

富邦人壽保險股份有限公司國際保險業務分公司  
Fubon Life Insurance Co. Ltd Offshore Insurance Unit  
CRS及FATCA身分聲明暨個人資料同意書 ( 自然人適用 )

CRS and FATCA Status Declaration and Letter of Consent for Providing Personal Information (For Use by Individual)

註1：只要您具有非中華民國之稅籍，請以英文填寫此份聲明書。如對於聲明書內容有不了解之處，可參考【附錄一】填表說明及【附錄二】名詞解釋。附錄一及附錄二可參考富邦人壽官網

https://www.fubon.com/life/download/download\_life\_01.htm。 Note 1: Please fill in this self-certification in English if you have any tax residency outside Taiwan. If there is any question about the content of the self-certification, please refer to [ Appendix I ] Instruction and [ Appendix II ] Definitions for more information on the official website of Fubon Life https://www.fubon.com/life/download/download\_life\_01.htm.

註2：若您為獨資業主，請提供獨資企業之商業登記/公司註冊證書號碼 Note 2: please enter the business registration number of sole proprietorship if you are the sole proprietor :

保單號碼(新契約、理賠本欄可免填) : \_\_\_\_\_

第一部分：立同意書人基本資料 Part I : Account Holder Information

A. 姓名 Full Name: (請參考下列說明填寫 Please refer to the below instruction) \_\_\_\_\_

※英文姓名請以護照姓名為準 Please fill in the name in the passport.

※投保新契約 New insurance contract : 請填要保人之姓名 Please fill in the Name of Policyholder

※保單變更作業 Request for change :

1. 變更要保人 Change of Policyholder : 請填新要保人之姓名 Please fill in the Name of new Policyholder

2. 變更國籍、住所、聯絡地址 Change of Nationality, address, or contact address : 請填本次變更對象之姓名 Please fill in the Name of person who makes the change

※申請年金/非年金(含身故/生存/滿期/祝壽金/結構債...等)給付 Request for Annuity or non-Annuity Payments (include death benefit, survival benefit, Full term benefit, maturity benefit, or structured notes etc. ) : 請填受益人之姓名。 Please fill in the Name of Beneficiary

※其他情形 others : 請參看本公司相關通知 Please refer to the notice provided from our company

B. 身分證號碼/護照號碼(註 1) ID / Passport No.(Note1) : \_\_\_\_\_

C. 稅籍居住地址 : Tax Residence Address

同本次要保書之住所(此選項僅限以英文填寫地址之新契約保戶勾填)

Same as the Residence address in this insurance proposal form (This Box is only applicable to new contract which includes English address.)

地址( 號碼、街道及公寓或房間號 )Address  
(number, street, and apt. or suite no.) \_\_\_\_\_

城市或鄉鎮 City \_\_\_\_\_

州或省 State \_\_\_\_\_

國家 Country \_\_\_\_\_

郵遞區號 Post code \_\_\_\_\_

D. 出生資訊 Birth Information:

出生日期 Date of Birth : 西元 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日  
(YYYY) (MM) (DD)

出生地 Place of Birth (註 2 Note 2) : 城市 City : \_\_\_\_\_ 國家 Country : \_\_\_\_\_

第二部分：稅籍聲明(單選) Part II : Tax Residence(s) (Please tick only one box)

1.  本人僅為中華民國之稅務居民。(勾選此項後，以下稅籍聲明內容無需填寫)

I am only a Taiwan tax resident. (If the box is ticked, the following information in the Part II is not required to fill in.)

2.  本人僅為美國公民或稅務居民。(註 3 至註 5) I am an U.S. citizen or U.S. resident alien for tax purposes.(Note 3 to 5)

3.  本人具有多重(包含中華民國或美國)或其他國家的稅務居民身分。 I am a tax resident in more than one country (including Taiwan or U.S.)

若勾選上述 2 或 3 之情形，請於下表填寫本人之所有稅籍資料(包含中華民國或美國之稅籍資料) Please indicate your country(ies) of tax residence (Including Taiwan or U.S) in the table below when the second or third box above is ticked.



如無法提供稅籍編號者，請選填原因 A、B 或 C。 If a TIN is unavailable, please provide the appropriate reason A, B or C.

