



## To: Aviva Ltd

We hereby give you notice of the below assignment. Please register the assignment upon receipt of this notice.

Reason(s) for Assignment:		
☐ Others release ansity		
☐ Others, please specify:		
Section A: Declaration of U.S. Indicia Please provide the Entity's Account Holder status by ticking one of the following boxes:		
Todas provide the Entity 3 riccount Froncer status by tiening one of the following boxes.	Assigi	nee
Do you have one or more U.S. Indicia*?	Yes	No
Do you give standing instructions to transfer funds to an account maintained in the US?	Yes	No
Do you give effective power of attorney or signatory granted to a person with a US address?	Yes	No
If you have ticked 'yes', please complete the <b>United States of America (US) Person Declarate</b> available at <a href="http://www.aviva.com.sg/fatca/resources-downloads.html">http://www.aviva.com.sg/fatca/resources-downloads.html</a> ) and return to Aviva.	tion form th	at is
*US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / US "in-care-of" or "hold mail" address	Contact Nur	mber /
Section B: Declaration of Tax Residency under the Common Reporting Standard (	CBS)	
Part 1: Entity Type - Please provide the Entity's Account Holder status by ticking one of the following the Provide the Entity Type - Please provide the Entity Section 1: Entity Type - Please provide the Entity Section 1: Entity Type - Please provide the Entity Section 2: Entity Type - Please provide the Entity Section 3: Entity Type - Please provide the Entity Section 3: Entity Type - Please provide the Entity Section 3: Entity Type - Please provide the Entity Section 3: Entity Type - Please provide the Entity Section 3: Entity Section 3: Entity Type - Please provide the Entity Section 3: Entity Se	·	es:
(a) Financial Institution – Investment Entity		
If you have ticked (a), please tick one of the boxes below and complete the relevant information.  (i) An Investment Entity located in a Non-Participating Jurisdiction and managed by anothe	er Financial In	stitution
If you have ticked (i), please also complete the Part 2.	T T III de l'Old.	ontanom.
(ii) Other Investment Entity		
(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurar If you have ticked (a) or (b) above, please provide your Global Intermediary Identification Number		ıy
(c) Active NFE – a corporation the stock of which is regularly traded on an established se corporation which is a related entity of such a corporation	curities mar	ket or a
If you have ticked <b>(c)</b> , please provide the name of the established securities market on which you regularly traded:	r corporation	is
If you are a Related Entity of a regularly traded corporation, please provide the name of the regul corporation that the Entity in (c) is a Related Entity of:	arly traded	_
(d) Active NFE – a Government Entity or Central Bank		_
(a) / Caro in a dovormont Entry or Contra Dank		

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http://www.aviva.com.sg/en/common-reporting standard.html

(f) Active NFE – other than (c) to (e) (See Appendix for definition of other Active NFEs) at

(g) Passive NFE – If you ticked (g), please also complete Part 2.



Part 2: If You Have Ticked (a)	(i) or (g) in Part 1			
Please indicate the names of all Controlling Persons of the Account Holder.				
2. Please complete the "CRS	Self-Certification Form for Controlling	Person" for each Controlling Person.		
Part 3: Tax Residency				
Is the Account Holder a residen	t for tax purposes in any jurisdiction(s)?	Yes (Go to Part 4)		
		☐ No (Go to Part 5)		
		<u> </u>		
Part 4: Country of Tax Reside	nce and Related Taxpayer Identification	n Number (TIN) or Equivalent		
Please complete the following to				
<ul><li>i) Where the Account Holder i</li><li>ii) Account Holder's TIN for ea</li></ul>				
,	· T	W-TN:		
Country of Tax Residence	Tax Identification Number (TIN)	If TIN is not available, please select one of the reasons <sup>^</sup> below.		
^ Reason why TIN is not availal	ble.			
Reason A: The country does not issue TINs to its residents.				
Reason B: Unable to obtain TIN or equivalent number. Please tell us why in the box below:				
Reason C: TIN is not required (Note: To be selected only if the domestic law of the relevant jurisdiction does not				
require the collection of the TIN issued by such jurisdiction).				
Part 5: Place of Effective Management or Country in which Principal Office is Located				
If the Account Holder is <b>not</b> a tax resident in <b>any</b> jurisdiction (e.g. because it is fiscally transparent), please indicate below and provide its place of effective management or the country in which its principal office is located.				

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### Section C: Declaration on Beneficial Owner

Assignee				
"Beneficial owner" means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established and includes any person who exercises ultimate effective control over a legal person or legal arrangement.				
Is there a beneficial ownership arrangement? If yes, please provide details below.				
Name of Benefi	cial Owner	NRIC/Passport/FIN	Relationship	
Family Name	Given Name			
Please enclose a copy of identity card(s)/passport(s) for each of the beneficial owner.				

#### **Section D: Your Authorisation**

I/We consent to Aviva Ltd (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva Ltd.

I/We also consent to Aviva Ltd (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <a href="http://www.aviva.com.sg/pdpa.html">http://www.aviva.com.sg/pdpa.html</a>.

Signature of Assignor	Signature of Assignee
Name :	Name :
Date :	Date :
Mobile No.:	Mobile No.:
Email address:	Email address:

#### Note:

- ▶ Documents to be submitted for the assignment request:
  - a. Copy of the current ACRA search report (substitute of the ACRA search will include the Certificate of Incorporation and information about the directors of the company)
  - b. Copy of Assignor's identity card(s)/ passport(s)
  - c. Copy of authorised signatory's identity card(s)/ passport(s)
  - d. Board of Director's Resolution Please submit if authorised signor (Assignee) on form is not a Director or Company Secretary
- ▶ The mobile number and email address provided above will replace our records accordingly.

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# **DEED OF ASSIGNMENT**

THIS DEED OF ASSIGNME	<b>NT</b> is made on	between	(Name
of (Address)			("Assignor") of the one
part and (Name)	of (Ad	dress)	
	("Assi	ignee") of the other par	t.
THE ASSIGNOR HERERY	ASSIGNS unto the Ass	signee all the rights in	terests and benefits (including
			number
issued by Aviva Ltd on the			
·			
THIS ASSIGNMENT is made	le without any consider	ration passing from the	Assignee to the Assignor.
IN WITNESS whereof this as	ssignment has been ex	ecuted the day and yea	ar first written above.
Signed and sealed by :			
	Name of Assigno	or	Signature of Assignor
In the presence of :- : _		}	
	Name of Witne	SS	Signature of Witness
		}	
· _	IC No. of Witne	ess	
Signed by : _		ı	
Signed by	Name of Autho	} } rised Officer	
Decimation		1	
Designation : _	Designation of	Authorised	Signature and Company
	Officer		Stamp of Assignee
For and on behalf of : _	Name of Assigne	}	
	Name of Assigne	<del>30</del>	
In the presence of :- : _		}	
	Name of Witne	ess .	Signature of Witness
		1	
• –	IC No. of Witne	} ess	

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