

## United States National Declaration for US physical residents

Policy no.:

Policyholder:

*As used in this document, "policy" refers to the insurance policy, annuity, endowment or other contract for which this application has been submitted; "I" "me" and "my" refer to all owners of the policy to which Question 1 applies; the "company" refers to [insert name of policy-issuing company\_\_\_\_\_].*

1. (Check one of the following)

☐ I am a United States citizen.

☐ I am the holder of a "green card" issued by the United States Immigration and Naturalization Service.

☐ I am treated as a "resident alien" of the United States under the US Internal Revenue Code based on my prior substantial presence" in the United States.

☐ I am not treated as a "United States person" under the US Internal Revenue Code.

My US Taxpayer Identification Number is \_\_\_\_\_.

I have received independent advice and acknowledge and understand the United States tax consequences of my policy. I understand the policy was not designed to comply with the conditions prescribed in the US Internal Revenue Code for qualifying life insurance or annuity contracts and that the policy may not benefit from the tax treatment that applies to qualifying life insurance or annuity contracts. I agree not to hold the company liable for any adverse United States tax consequence suffered by me as a result of the policy.

I undertake to pay any US federal or state income taxes, state premium taxes, federal excise taxes or any other state or federal taxes that may become due because of the policy, including premiums paid or benefits payable under the policy. In the event that the company is pursued for any such taxes payable by me, I hereby give the company an irrevocable right to apply policy

account values or any amount payable under the policy as reimbursement for any such taxes it pays. I also undertake to make all tax filings due with respect to the policy, including any Report of Foreign Bank and Financial Account (FBAR) or other required filings and to provide all information and waivers or consents necessary for the company to comply with all tax information exchange regimes (including the US Foreign Account Tax Compliance Act (FATCA)).

I acknowledge and understand that, at any time while the policy is in effect and I reside in the United States, the company may be unable to accept any instructions from me, my beneficiaries or my/their representatives with respect to the following actions, and may decline to process my requests to take such actions regardless of the policy terms and conditions that otherwise allow such actions:

- a) Accept payment of scheduled premiums;
- b) Increase or decrease scheduled premiums;
- c) Accept payment of premiums that are not scheduled (either as to time or amount);
- d) Switch policy assets between investment options, change investment options or change allocations of account values among investment options;
- e) Exercise any settlement options at maturity or upon death other than payment of cash value;
- f) Make any major changes in terms or conditions, including changes in benefits or face amount;  
or
- g) Assign policy ownership without the company's consent.

I understand and agree that the Company will make this document a part of the policy that is issued to me. If the provisions of the policy conflict with the provisions of this document, the company will apply this document's provisions.

Signed		Signed	
Print name		Print name	
Date		Date	