CRS Individual Tax Residency Self-Certification Form



"The Common Reporting Standard (CRS), is a tax information exchange standard developed by the Organization for Economic Co-operation and Development ("OECD") and approved on 15 July 2014. CRS defines a minimum standard for governments to obtain account related information from financial institutions and automatically exchange that information with partner jurisdictions on an annual basis."

American Life Insurance Company (MetLife)
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| To be completed and signed by the Applicant | | | | | | | | | |
|--|------------------------------|--|-------------------------|-----------------------|----------------------------|-------------|-----------------------------------|--------|--|
| Confidential Information | | | | | | | | | |
| Application No. | | Policy No. | | A | Application Date: | | | | |
| Policy Owner/Applicant | | | | | | | | | |
| First Name | | | Middle Name | | | Last Name | | | |
| Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's Taxpayer Identification Number (TIN) for each country/jurisdiction indicated. | | | | | | | | | |
| Note: If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet. | | | | | | | | | |
| If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below: | | | | | | | | | |
| Reason A The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents. | | | | | | | | | |
| Reason B | | | | | | | | | |
| The Account Holder is otherwise unable to obtain a TIN or equivalent number, please explain why you are unable to provide the required information. | | | | | | | | | |
| Reason C No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction). | | | | | | | | | |
| | Jurisdiction of Residence | Taxpayer Identifi Number (TIN | | | ailable enter A, B or C | | If reason B Select please explain | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 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 MetLife setting out how MetLife may use and share the information supplied by me. | | | | | | | | | |
| I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information. I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates. | | | | | | | | | |
| Declaration | | | | | | | | | |
| I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. | | | | | | | | | |
| this form or | causes the infor | MetLife of any change in mation contained herein ays of such change in ci | n to become | e incorrect or incomp | • | | | * * | |
| Signature | | | | | | | | | |
| - J. J. Harrall | | | | | | | | | |
| Name | Full Name ir | | his/her own handwriting | | | X Signature | | | |
| Dated at | | City | | Country | OI | n this D D | day of M M | 20 Y Y | |