

1. The Company and its affiliates ("the Group") are subject to and required to or has agreed to, comply with certain legal, regulatory and/or other requirements in respect of Anti-Money Laundering and Counter Terrorist Financing ("AML"), Know Your Client ("KYC") and/or as set out pursuant to the US Foreign Account Tax Compliance Act ("the Reporting Requirements") as well as other laws and regulations which now or which may in the future come into effect. As such, I/we provide our express consent that the Company shall have the right to provide such personal data and information to any governmental authorities, regulatory bodies and/or any other person(s), both local and foreign, in respect of the Reporting Requirements including the United States Internal Revenue Service. I/we understand that such disclosures may involve the cross border transfer of personal data outside the jurisdiction and that such disclosures may be with respect to i) the personal data of the Owner, the Contingent Owner, the Insured, and the Beneficiaries ("the Parties"), or any of them; ii) any information relating to this Policy; and iii) any information relating to any other policies held by the Parties or any of them. I/We understand that the Company will not be able to sell any insurance product to me/us and provide any service if I/we refuse to give the said express consent.

2. Account Holders who have or may have US Indicia

The below paragraph applies only to (i) US persons for US federal income tax purposes; or (ii) If your tax status changes and you become US Person; or (iii) You or Beneficiaries in connection with this Policy have indicated through information provided to us that you or such beneficiary may be in fact a US person for US federal income tax purposes (including for example a US address, a US telephone number, a TIN, etc.) The term "US Indicia¹" as used below refers to any one of the three circumstances described in (i) to (iii) above.

In the event you have US Indicia and fail after request to provide such information, consent, and or assistance as the Company may from time to time reasonably require to allow it to comply with its contractual, legal and/or regulatory obligations under the United States Foreign Account Tax Compliance Act, including any required reporting to the Internal Revenue Service of information relating to you or Beneficiaries in connection with this Policy, the Company reserves the right and shall be entitled to cancel this Policy (subject to Sections 48 and 233(b) of the Insurance Code) and return the higher of : a) all paid premiums, or b) the Cash Value or Account Value of this Policy, in consideration of such termination.

3. I/We hereby declare and agree that, by purchasing this Policy and signing below, I/We represent that I/We are not a "US person" for US federal income tax purposes and that I/we are not acting for, or on behalf of, a US person. I/We understand that the Company believing this statement to be true, will rely on it and act on it. In the event this statement is false, the Company reserves the right and shall be entitled to cancel this Policy (subject to Sections 48 and 233 (b) of the Insurance Code) and return to me/us the higher of : a) all paid premiums, or b) the Cash Value or Account Value of this Policy, in consideration of such termination. If my/our tax status changes and I/We become a US Person, we must notify the Company within 30 days. (This clause is not applicable to US Citizens or residents who must complete IRS Form W-9). A false statement or misrepresentation of tax status by a US person could lead to penalties under US law.

Place Signed

Date Signed (MM/ DD/ YYYY)

Policy Owner's Signature over Printed Name

Policy Number