# AUTOMATIC EXCHANGE OF INFORMATION ENTITY SELF-CERTIFICATION

(FOR CORPORATE AND TRUST INVESTORS)

# INSTRUCTIONS FOR COMPLETION

Under Tax Regulations and intergovernmental agreements entered into by the Isle of Man in relation to the automatic exchange of information for tax matters (collectively "AEOI"), RL360 is required to collect information about each plan owner's tax status.

Please complete all relevant sections below and provide any additional information or certified documentation as directed.

This form is for owners of RL360 plans who are classified as an Entity under the Tax Regulations.

# Please see our AEOI definitions for further clarification.

Each individual controlling person must complete a separate Individual Self-Certification form.

Please note that in certain circumstances the information you provide may be disclosed to the Isle of Man Income Tax Division who in turn may exchange this information with tax authorities in other jurisdictions.

If any of the information that you provide changes in the future, you must advise us of these changes by completing a new Entity Self-Certification form and/or an Individual Self Certification as appropriate.

If you are unsure how to complete this form, please contact your financial adviser

When you have completed this form, please send it to us by email, fax or post.

Scan and email to aeoi@rl360.com

Fax to +44(0)1624 677 336

Post to: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

#### 1. OWNER/TRUSTEE/CONTROLLING PERSON INFORMATION

| RL360 plan number                         |         |
|-------------------------------------------|---------|
| Legal name of entity                      |         |
|                                           |         |
| Country of incorporation/<br>registration |         |
| 9.50. 00.00.                              |         |
| Date of incorporation                     |         |
| (dd/mm/yyyy)                              |         |
| Registered address                        |         |
| Registered address                        |         |
|                                           |         |
|                                           |         |
| Email address                             |         |
|                                           |         |
| Mailing address                           |         |
| (if different from above)                 |         |
|                                           |         |
| la tha Entity a LIC Dayson?               | No. No. |
| s the Entity a US Person?                 | Yes No  |
|                                           |         |

If you ticked Yes, please complete Section 2.

If you ticked No, please complete Section 3.

**US Person** means a citizen/resident of the United States, a US partnership, a US corporation, a US estate or US trust. https://www.irs.gov/individuals/international-taxpayers/classification-of-taxpayers-for-us-tax-purposes



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## 2. FATCA: US PERSON ENTITIES Please tick and complete as appropriate. The entity is a Specified US Person and the entity's US federal taxpayer identifying number (US TIN) is as follows: (a) The entity is a US Person that is not a Specified US Person. For details of exemptions, please see our AEOI Definitions (b) guide. Please indicate exemption below. 3. FATCA: FOR NON-US PERSON ENTITIES Please complete this section if the entity is not a US Tax Resident If the entity is not a Foreign Financial Institution, please confirm the Entity's FATCA status below: (a) The Entity is an **Exempt Beneficial Owner** Indicate status: The Entity is a **Passive Non-Financial Foreign Entity** (Passive NFFE) (b) If you have ticked this box, your Controlling Persons will each need to complete an RL360 AEOI Individual Self-Certification Form. (c) The Entity is an Active Non-Financial Foreign Entity (including an Excepted NFFE) i. If the Entity is a **Direct Reporting NFFE**, please provide the Entity's GIIN: ii. If the Entity is a Sponsored Direct Reporting NFFE, please provide the Sponsoring Entity's name and GIIN. Sponsoring Entity's name: Sponsoring Entity's GIIN: If the entity is a Registered Financial Institution, please tick one of the below categories, and provide the entity's GIIN. (d) IGA Partner Jurisdiction Financial Institution (e) Registered Deemed Compliant Foreign Financial Institution (f) Participating Foreign Financial Institution Global Intermediary Identification number (GIIN): If the Entity is a Financial Institution but unable to provide a GIIN, please go to Section 3.1. 3.1 US FATCA classification for all non United States Entities If the Entity is a Financial Institution but unable to provide a GIIN, please tick one of the below reasons: The Entity is a Sponsored Financial Institution and has not yet obtained a GIIN but is sponsored by another entity (a) that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN. Sponsoring Entity's Name: Sponsoring Entity's GIIN: (b) The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN. Trustee's Name: Trustee's GIIN: (c) The Entity is a Certified Deemed Compliant, or otherwise Non-Reporting, Foreign Financial Institution (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution).

The Entity is a Non-Participating Foreign Financial Institution.

