

Part 2: If You Have Ticked (a) (i) or (g) in Part 1

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 resident for tax purposes in any jurisdiction(s)? Yes (Go to Part 4)
 No (Go to Part 5)

Part 4: Country of Tax Residence and Related Taxpayer Identification Number (TIN) or Equivalent

Please complete the following table indicating:
i) Where the Account Holder is a tax resident, and
ii) Account Holder’s TIN for each country indicated.

| Country of Tax Residence | Tax Identification Number (TIN) | If TIN is not available, please select one of the reasons^ below. |
|--------------------------|---------------------------------|---|
| | | |
| | | |
| | | |

^ Reason why TIN is not available.

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 **not** a tax resident in **any** 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.

Section C: Declaration on Beneficial Owner

| Assignee | | | |
|---|------------|-------------------|--------------|
| <p>"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.</p> | | | |
| <p>Is there a beneficial ownership arrangement? If yes, please provide details below. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | |
| Name of Beneficial 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 <http://www.aviva.com.sg/pdpa.html>.

Signature of Assignor

Name :
Date :
Mobile No.:
Email address:

Signature of Assignee

Name :
Date :
Mobile No.:
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.

DEED OF ASSIGNMENT

THIS DEED OF ASSIGNMENT is made on _____ between _____ (Name) of (Address) _____ (“Assignor”) of the one part and (Name) _____ of (Address) _____ (“Assignee”) of the other part.

THE ASSIGNOR HEREBY ASSIGNS unto the Assignee all the rights, interests and benefits (including the cash surrender and loan values and bonuses, if any) in the Policy number _____ issued by Aviva Ltd on the life of _____.

THIS ASSIGNMENT is made without any consideration passing from the Assignee to the Assignor.

IN WITNESS whereof this assignment has been executed the day and year first written above.

| | | | | |
|----------------------|---|------------------|---|-----------------------|
| Signed and sealed by | : | _____ | } | _____ |
| | | Name of Assignor | | Signature of Assignor |

| | | | | |
|-----------------------|---|-------------------|---|----------------------|
| In the presence of :- | : | _____ | } | _____ |
| | | Name of Witness | | Signature of Witness |
| | | | } | |
| | : | _____ | | |
| | | IC No. of Witness | | |

| | | | | |
|-------------|---|-----------------------------------|---|---|
| Signed by | : | _____ | } | |
| | | Name of Authorised Officer | | |
| Designation | : | _____ | } | _____ |
| | | Designation of Authorised Officer | | Signature and Company Stamp of Assignee |

| | | | | |
|----------------------|---|------------------|---|--|
| For and on behalf of | : | _____ | } | |
| | | Name of Assignee | | |

| | | | | |
|-----------------------|---|-------------------|---|----------------------|
| In the presence of :- | : | _____ | } | _____ |
| | | Name of Witness | | Signature of Witness |
| | | | } | |
| | : | _____ | | |
| | | IC No. of Witness | | |