

自我證明表-實體 Self-Certification

(請以英文填寫本表)

若貴公司符合以下情形之一，請填交自我證明表-實體：

- (1) 實體類型為「積極非金融機構」且註冊地或營運地任一項位於除中華民國及美國以外之其他國家或地區；或
- (2) 實體類型為「消極非金融機構實體」；或
- (3) 實體類型為「由另一金融機構管理且位於應申報國」

■ 第一部分：實體帳戶持有人身分辨識資料 Part 1 Identification of Entity Account Holder
(若屬聯名帳戶或多人聯名帳戶，各帳戶持有人應分別填寫自我證明表。)
(For joint or multiple Account Holders, complete a separate form for each Account Holder.)

實體或分支機構之法定名稱* Legal Name of Entity or Branch *		組織、設立或成立所在地之國家/地區*Country/Jurisdiction of Organization, Incorporation or Establishment*	
ABC Company		Taiwan	
註冊地址* Registered Address* (如有室、樓層、大樓、街道、地區等)* (e.g. Suite, Floor, Building, Street, District, if any)*		(如有鎮、市、省、縣、州) (e.g. Town/City/Province/County/State)*	
8F., No.188, Jingmao 2nd Rd., Nangang Dist.		Taipei	
國家/地區 Country/Jurisdiction*		郵政編碼/郵遞區號(如有)* Post Code/ZIP Code (if any)*	
Taiwan		11568	
營運地址(與註冊地址不同時，填寫此欄) (如室、樓層、大樓、街道、地區) (e.g. Suite, Floor, Building, Street, District)		(如鎮、市、省、縣、州) (e.g. Town/City/Province/County/State)	
國家/地區 Country/Jurisdiction		郵政編碼/郵遞區號 Post Code/ZIP Code	

必填欄位，請填寫貴公司之註冊地址

必填欄位，請填寫貴公司之英文名稱

必填欄位，請填寫貴公司之組織設立地

如營運地址與註冊地址不同時，請填寫此欄

■ 第二部分：實體類型 Part 2 Entity Type

(請擇一勾選並提供相關資訊。)

(Tick one of the appropriate boxes and provide the relevant information.)

請擇一勾選實體類型並填寫相關資訊，且應與 CRS 身分辨識問券勾選之實體類型相同。

金融機構 Financial Institution	<input type="checkbox"/> 存款機構、保管機構或特定保險公司 Depository Institution, Custodial Institution or Specified Insurance Company <input type="checkbox"/> 投資實體(不含由另一金融機構管理，且非位於應申報國或參與國之投資實體) Investment Entity, except an Investment Entity that is managed by another Financial Institution and located outside a Reportable Jurisdiction or a Participating Jurisdiction 如勾選上述所列類型時，請提供帳戶持有人因外國帳戶稅收遵從法(FATCA)取得之全球中介機構識別號碼(「GIIN」)： If you have ticked above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.
積極非金融機構實體 Active Non-Financial Entity ("NFE")	<input type="checkbox"/> 該非金融機構實體所發行之股票經常在_____ (經認可證券市場) 交易。 The stock of NFE is regularly traded on _____, which is an established securities market. <input type="checkbox"/> _____ 關係實體，該關係實體所發行之股票經常在_____ (經認可證券市場) 交易。 Related Entity of _____, the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> 政府實體、國際組織、中央銀行或由該等實體完全持有之實體。 NFE is a Governmental Entity, an international organization, a central bank, or an Entity wholly owned by one or more of the foregoing Entities. <input type="checkbox"/> 非上述所列之其他積極非金融機構實體(在其中一個適當的圓圈內加上✓號) Active NFE other than the above (Please Tick ✓ one of the appropriate circles.) <input type="radio"/> 於前一會計年度之股利、利息、租金、權利金、金融資產交易增益、貨幣匯兌增益或其他非積極營業活動產生收入之合計數未達收入總額百分之五十，且於該期間內持有用於取得該非積極營業活動收入之資產，未達其資產總額百分之五十。 <input type="radio"/> less than 50% of the NFE's gross income for the preceding calendar year is passive income and less than 50% of the assets held by the NFE during the preceding calendar year are assets that produce or are held for the production of passive income 專為宗教、公益、科學、藝術、文化、運動或教育之目的而於其所在國家或地區設立及營運者；或於其所在國家或地區設立及營運，且為專業組織、企業聯盟、商會、工會組織、農業或園藝組織、公民聯盟或專為促進社會福利之組織。 established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its