※原因 A — 我所屬的稅務國家並無發給稅籍編號予其稅務居民。

Reason A – The jurisdiction where I am the resident does not issue TINs to its residents.

原因 B — 我無法取得稅籍編號或類似編號。(若選填此項者，請說明解釋無法取得稅籍編號之原因)

Reason B – I am otherwise unable to obtain a TIN or equivalent number. (Please explain why you are unable to obtain a TIN in the table below if this reason has been ticked.)

原因 C — 無需提供稅籍編號。(僅針對所填寫之稅籍國家規定無需揭露稅籍編號時，才能選填此項)

Reason C – No TIN is required. (Note. Only select this reason if the authorities of the jurisdiction entered below do not require the TIN to be disclosed)

稅籍國家 Country of tax residence	稅籍編號 Tax Identification Number (TIN)	無法提供 TIN 者，請勾填原因 A、B(含原因)或 C If no TIN is available, please enter Reason A, B (with explanation) or C
<input type="checkbox"/> TW	同第一部分 B。若不同請另列如下 Same as the B of Part I. Please enter the TIN if the TIN is different from the B of Part I : _____	<input type="checkbox"/> A <input type="checkbox"/> B · 原因 reason : _____ <input type="checkbox"/> C
<input type="checkbox"/> US	稅籍編號或社會安全碼(TIN or SSN) □□□-□□-□□□□	
		<input type="checkbox"/> A <input type="checkbox"/> B · 原因 reason : _____ <input type="checkbox"/> C
		<input type="checkbox"/> A <input type="checkbox"/> B · 原因 reason : _____ <input type="checkbox"/> C

(註 1)大陸人士若無護照者，請填寫大陸居民往來台灣通行證號碼或往來台灣通行證號碼。

If you do not have China passport as a China resident, please provide the number of China Residents to Taiwan Pass.

(註 2)若您(或立同意書人)出生地為美國，但不具有美國稅籍者，請檢附棄籍證明或書面解釋(說明未取得美國公民權之原因。)

If your (or the account holder's) place of birth is U.S. but you are not an U.S tax resident, please provide a Certificate of Loss of Nationality or Written Statement (the reason why you did not obtain U.S citizenship)

(註 3)美國公民或稅務居民，係指：(1)具有美國國籍者(持有美國護照)、或(2)持有綠卡者、或(3)當年度入境美國並停留 183 天(含)以上、或(4)當年度入境美國並停留 31 天(含)以上、同時滿足「前 3 年審核期」計算方式 183 天(含)以上者。

U.S. citizen or other U.S. person means any one of the following:

(1) National of the United States (U.S. Passport Holder); (2) Green Card Holder (Permanent Resident); (3) A Person Present in the United States for 183 Days or More during the Current Taxable Year; or (4) A Person Present in the United States for 31 days or more during the Current Taxable Year and 183 Days during the 3-Year Period, Meeting the Substantial Presence Test for the Calendar Year

(註 4)持有 A、F、G、J、M、Q 等簽證，於當年度入境美國並停留 183 天(含)以上、或當年度入境美國並停留 31 天(含)以上、同時滿足「前 3 年審核期」計算方式 183 天(含)以上者，非屬美國稅務居民。

Someone who has or had been present in the U.S. with type A, F, G, J, M or Q visa for 183 Days or more during the current taxable year or for 31 days or more during the current taxable year and 183 Days during the 3-Year Period, meeting the Substantial Presence Test for the calendar year is not a U.S. resident.

(註 5)前 3 年審核期：本年停留天數，加上去年停留天數的三分之一，加上前年停留天數的六分之一的總和，達 183 天者。

183 days during the 3-year period that includes the current year and the 2 years immediately before that, counting :

All the days you were present in the current year, and 1/3 of the days you were present in the first year before the current year, and 1/6 of the days you were present in the second year before the current year.

(註 6)若您(或立同意書人)於 2018 年 12 月 31 日以前已具有有效之保單且具中華民國以外稅籍者，請您完成此份身分聲明暨個人資料同意書時，一併附上其他有效證明文件以佐證於聲明書中所述之稅籍屬實(例如：身分證、居住身分證明書、護照副本或經當地政府核可之所得稅申報紀錄等)。

If you (or the account holder) have valid insurance policy before 2018/12/31 and have other tax residency(ies) other than Taiwan, please fill in this self-certification and Letter of Consent for Providing Personal Information and provide additional documentary evidences (such as certificate of identification, certificate of resident status, copy of passport or income tax return or record approved by local government) in order to confirm the reasonableness of the self-certification.



