

Instructions for Completion:

We are obliged under the intergovernmental agreements (“IGAs”) entered into by Bermuda in relation to the automatic exchange of information for tax matters, and as a registered Participating Foreign Financial Institution with the Internal Revenue Service of the United States, to collect certain information about each account holder’s tax arrangements. Please complete the sections below as directed and provide any additional information requested. Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant IGA and US/UK Foreign Account Tax Compliance Act (“FATCA”) Regulations.

If any of the information below about your tax residence or US/UK FATCA classification changes in the future, please ensure you advise us of these changes promptly by providing an updated INDIVIDUAL DECLARATION FORM. **If you have any questions about how to complete this form, please contact your tax advisor.**

Please note that where there are joint policy holders each person is required to complete a separate Self-Certification form.

A separate Declaration must be completed by each Verification Subject					
Policy #:				FOR INTERNAL USE ONLY	
Section 1: Capacity (select all that apply)					
<input type="checkbox"/> Policy Holder	<input type="checkbox"/> Director/ Officer	<input type="checkbox"/> Beneficial Owner / Shareholder	<input type="checkbox"/> Authorized Signatory		
<input type="checkbox"/> Trust Protector	<input type="checkbox"/> Trust Settlor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Other		
Section 2: Identification					
Surname		First Name		Middle Name(s)	
Other Name(s)					
Country of Citizenship		Passport Number		Tax Identification Number	
Date of Birth (mm/dd/yy)	Place of Birth (Country)		Place of Birth (City)		Gender
					<input type="checkbox"/> M <input type="checkbox"/> F
Street Number	Street Name	City / Town	State/Province/Country	Postal Code	Country
Mailing Address (if different from above)					
Home Telephone Number	Mobile Number	Work Number	Email Address	Occupation	

Section 3: Declaration of U.S. Citizenship or U.S. Residence for Tax purposes

Please tick either (A) or (B) or (C) and complete as appropriate.

- A) I confirm that I **am** a U.S. citizen and/or resident in the U.S. for tax purposes (green card holder or resident under the substantial presence test) and my U.S. Federal Taxpayer Identifying Number (U.S. TIN/SSN) is as follows:
- B) I confirm that I was born in the U.S. (or a U.S. territory) but am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents. (Please attach relevant document)
- C) I confirm that I **am not** a U.S. citizen or resident in the U.S. for tax purposes.

Section 4: Declaration of Tax Residency (other than the U.S.)

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number applicable in each country).

If a Tax Reference Number is unavailable, please provide the appropriate reason A, B or C where indicated below:

Reason A - The country where the Account Holder is liable to pay tax does not issue tax reference numbers to its residents.

Reason B - The Account Holder is otherwise unable to obtain a tax reference number (Please explain why you are unable to obtain a tax reference number in the table below).

Reason C - No tax reference number is required. (Note: Only select this reason if the authorities of the country of tax residence entered below do not require the tax reference number to be disclosed).

Country / countries of tax residency	Tax reference number	If no Tax reference number: Reason A, B or C

If the Account Holder selected **Reason B** above, please explain in the following boxes why you are unable to obtain a Tax Reference Number:

1	
2	
3	



ARGUS GROUP HOLDINGS LIMITED
US / UK FATCA & Common Reporting Standard
INDIVIDUAL DECLARATION

Section 5: Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

Signature

Print Name

Date (mm/dd/yy)