



United States (US) National Declaration

In accordance with the United States National Declaration requirement, we request for your cooperation to complete whichever is applicable to you:

<p>a) For policy holder resides outside the US and has no intention of returning to the US while the policy is in effect.</p>	<p>A "US Person" is a person who is treated as a resident of the US for US federal income tax purposes, which includes</p> <ul style="list-style-type: none"> (i) a US citizen, (ii) a person legally admitted to permanent residence in the US (i.e., a "green card" holder), and (iii) a person treated as a "resident alien" of the US under the US Internal Revenue Code based on the person's "substantial presence" in the US, regardless of the actual physical residence (or dual tax residence or dual tax citizenship) of any such person. (iv) the term "US Person" also includes any individual who is a bona fide resident of a US Territory for the entire relevant year. 	<p>Please complete the United States National Declaration for US persons residing outside the US Form.</p>
<p>b) For policy holder become a US physical resident</p>	<p>A "US Physical Resident" is an individual who</p> <ul style="list-style-type: none"> (i) has a permanent home or habitual abode in the US, (ii) who currently resides in the US and has a present intent to remain in the US for a substantial period of time, or (iii) currently resides outside the US but intends to become a resident of the US within the life cycle of the Contract. For this purpose, the term "US" includes the US Territories. 	<p>Please complete the United States National Declaration for US physical residents Form</p>

Note:

1. We do not provide any tax or legal advice. Please consult with your own tax or legal adviser if you have any questions or wish to understand how you may be affected by the above.
2. Updating your latest contact details with us is important. This will enable you to easily check for any updates to your policy and view important notices from us.

Thank you for your continuous support towards Zurich Life Insurance Malaysia Berhad.

Customer Service Center

Ground Floor, Block B, Plaza Zurich, 12, Jalan Gelenggang, Bukit Damansara, 50490 Kuala Lumpur.
(for other branches, please refer to company website)



United States National Declaration for US persons residing outside the US

ZURICH

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 Zurich Life Insurance Malaysia Berhad.

1. (Please 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.

My US Taxpayer Identification Number is _____.

I currently reside outside the United States (including American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Commonwealth of Puerto Rico, and the US Virgin Islands) and have no intention of returning to the United States (or any of the listed territories) while my policy is in effect.

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 consequences suffered by me as a result of the policy.

I undertake to pay any US federal, territory, or state income taxes, state premium taxes, federal excise taxes or any other state, territory, 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 if at any time while the policy is in effect I reside in the United States, the company may be unable to accept any further 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:

Customer Service Center

Ground Floor, Block B, Plaza Zurich, 12, Jalan Gelenggang, Bukit Damansara, 50490 Kuala Lumpur.
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☎ 1300-888-622

✉ callcentre@zurich.com.my

🌐 www.zurich.com.my

Customer portal : www.myzurichlife.com.my

- 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 agree to notify the Company if I commence or recommence residence in the United States while the policy is in effect.

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	
Policyholder	
Date	

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United States National Declaration for US physical residents**ZURICH**

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 Zurich Life Insurance Malaysia Berhad.

1. (Please 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 a resident of American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Commonwealth of Puerto Rico, or the US Virgin Islands. I am not treated as a "United States person" or a resident of any of the listed territories 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, territory, or state income taxes, state premium taxes, federal excise taxes or any other state, territory, 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)).

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I acknowledge and understand that, at any time while the policy is in effect and I reside in the United States or a US territory, 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	
Policyholder	
Date	

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