## 聲明及簽署 Declarations and Signature

本人聲明本身分聲明暨個人資料同意書之內容均屬真實、正確及完整，並確已收受並充分瞭解富邦人壽所提供之「遵循 FATCA 法案個人資料告知事項」(下簡稱「告知事項」)之全部內容，並同意富邦人壽依據告知事項所載內容，對本人相關個人資料為蒐集、處理及利用。

I hereby certify that all statements made in this self-certification and Letter of Consent for Providing Personal Information (For Use by Individual) are true, correct and complete. I acknowledge that I have received and fully understand the content of the Personal Information Protection Notification (the Notification) for Complying with FATCA furnished to me by Fubon Life; and I agree that Fubon Life may collect, process, and use my personal information pursuant to the Notification.

本人同意，若爾後有任何 FATCA 或 CRS 身分別變更之情事，將於變更後 30 曆日內通知富邦人壽進行身分別變更作業。I agree that if there should be any subsequent change in my FATCA or CRS status, I shall notify Fubon Life within 30 days and proceed to change my FATCA status after such change takes place.

此致 富邦人壽保險股份有限公司

To : Fubon Life Insurance Corporation

立同意書人簽名 Signature of Person Giving Consent : \_\_\_\_\_.

(立同意書人未滿 7 歲者，由法定代理人簽名。If the Person Giving Consent is under 7 years old, the guardian shall sign on behalf of the Person Giving Consent)

法定代理人簽名 Signature of Legal Representative : \_\_\_\_\_

與立同意書人之關係 Capacity of the signer : \_\_\_\_\_

(立同意書人未滿 20 歲者或經監護或輔助宣告者，應由法定代理人親自簽名同意，並註明與立同意書人之關係。If the Person Giving Consent is under 20 years old or under guardianship or assistance by an adjudication, the guardian shall sign here and indicate the capacity of the signer)

日期：西元 \_\_\_\_\_ 年 (YYYY) \_\_\_\_\_ 月 (MM) \_\_\_\_\_ 日 (DD)

業務人員請注意下列事項：

- 1 立同意書人如有中華民國稅籍者，中華民國身分證正本記載事項與本聲明書填載之內容應相符。
- 2 立同意書人所填身分稅籍聲明書所聲明之稅籍國家無不合理之情事。

\* 0 1 0 5 0 0 D W 0 2 5 \*



## 遵循 FATCA 法案個人資料告知事項 ( 自然人適用 )

### The Notice for the Collection, Processing and Use of Personal Information for FATCA Compliance (For Use by Individual)

緣富邦人壽保險股份有限公司 ( 下簡稱「富邦人壽」) 參與遵循美國海外帳戶稅收遵循法案 ( Foreign Account Tax Compliance Act · 下簡稱「FATCA 法案」) · 與美國財政部國稅局簽訂外國金融機構協議 · 及依據中華民國與美國所簽署之 Agreement between the American institute in Taiwan and Taipei Economic And Cultural Representative Office In The United States for Cooperation to Facilitate the Implementations of FATCA ( 下簡稱「IGA 協議」) · 而負有辨識立同意書人是否具有美國公民或稅務居民身分之義務 · 現因 台端與富邦人壽訂有保險契約交易 · 富邦人壽茲請求 台端配合遵循 FATCA 法案及 IGA 協議之相關規定 · 並依中華民國個人資料保護法規定 · 向 台端告知下列事項：

Whereas, the Fubon Life Insurance Corporation (Fubon Life) is committed to complying with the Foreign Account Tax Compliance Act (FATCA) and entered into a Foreign Financial Institution Agreement with the Internal Revenue Service of the United States Department of the Treasury. Pursuant to the Agreement between the American institute in Taiwan and Taipei Economic And Cultural Representative Office In The United States for Cooperation to Facilitate the Implementations of FATCA (IGA), Fubon Life is obligated to identify whether anyone of its policyholders is a U.S. citizen or other U.S. person for U.S. tax purposes. Now that you have entered into an insurance contract with Fubon Life, Fubon Life is hereby asking your cooperation to comply with the relevant provisions of FATCA and IGA, and informing you the following matters pursuant to the Personal Information Protection Act of Taiwan.

