to file any US tax returns.

I/We shall cooperate with you and provide such assistance as you may require from time to time to ensure compliance with any legal and regulatory obligations, for example FATCA and CRS.

Date (dd/mm/yyyy)

Print name

Signature of policyholder(s)

X X

Print name

Signature of policyholder(s)

X X

For trusts only

Unless otherwise specified in this document, I/We declare that the settlor, beneficiaries, protectors and trustees of the trust are not resident in the US for tax purposes, are not US citizens and are not required to file US tax returns.

I/We declare that a court within the US would not have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust.

I/We declare that I am/we are not acting on behalf of an estate of a decedent that is a citizen or resident of the US.

For companies

Unless otherwise specified in this document, I/We declare that the company is not a partnership or corporation organised in the US or under the laws of the US or any State thereof.

I/We declare that the beneficial owners of the company are not resident in the US for tax purposes, are not US citizens and are not required to file US tax returns.

Print name

Signature of policyholder(s)

X X

Print name

Signature of policyholder(s)

X X



Monument Life Insurance dac is registered in Ireland number 325795 with its registered office at 2 Park Place, Ground Floor, Upper Hatch Street, Dublin 2, Ireland and is regulated by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority.