

Manulife (Macau) Pension Fund Scheme Controlling Person Tax Residency Self-Certification Form (CRS and FATCA)

宏利 (澳門) 退休金計劃 控制人稅務居民身份自證證明表格《通用報送標準及海外帳戶稅收合規法案》

Notes :

- This is a self-certification provided by you to Manulife (International) Limited ("the Management Company") for the purpose of Automatic Exchange of Financial Account Information ("AEOI") in compliance with tax law and regulations (including but not limited to the Law No. 5/2017 "Legal Regime for the Exchange of Tax Information", Chief Executive Resolution No. 211/2017, the Annex of the Chief Executive Resolution No. 232/2020 and regulations based on the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard (CRS) for automatic exchange of information and the Agreement between the Government of the United States of America and the Government of the Macau Special Administrative Region of the People's Republic of China for Cooperation to Facilitate the Implementation of FATCA). The data collected may be transmitted by Management Company to the United States Internal Revenue Service, or the Macau Financial Services Bureau which may further exchange such information to the competent authority of another reportable jurisdiction.
- Please complete this form where you are the controlling person of a Passive Non-Financial Entity account holder.
- As a financial institution, Management Company is not allowed to give tax or legal advice. If you have any questions regarding your tax residency, please consult your tax adviser or visit the OECD and Financial Services Bureau AEOI website respectively for more CRS and related information.
- Each Controlling Person of a Passive Non-Financial Entity is required to submit a separate self-certification form.
- The information of the controlling person is collected in the controlling person's capacity/under the authorization of the controlling person. If this self-certification form is completed on behalf of the controlling person, please state the "name" and "capacity" in Part F of this form.
- Please read the Manulife Personal Information Collection Statement ("Statement") before you provide the information. The Statement is also available on Manulife's website (www.manulife.com.hk). The Statement will cover all information collected hereunder and such other information under Manulife's record from time to time. By submitting the information/documents requested in this form, you agree to the usage and transfer of such information/documents as described in the Statement which shall include any data usage/transfer for CRS and FATCA purpose.

注意事項:

- 這是您向宏利人壽保險(國際)有限公司(「管理公司」)提供的自證證明,以作金融帳戶信息自動交換用途以遵守稅務法律及規例(包括但不限於《第5/2017號法律〈稅務信息交換法律制度〉》,第211/2017號行政長官批示,第232/2020號行政長官批示附件和根據與稅務信息交換資料有關的經濟合作與發展組織(OECD)《通用報送標準》(CRS)的規則及澳門特別行政區政府與美國政府簽定的《跨政府協議》)。管理公司可把收集所得的資料交給美國國稅局,或澳門財政局,澳門財政局可將資料交到另一司法管轄區的主管當局。
- 若您為消極非金融實體帳戶持有人的控制人,請填妥此表格。
- 作為金融機構,管理公司不獲允許提供稅務或法律意見。若您對您的稅務居民身份存有任何疑問,請諮詢專業稅務顧問或瀏覽OECD及澳門財政局有關金融帳戶信息自動交換的網頁,以獲取更多CRS及相關資料。
- 每位消極非金融實體的控制人均需分別遞交一份自證證明。
- 控制人的資料乃因應其職務身份/獲控制人授權而收集。如果資料是代表控制人填寫,請在本表格F部份填寫姓名及身份。
- 在您提供資料前,請細閱有關《宏利個人資料收集》聲明(「聲明」)。該聲明同時載於宏利網站(www.manulife.com.hk)。該聲明將涵蓋此中收集的所有資料,以及不時記錄於宏利檔案中的此等其他資料。一經提交本表格所要求的資料/文件,代表您同意此等資料/文件可按聲明所述被使用及轉移,包括因通用報送標準及海外帳戶稅收合規法案而需作出的資料使用/轉移。

A. Employer Details 僱主資料

- Employer Name 僱主名稱: _____
- Group Policy No. 團體保單編號: _____ Sub-Group Number 分組編號: **01**

B. Controlling Person[△] Information 控制人[△]個人資料

[△]Controlling person(s) means the natural person(s) who exercise control over the entity (control is generally exercised by the individual who ultimately has controlling ownership interest (i.e. no less than 25%) in the entity). If no natural person exercises control over the Entity, the controlling person will be the individual holding the position of senior managing official of the entity.

控制人是指對該實體行使控制權的自然人(控制權通常是透過對該實體擁有最終控制權(即不少於25%)的個人行使)。若無自然人對該實體行使控制權,則控制人為擔任高級管理職務的個人。

Name: 姓名			
Surname in English 英文姓氏	Given Name in English 英文名字	Surname in Chinese 中文姓氏	Given Name in Chinese 中文名字
Macau ID Card No./ Passport No.: 澳門身份證號碼/護照號碼		Date of Birth: 出生日期	
		dd日 / mm月 / YYYY年	
Current Residential Address: 現時住址			
Room/Flat 室	Floor 樓	Block 座	Name of Estate/Village/Building 屋村/大廈名稱
Number and Name of Street/Road 街道名稱及號碼		Name of Area 區域 / District 地區	
		Postal Code 郵寄代碼*	
City 城市*		Country 國家*	
* Mandatory for overseas address 海外地址必須填寫			

C. Entity Account Holder Listing 實體帳戶持有人列表

Please list out the name of all the Entity account holder(s) of which you are a Controlling Person.
請列出所有您作為控制人的實體帳戶持有人的名稱。

Entity 實體	Name of the Entity Account Holder 實體帳戶持有人名稱
1	
2	
3	

D. Controlling Person Tax Status 控制人稅務狀況

For more CRS and related information, please visit the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> and visit Manulife website to view the "Meaning of the Terms and Expressions used in Self-Certification Forms".

如欲獲取更多CRS及相關資料，可瀏覽OECD (<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/>) 的網頁，以及瀏覽宏利網頁以參閱「自證證明表格內採用的名詞及措辭釋義」。

You may simply scan the following QR Codes to obtain the concerned information.

您亦可掃描下列二維碼以取得相關資料。

1. OECD
經濟合作與發展組織



(OECD-TR)

2. Meaning of the Terms and Expressions used in Self-Certification Forms
自證證明表格內採用的名詞及措辭釋義



(CRS-DEF_Mac)

Please declare or list all jurisdictions where you are a resident for tax purposes (including Macau) and Taxpayer Identification Number or its Functional Equivalent (TIN) for each jurisdiction. If the space provided is insufficient, please provide it in the below format on additional sheet(s). Please refer to the OECD website at <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/> for tax residency related information.

請在以下聲明或列明您在所有司法管轄區 (包括澳門) 作為符合稅務目的的居民的稅務編號或具有同等功能的識別編號 (稅務編號)。如下列位置不敷應用，請按以下格式另加新頁。請參考OECD網頁: <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/> 的稅務居民資料。

Jurisdiction of Tax Residency 稅務居民司法管轄區	TIN ^{Remark 1} 稅務編號 ^{註1}	If no TIN available, please indicate Reason A, B or C below ^{Remark 2} 若未能提供稅務編號，請於下方填上理由A、B或C ^{註2}	Please explain why you are unable to obtain a TIN if you selected Reason B. 若您選擇理由B，請在下方解釋無法取得稅務編號的原因。
<input type="checkbox"/> I hereby declare that, I am a Macau tax resident (Taxpayer Identification Number (TIN): Macau SAR resident identity card number provided). 本人在此聲明，我是澳門稅務居民 (稅務編號: 本人提供的澳門特別行政區居民身份證號碼)。			
1			
2			

Remarks 註

- For guidance on TIN, please visit the OECD website at <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>, or simply scan the QR code.
如欲了解相關稅務居民司法管轄區發佈的稅務編號結構，您可瀏覽OECD網頁 <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/> 或掃描此二維碼。

- If a TIN is unavailable, please provide the appropriate reason:
如沒有提供稅務編號，必須填寫合適的理由：

Reason A : The jurisdiction where the controlling person is a resident for tax purposes does not issue TINs to its residents.

理由 A - 控制人所屬的稅務居民司法管轄區沒有向其居民發出稅務編號。

Reason B : The controlling person is unable to obtain a TIN. (Please explain why you are unable to obtain TIN in the above table if you have selected this reason.)

理由 B - 控制人無法獲得稅務編號。(若您選擇這理由，請在上表解釋您無法獲得稅務編號的原因。)

Reason C : No TIN is required. (Note: Only select this reason if the authority of the relevant jurisdiction of residence does not require the TIN to be disclosed.)

理由 C - 無需稅務編號。(註：只有在相關司法管轄區的主管當局不需要披露該司法管轄區發出的稅務編號方可選擇這理由。)



(OECD-TIN)