#### (一) 個人資料蒐集、處理及利用之目的及類別/ Purpose and Classification of Collecting, Processing, and Using Personal Information

富邦人壽為辨識所有立同意書人之身分 · 並於必要時申報具有美國公民或稅務居民身分之立同意書人資訊予美國政府及中華民國權責主管機關 · 經 台端提供之相關個人資料及留存於富邦人壽之一切保險契約交易資訊 · 包括但不限於姓名、出生地及出生日期、國籍、戶籍/收費/聯絡/住所地址、電話號碼、美國稅籍編號、保單號碼及保單現金價值金額等 · 將因富邦人壽遵循 FATCA 法案及 IGA 協議之需要 · 由富邦人壽蒐集、處理及利用。

For the purpose of identifying the status of all of the policyholders, and if necessary, report the information as to any policyholder who is either a U.S. citizen or other U.S. person to the U.S. government and the Competent Authority in Taiwan, Fubon Life may collect, process, and use the relevant personal information provided by you and the details of all insurance transactions left by you in Fubon Life, including but not limited to name, place of birth, date of birth, nationality, registered/billing/contact/residence address, telephone number, U.S. taxpayer identification number, insurance policy number, and cash value of such insurance policy, etc., for complying with FATCA and IGA.

#### (二) 個人資料利用之期間及方式/ Period and Ways of Using the Personal Information

於遵循 FATCA 法案及 IGA 協議之必要年限內 · 富邦人壽就所蒐集之 台端個人資料將於前述特定目的範圍內 · 以書面、電子文件、電磁紀錄、簡訊、電話、傳真、電子或人工檢索等方式為處理、利用與國際傳輸。

Within the necessary years in compliance with FATCA and IGA, Fubon Life may process, use, and internationally transmit your personal information so collected, upon the above specific purpose, by way of written form, electronic document, electromagnetic record, text, telephone, facsimile, electronic or manual retrieval system, etc

#### (三) 個人資料利用之地區/ Area of Using the Personal Information

為履行 FATCA 法案及 IGA 協議下之相關義務 · 台端個人資料將於中華民國及美國地區受利用。

For complying with FATCA and IGA, your personal information shall be used in Taiwan and the United States of America.

#### (四) 個人資料利用之對象/ Parties of Using the Personal Information

為履行 FATCA 法案及 IGA 協議下之相關義務 · 台端個人資料將由富邦人壽、富邦金融控股股份有限公司、中華民國權責主管機關及美國政府所利用。

For complying with FATCA and IGA, your personal information shall be used by Fubon Life, Fubon Financial Holding Corporation, the Competent Authority in Taiwan, and the Government of the United States of America.

#### (五) 個人資料之權利行使及其方式/ Rights of Personal Information and How to Exercise Them

台端就富邦人壽所蒐集、處理及利用之 台端個人資料 · 得隨時以書面 ( 包含電子郵件、傳真、電子文件 ) 或致電富邦人壽國際保險業務服務電話 ( 886-2-6622-6655 ) 之方式向富邦人壽請求查詢、閱覽、製給複製本、補充或更正、停止蒐集處理及利用或刪除。

With regards to your personal information collected, processed, and used by Fubon Life, you may, at any time, notify Fubon Life in writing (including email, fax, or electronic document) or by telephone (886-2-6622-6655) to make enquiries; to request to review; to make a duplicate copy; to supplement or rectify any error; to discontinue the collection, processing, and use; or to delete it.

#### (六) 個人資料之提供/ Provision of Personal Information

台端若拒絕提供富邦人壽為遵循 FATCA 法案及 IGA 協議所需之個人資料 · 或嗣後撤回、撤銷同意 · 富邦人壽仍可能須將關於 台端之保單資訊申報予美國政府及中華民國權責主管機關。

Should you refuse to provide Fubon Life with your personal information for complying with FATCA and IGA, or thereafter withdraw or cancel your consent, Fubon Life may still be required to report the information relating to your insurance policy to the government of the United States of America and the Competent Authority in Taiwan