如勾選實體類型為「其他積極非金融機構實體」，需另勾選符合之定義

如勾選實體類型為「消極非金融機構實體」，請續填第三部分：具控制權之人

jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare

其他(請說明) _____
Others (please specify) _____

消極非金融機構實體
Passive NFE
(如勾選此項，請續填第三部分)
(Please also complete Part 3)

由另一金融機構管理，且非位於應申報國或參與國之投資實體
Investment Entity that is managed by another Financial Institution and located outside a Reportable Jurisdiction or a Participating Jurisdiction
 非金融機構實體不屬於積極非金融機構實體者
NFE that is not an Active NFE

■ 第三部分：具控制權之人（如實體帳戶持有人為消極非金融機構實體，請填寫此部分）

Part 3 Controlling Person(s) (Complete this part if the Entity Account Holder is a Passive NFE)

於下列欄位填寫所有對該帳戶具控制權之人之姓名。

Indicate the name of all Controlling Person(s) of the Account Holder in the table below.

各具控制權之人應分別填寫「自我證明表格-具控制權之人」。

Complete “self-certification form - Controlling Person” for each Controlling Person.

(1) XXX	(2) XXX
(3)	
(5)	
(7)	(8)

如勾選實體類型為「消極非金融機構實體」或「由另一金融機構管理且位於應申報國及參與國以外的投資實體」，請填寫所有具控制權之人姓名，並徵提各具控制權之人之自我證明文件-具控制權之人。

■ 第四部分：稅務居住者之國家/地區及其稅籍編號或具相當功能之辨識碼（“稅籍編號”）*

Part 4 Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”)*

請於下表填寫 (a) 帳戶持有人為稅務居住者之國家/地區，及 (b) 於該國家/地區稅籍編號。

Complete the following table indicating (a) the country/jurisdiction where the Account Holder is a tax resident and (b) the Account Holder’s TIN for each country/jurisdiction indicated.

帳戶持有人如同時為 2 個以上國家/地區稅務居住者，請填寫所有其為稅務居住者之國家/地區

If the Account Holder is a tax resident in more than one country/jurisdiction at the same time, please indicate all countries/jurisdictions of tax residence.

如實體帳戶持有人為中華民國稅務居住者，填列統一編號(8 碼，由公司、商業登記主管機關或稅籍登記所轄稅捐稽徵機關編配)。

If the Entity Account Holder is the tax resident of the ROC, the TIN is the Business Administration Number (8 digit number issued by the authorities in charge of corporation or business registration or by the tax authorities in charge of tax registration).

如帳戶持有人並非任何國家/地區稅務居住者(如透視實體)，請敘明，並填寫其實際管理處所在地國家/地區。

If the Account Holder is not a tax resident in any country/jurisdiction (e.g. fiscally transparent entity), please indicate that and provide the country/jurisdiction in which its place of effective management is situated.

如無法提供稅籍編號，於下列欄位填寫適用之理由 A、B 或 C：

If a TIN is unavailable, provide the appropriate reason A, B or C where appropriate:

理由 A - 帳戶持有人為稅務居住者之國家/地區未核發稅籍編號

Reason A - The country/jurisdiction where the Account Holder is a tax resident does not issue TINs to its residents.

理由 B - 帳戶持有人無法取得稅籍編號(請說明帳戶持有人無法取得稅籍編號原因)

Reason B - The Account Holder is otherwise unable to obtain a TIN. Explain why the Account Holder is unable to obtain a TIN if you have selected this reason.

理由 C - 帳戶持有人毋須提供稅籍編號(限於該帳戶持有人為稅務居住者之國家/地區國內法未要求蒐集稅籍編號)

Reason C - TIN is not required. Only select this reason if the domestic law of the relevant country/jurisdiction of tax residence does not require the collection of the TIN.

稅務居住者之國家/地區 Country/Jurisdiction of tax residence	稅籍編號 TIN	若無法提供稅籍編號，填寫理由 A、B 或 C Enter reason A, B or C if no TIN is available	如選取理由 B，說明帳戶持有人無法取得稅籍編號之原因 Explain why the Account Holder is unable to obtain a TIN if you have selected reason B
Taiwan	XXXXXXXXXX		
XXXXX		A/C	
XXXXX		B	XXXXXXXXXXXXXXXXXXXX

必填欄位，請完整填寫貴公司所有稅務居住國家/地區及稅籍

若無法提供稅籍編號，請填寫理由 A、B 或 C

如選取理由 B，請說明貴公司無法取得稅籍編號之原因

第五部分：聲明及簽署 Part 5 Declarations and Signature

本人知悉，本表所含資訊、相關帳戶持有人及任何應申報帳戶資訊，將可能提供中華民國稅捐稽徵機關，經由政府間協定進行稅務目的金融帳戶資訊交換，提供帳戶持有人為稅務居住者之國家/地區稅捐稽徵機關。

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the ROC and exchanged with tax authorities of another country(ies)/jurisdiction(s) in which the Account Holder may be a tax resident pursuant to intergovernmental agreements to exchange financial account information for tax purposes.