E. Type of Controlling Person 控制人類別

Please check one of the appropriate boxes. 在其中一個適當的空格內加上 ✓ 號

Type of Entity 實體類別	Type of Controlling Person 控制人類別
Legal Person 法人	<input type="checkbox"/> (1a) Individual who has a controlling ownership interest (i.e. not less than 25% of issued share capital) 擁有控制股權的個人 (即擁有不少於百分之二十五的已發行股本)
	<input type="checkbox"/> (1b) Individual who exercises control/is entitled to exercise control through other means (i.e. not less than 25% of voting rights) 以其他途徑行使控制權或有權行使控制權的個人 (即擁有不少於百分之二十五的表決權)
	<input type="checkbox"/> (1c) Individual who exercises ultimate control over the management of the entity / has ultimate actual control over the entity's decision-making / holds the position of senior managing official 對該實體的管理行使最終控制權的個人/對該實體的決策具有最終實際控制的個人/擔任該實體的高級管理人員
Trust 信託	<input type="checkbox"/> (2a) Settlor 委託人
	<input type="checkbox"/> (2b) Trustee 受託人
	<input type="checkbox"/> (2c) Protector 保護人
	<input type="checkbox"/> (2d) Beneficiary or member of the class of beneficiaries 受益人或某類別受益人的成員
	<input type="checkbox"/> (2e) Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary) 其他 (例如: 如委託人 / 受託人 / 保護人 / 受益人為另一實體, 對該實體行使控制權的個人)
Legal Arrangement other than Trust / A legal person that is functionally similar to a trust 除信託以外的法律安排 / 功能上類似信託的法人	<input type="checkbox"/> (3a) Individual in a position equivalent/similar to settlor 處於相等 / 相類於信託委託人位置的個人
	<input type="checkbox"/> (3b) Individual in a position equivalent/similar to trustee 處於相等 / 相類於信託受託人位置的個人
	<input type="checkbox"/> (3c) Individual in a position equivalent/similar to protector 處於相等 / 相類於信託保護人位置的個人
	<input type="checkbox"/> (3d) Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries 處於相等 / 相類於信託受益人或某類別受益人的成員位置的個人
	<input type="checkbox"/> (3e) Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary) 其他 (例如: 如處於相等 / 相類於信託委託人 / 受託人 / 保護人 / 受益人位置的人為另一實體, 對該實體行使控制權的個人)

F. Declaration and Acknowledgement 聲明及確認

I declare that the information given and all statements made in this self-certification (which includes any separate sheet(s)) are, to the best of my knowledge and belief, true, correct and complete.

本人聲明就本人所知所信, 本自證證明 (包括使用另外紙張) 內所填報的所有資料和聲明均屬真實、正確及完備。

I undertake to advise Manulife of any change in circumstances which affects the tax residency status of the controlling person identified in this self-certification or causes the information contained herein to become incorrect or incomplete, and to provide the Management Company with a suitably updated self-certification within 30 days of such change in circumstances.

本人承諾, 如情況有所改變, 以致影響於本自證證明所述的控制人稅務居民身份, 或引致其所載的資料不正確或不完整, 本人會通知管理公司, 並會在情況發生改變後30天內, 向宏利提交一份適當更新的自證證明。

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the account holder's relationship with the Management Company setting out how the Management Company may use and share the information supplied by me.

本人明白, 本人提供之資料受管限帳戶持有人與管理公司之間關係的全部條款及條件規定所限, 該等規定列明了管理公司可如何使用及分享本人提供之資料。

I acknowledge and agree that the information contained in this form, the Form W-9 or other W-series forms provided regarding the controlling person, the information of the controlling person and any accounts that must be reported will be reported to the United States Internal Revenue Service or the Financial Services Bureau of the Macau Special Administrative Region Government, and the relevant information will be transferred to the competent authority of the controlling person's jurisdiction of tax residence in accordance with the legal provisions for Automatic Exchange of Financial Account Information and Foreign Account Tax Compliance Act (FATCA).

本人知悉及同意本表格、W-9 表格或其他 W 系列表格所載資料和關於控制人及任何須申報帳戶的資料將向美國國稅局或澳門特別行政區政府財政局申報, 而有關資料將按照金融帳戶信息交換協定及海外帳戶稅收合規法案的相關法規, 被轉交到美國國稅局或控制人所屬的常居地的司法管轄區的稅務當局。

I confirm that I have received and read the Manulife Personal Information Collection Statement ("Statement"). I understand and agree to the Statement.

本人已收訖及閱畢《宏利個人資料收集聲明》(「聲明」)。本人清楚明白及同意該聲明之內容。

I confirm that I have read, understand and agree to all the notes and information stated in this form.

本人確認本人已閱畢、明白並同意本表格所載的所有資料。

I certify that I am the controlling person/I am authorized to sign for the controlling person of all the account(s) held by the entity account holder(s) to which this form relates.

本人證明, 就與本表格相關的實體帳戶持有人所持有的帳戶, 本人是控制人/獲控制人授權簽署本表格。

Signature of Controlling Person 控制人簽署

Date 日期

Name and Capacity of the Authorized Person 獲授權人姓名及身份

(Please indicate your name and capacity if you are not the individual identified in Part B. If signing under a power of attorney, attach a certified copy of the power of attorney. 如您並非B部份所列的控制人本人, 請註明您的姓名及身份。如上述為獲授權簽署, 請附上有關授權書的核證副本。)

* Simply scan the QR code below to obtain and read the Notice if you do not have it or have not read it yet. 如您沒有或尚未細閱該通知, 您只需掃描以下二維碼索取及查閱相關文件。



(PIC_English)



(PIC_中文)

Completed form should be sent to the Management Company.
"Macau Administration Office, Manulife (International) Limited, Avenida de Almeida Ribeiro No. 61, Circle Square, 14 andar A, Macau".
請將填妥的表格寄交計劃管理人「澳門新馬路61號永光廣場14樓A宏利人壽保險(國際)有限公司澳門分行行政部」。

The Chinese version of this form is for reference only. In the event of discrepancies between the Chinese and English versions, the English version shall prevail.
本表格之中文譯本只供參考用途, 若與英文版本有異, 一概以英文版本為準。