Indicate exemption:

(d)

# COMMON REPORTING STANDARDS (CRS)

Other Investment Entity

| 4. COMMON REPORTING                                                  | STANDARD (CRS) CLASSIFICA                                                        | TION              |                       |                   |                     |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------|-----------------------|-------------------|---------------------|
| Provide your CRS classifica<br>with your classification for I        | tion by ticking the appropriate box<br>FATCA purposes.                           | (es). Note that ( | CRS classifica        | ation does not n  | ecessarily coincide |
| <b>4.1 Common Reporting Sta</b> If the entity is a <b>Non-Financ</b> | ndards for non-financial entities<br>cial Institution:                           |                   |                       |                   |                     |
| Is the Entity an Active Non-                                         | Financial Entity (Active NFE)?                                                   |                   | Yes                   | No                |                     |
| Is the Entity a Passive Non-                                         | Financial Entity (Passive NFE)?                                                  |                   | Yes                   | No                |                     |
| If you have ticked Yes to be                                         | ing an Active NFE, then complete <b>S</b>                                        | Sections 5 and 6  | <b>5</b> of this form | n.                |                     |
|                                                                      | ing a Passive NFE, your Controlling you also need to complete <b>Section</b>     |                   |                       | complete an RL3   | 60 AEOI Individual  |
|                                                                      | ndards classifications for Financial stitution, please specify the type o        |                   | tution below          | <i>r</i> :        |                     |
| Reporting Financial                                                  | Institution under CRS.                                                           |                   |                       |                   |                     |
| OR                                                                   |                                                                                  |                   |                       |                   |                     |
| Non-Reporting Finar                                                  | ncial Institution under CRS. Specify                                             | the type of No    | n-Reporting           | Financial Institu | tion below:         |
| Governmental E                                                       | ntity                                                                            |                   |                       |                   |                     |
| International Org                                                    | ganization                                                                       |                   |                       |                   |                     |
| Central Bank                                                         |                                                                                  |                   |                       |                   |                     |
| Broad Participat                                                     | ion Retirement Fund                                                              |                   |                       |                   |                     |
| Narrow Participa                                                     | ation Retirement Fund                                                            |                   |                       |                   |                     |
| Pension Fund of                                                      | a Governmental Entity, Internation                                               | al Organization   | , or Central E        | Bank              |                     |
| Exempt Collectiv                                                     | ve Investment Vehicle                                                            |                   |                       |                   |                     |
| Trust whose trus                                                     | stee reports all required information                                            | n with respect to | o all CRS Re          | portable Accour   | nts                 |
| Qualified Credit                                                     | Card Issuer                                                                      |                   |                       |                   |                     |
| Other Entity def                                                     | ined under the domestic law as low                                               | risk of being u   | sed to evade          | e tax.            |                     |
| Specify the type                                                     | e provided in the domestic law:                                                  |                   |                       |                   |                     |
|                                                                      | resident in a <b>Non-Participating Ju</b><br>n-Participating Jurisdiction below: | risdiction unde   | r CRS, please         | e specify the typ | pe of Financial     |
| (a) Investment Entit                                                 | y and managed by another Financi                                                 | al Institution.   |                       |                   |                     |
| If you have ticke<br>Self-Certification                              | d this box, your Controlling Person:<br>n Form                                   | s will each neec  | l to complete         | e an RL360 AEO    | I Individual        |
|                                                                      | nstitution, including a Depositary Fina<br>ion, or Specified Insurance Company.  |                   |                       |                   |                     |

### 5. DECLARATION OF TAX RESIDENCY (TO BE COMPLETED IN ALL CASES)

| Country/countries of tax residency      | Taxpayer Identification Number (TIN) or functional equivalent (e.g. social security, | Reference Number Type (e.g. TIN,<br>Social Security Number, Resident |
|-----------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------|
|                                         | national insurance, personal identification, resident registration number.)          | Number, National Insurance Number)                                   |
|                                         |                                                                                      |                                                                      |
|                                         |                                                                                      |                                                                      |
|                                         |                                                                                      |                                                                      |
| If you are unable to provide a Taxpayer | Identification Number or functional equivalent, y                                    | you must specify your reason(s) here:                                |
|                                         |                                                                                      |                                                                      |
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#### **6. ENTITY DECLARATION AND SIGNATURE**

I/We declare that all the information provided in this Entity Self-Certification form is, to the best of my/our knowledge and belief, correct and complete. I/We understand that I/we must complete a new Entity Self-Certification form where the information stated on this form is no longer valid due to a change in the Entity's tax and/or AEOI status. I/We am aware that RL360 may be required to share this information with the Isle of Man Income Tax Division.

|                    | Authorised signatory 1 | Authorised signatory 2 |
|--------------------|------------------------|------------------------|
| Signed             |                        |                        |
|                    |                        |                        |
| Print name         |                        |                        |
| Position/title     |                        |                        |
| Date (dd/mm/yyyy)  |                        |                        |
|                    |                        |                        |
|                    | Authorised signatory 3 | Authorised signatory 4 |
| Signed             | Authorised signatory 3 | Authorised signatory 4 |
| Signed             | Authorised signatory 3 | Authorised signatory 4 |
| Signed  Print name | Authorised signatory 3 | Authorised signatory 4 |
|                    | Authorised signatory 3 | Authorised signatory 4 |
| Print name         | Authorised signatory 3 | Authorised signatory 4 |

#### **PRIVACY POLICY**

Our full privacy policy can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

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