本人證明，與本表相關之所有帳戶，本人業經帳戶持有人授權簽署本表。

I certify that I am authorized to sign for the Account Holder of all the account(s) to which this form relates.

本人聲明，就本人所知所信，於本自我證明所為之陳述均為正確且完整。

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

本人承諾，如狀態變動致影響本表第一部分所述帳戶持有人之稅務居住者身分，或所載資料不正確或不完整，本人會通知台灣人壽保險股份有限公司，並在狀態變動後 90 日內提供台灣人壽保險股份有限公司一份經適當更新之自我證明表。

I undertake to advise Taiwan Life Insurance Co., Ltd. of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide Taiwan Life Insurance Co., Ltd. with a suitably updated self-certification form within 90 days of such change in circumstances.

簽署 Signature	日期 Date	姓名 Print Name	身分 Capacity(註)
ABC Company 得以公司大小章代替簽署	2019/1/1		

(註) 例如：公司之董事、合夥人、信託之受託人，若您是以代理人身分簽署此表，請檢附授權書。
e.g., Director of a company, partner of a partnership, trustee of a trust etc. If signing under a power of attorney, please also attach a certified copy of the power of attorney.

請於此欄位簽署，表示貴公司同意上述聲明事項，可以公司大小章替代，否則歉難接受此表單申請。

請填寫簽署日期，若空白則同要保書日期。

重要提示 Important Notes :

1. 金融機構執行共同申報及盡職審查作業辦法(下稱 CRS 作業辦法)規定，金融機構應蒐集及申報有關帳戶持有人稅務居住者身分之特定資訊。CRS 作業辦法係依稅捐稽徵法第 5 條之 1 第 6 項訂定，其內容參考經濟合作暨發展組織發布之共同申報及盡職審查準則(下稱共同申報準則)。

Under the Regulations Governing the Implementation of the Common Standard on Reporting and Due Diligence for Financial Institutions (“Regulations”), Financial Institutions (“FIs”) are required to collect and report certain information about the Account Holder’s tax residency status. The Regulations are enacted pursuant to Paragraph 6, Article 5-1 of the Tax Collection Act and are drafted in reference to the Common Standard on Reporting and Due Diligence for Financial Account Information (CRS) developed by the Organization for Economic Cooperation and Development (OECD).

2. 金融機構依 CRS 作業辦法規定取得帳戶持有人之自我證明文件，以辨識帳戶持有人為稅務居住者之國家/地區。金融機構依法可能將本表及該帳戶其他資訊提供中華民國稅捐稽徵機關，經由政府間協定進行稅務目的金融帳戶資訊交換，提供他方國家/地區稅捐稽徵機關。

Under the Regulations, FIs obtain a self-certification form from the Account Holder to determine the country(ies)/jurisdiction(s) in which the Account Holder is a tax resident. The FIs may be legally obliged to pass on the information in this form and other financial information with respect to the account to the tax authorities of the Republic of China(Taiwan)(“ROC”) and they may exchange this information with tax authorities of another country(ies)/jurisdiction(s) pursuant to intergovernmental agreements to exchange financial account information for tax purposes.

3. 除不適用或特別註明外，必須填寫這份文件所有部分。如這份文件上的空位不敷使用，可另行增列填寫。標有星號 (*) 欄位或部分為台灣人壽保險股份有限公司須向稅捐稽徵機關申報之資料。

All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields or parts marked with an asterisk (*) is required to be reported by Taiwan Life Insurance Co., Ltd. to the local taxation authorities.

4. 本表將持續有效，倘狀態變動(例如帳戶持有人之稅務居住者身分變動)致所填資訊不正確或不完整，帳戶持有人應通知金融機構，並更新本表。

This form will remain valid unless there is a change in circumstances relating to information, such as the Account Holder’s tax residency status, that makes this form incorrect or incomplete. In that case, the Account Holder must notify the FI and provide an updated self-certification form.

5. 本表相關用詞(如帳戶持有人、稅籍編號、積極非金融機構實體、消極非金融機構實體、應申報國、參與國及具控制權之人等)，請詳 CRS 作業辦法。

The definition of the capitalized terms used in this form, such as Account Holder, TIN, Active Non-Financial Entity (“NFE”), Passive NFE, Reportable Jurisdiction, Participating Jurisdiction, Controlling Person, etc. can be found in the Regulations.