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FATCA Self-Certification for Individuals
海外帳戶稅收合規法案個人客戶聲明書

Policy Number 保單號碼

This Form is to be completed by every Applicant, Policyholder, Assignee and Beneficial Owner to determine if they are deemed to be a Policyholder with U.S. status based on the Intergovernmental Agreement (IGA) between the U.S. Government and the Hong Kong Government.
根據美國與香港之跨政府協議（IGA），本表格必須由每位申請人，保單持有人，受讓人及實益擁有人完成，以確定他們是否被認為擁有美國身份。

Name of the Applicant/Policyholder/Assignee/Beneficial Owner
申請人/保單持有人/受讓人/實益擁有人姓名

Part A) Please declare whether your are a U.S. resident for tax purposes *
第一部分) 請確認閣下是否為美國稅務居民 *

☐ I declare I am a U.S. resident for tax purposes * at the time of signing this Self-Certification.
本人聲明於簽署本聲明書時是美國稅務居民 *。

I acknowledge that Generali Life (Hong Kong) Limited /Assicurazioni Generali S.p.A. (hereinafter "Generali") may transfer any required information to the Tax Authorities in or outside Hong Kong to comply with FATCA obligations and waive all rights I/we have, if any, to prohibit or restrict such disclosure.
本人確認若所提供的資料未能達到忠意人壽(香港)有限公司/ 忠意保險有限公司(下稱「忠意」)可將所需資料轉移到香港境內及境外地區之稅務機關以遵守合規法案的責任，如適用時，本人願意放棄所有禁止或限制該披露之權利。

U.S. Taxpayer Identification Number (TIN):
美國納稅人識別號碼：

☐ I declare that I am not a U.S. resident for tax purposes * at the time of signing this Self-Certification.
本人聲明於簽署本聲明書時並非美國稅務居民 *。

* A U.S. resident for tax purposes includes but is not limited to any individual who is a U.S. citizen or U.S. resident alien (such as a "Green Card" holder).
美國稅務居民包括但不限於任何具有美國公民或美國居住外國人（如「綠卡持有人」）身份的個人。

Part B) Foreign Account Tax Compliance Act Statement
第二部分) 海外帳戶稅收合規法案聲明

Under the U.S. Foreign Account Tax Compliance Act ("FATCA"), a foreign financial institution ("FFI") is required to report to the U.S. Internal Revenue Service ("IRS") certain information on U.S. persons that hold accounts with that FFI outside the U.S. and to obtain their consent to the FFI passing that information to the IRS. An FFI which does not sign or agree to comply with the requirements of an agreement with the IRS ("FFI Agreement") in respect of FATCA and/or who is not otherwise exempt from doing so (referred to as a "nonparticipating FFI") will face a 30% withholding tax ("FATCA Withholding Tax") on all "withholdable payments" (as defined under FATCA) derived from U.S. sources (initially including dividends, interest and certain derivative payments).
在美國的《海外帳戶稅收合規法案》("《合規法案》") 下，海外金融機構須就美國人於海外金融機構之非美國境內之帳戶，向美國國稅局匯報有關資料及取得客戶同意海外金融機構可向美國國稅局匯報有關資料。海外金融機構如未有簽署或同意遵守《合規法案》下的協議 (即 "《海外金融機構協議》") 有關之要求，及/或未曾獲得相關豁免遵守相關要求(以上海外金融機構統稱為 "《不參與合規法案之海外金融機構》") ，其所有源自美國的付款中可預扣款項(在合規法案中已闡明)將被徵收百分之三十之預扣稅 ("《合規法案預扣稅》") (初步包括紅利、利息及及一些衍生款項)。

The U.S. and Hong Kong have agreed an inter-governmental agreement ("IGA") to facilitate compliance by FFIs in Hong Kong with FATCA and which creates a framework for Hong Kong FFIs to rely on streamlined due diligence procedures to (i) identify U.S. indicia, (ii) seek consent for disclosure from its U.S. policyholders and (iii) report relevant tax information of those policyholders to the IRS.
美國政府與香港政府已簽訂("《跨政府協議》")促使香港的海外金融機構遵守合規法案，及提供一個框架讓香港的海外金融機構能有效率的進行盡職審查以(i) 識別美國身份標記，(ii) 徵求美國保單持有人同意披露及(iii) 向美國國稅局匯報美國保單持有人相關稅務資料。

FATCA applies to Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (hereinafter "Generali"), and this Policy. Generali is a participating FFI and committed to complying with FATCA. To do so, Generali requires you to:
合規法案適用於忠意人壽（香港）有限公司 / 忠意保險有限公司 (下稱「忠意」) 及此保單。忠意是一間參與合規法案之海外金融機構，及致力遵守合規法案。因此，忠意需要閣下:

(i) provide to Generali certain information including, as applicable, your U.S. identification details (e.g. name, address, the U.S. federal taxpayer identifying numbers, etc); and
提供相關資料予忠意，如適用，包括閣下的美國身份証明資料 (如姓名、地址、美國聯邦納稅人識別號碼等); 及
(ii) consent to Generali reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to the IRS.
同意忠意向美國國稅局匯報此資料及閣下之帳戶資料，(如帳戶結存、利息、紅利收入及提款。)

If you fail to comply with these obligations (being a "Non-Compliant Accountholder"), Generali is required to report "aggregate information" of account balances, payment amounts and number of non-consenting U.S. accounts to IRS.
如閣下未能遵從以上要求(即為 "《不遵從合規法案之戶口持有人》")，忠意須向美國國稅局匯報帳戶結存、款項及不同意披露的美國帳戶數目之綜合資料。

Generali could, in certain circumstances, be required to impose FATCA Withholding Tax on payments made to, or which it makes from, your Policy. Currently the only circumstances in Generali may be required to do so are:
忠意，在某些情況下，可能被要求在閣下保單付款中徵收合規法案預扣稅。現時忠意只會在以下情況徵收合規法案預扣稅:

(i) if the Inland Revenue Department of Hong Kong fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.), in which case Generali may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS; and
若香港稅務局未能與美國國稅局就跨政府協議(及有關香港與美國之間的稅務資料交換協定)交換資料，忠意可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局; 及
(ii) if you are (or any other account holder is) a nonparticipating FFI, in which case Generali may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS.
如閣下(或任何一位帳戶持有人)是不參與合規法案之金融機構，忠意可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局。

You should seek independent professional advice on the impact FATCA may have on you or your Policy.
有關合規法案對閣下及閣下保單之影響，請諮詢獨立的專業意見。

Note: In case of discrepancies between the English and Chinese versions of this Section, the English version shall prevail
附註: 本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

Part C) Declaration
第三部分) 聲明

a. I / We confirm that I / we have accessed, read and understood the Personal Information Collection Statement (the "Statement") of Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "Generali"), which is available on the Generali's website: https://www.generali.com.hk/EN_US/personal_information. I / We agree that the Generali may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the Statement. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to the Generali for the purposes stated in the Statement and for allowing the Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.
本人 / 我們確認已經查閱並且明白由忠意人壽 (香港) 有限公司 / 忠意保險有限公司香港分行 (如適用) (「忠意」) 的收集個人資料聲明(「該聲明」)，該聲明可於忠意網站查閱:https://www.generali.com.hk/ZH_HK/personal_information; 本人 / 我們同意忠意可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我 們已獲得受保人和任何其他有關人士（如適用）的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給忠意，並允許忠意可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

b. I / We acknowledge I / we have read and understood the Foreign Account Tax Compliance Act Statement ("FATCA Statement"). I / We agree with the terms and conditions as stated in the FATCA Statement, including but not limited to Generali reporting of my / our Personal Data and account information and imposing FATCA Withholding Tax on the policy payment in accordance with the terms of the Statement.
本人 / 我們確認已經閱讀並且明白海外帳戶稅收合規法案聲明 (「合規法案聲明」)。本人 / 我們同意合規法案聲明所列之條款及條件，包括但不限於忠意人壽可依照該聲明的條款匯報本人 / 我們的個人資料及賬户資料，並從保單付款中徵收合規法案預扣稅。

c. I / We understand that a false statement or misrepresentation of tax status by a U.S. person could lead to penalties under the U.S. laws. If my / our tax status change and I / we become a U.S. person or a resident for tax purposes in any jurisdiction not previously reported to Generali, I / we must notify Generali no later than thirty (30) days.
本人 / 我們明白，根據美國法律，任何美國人士就其稅務狀況作出虛假或失實陳述，將會受到刑罰。若本人 / 我們的稅務狀況有更改，或成為美國人士，或者成為任何本人 / 我們未曾就其向忠意進行申報的司法管轄區之稅務居民，本人 / 我們會於三十日內通知忠意。

d. I / We hereby declare and agree that all statements and information provided in this Form are to the best of my / our knowledge and belief complete and true.
本人 / 我們在此聲明及同意，此聲明書內所提供之一切陳述及資料，就本人 / 我們所知所信，均為事實之全部並確實無訛。

Signature of Applicant/Policyholder/Assignee/Beneficial Owner 申請人/保單持有人/受讓人/實益擁有人簽署 X	Date 日期
Name of Applicant/Policyholder/Assignee/Beneficial Owner 申請人/保單持有人/受讓人/實益擁有人姓名	