RELIANCE
Nippon Life Insurance

Date D D M M Y Y Y Y

Self Certification

(All the information should be mandatorily provided by Policyholder/Joint Policyholder/Annuitant/Joint Annuitant/Beneficiary/Assignee/Re-assignee/Payee)
(please also refer instruction below)

Policy Holder/Joint Policy Holder/Annuitant/Joint Annuitant/Beneficiary/Assignee/Re-assignee/Payee Name FIRST LAST Policy Number

Residence for Tax Purposes in Jurisdiction(s) outside India ☐ Yes ☐ No (If "YES' then mandatorily to fill the balance details and sign. If "NO" then sign)

PAN Card No.

Country of Birth Place of Birth

Nationality

Address Type :- (Residential or Business/Residential/Business/Registered Office/Unspecified) FLAT NO.

BUILDING ROAD NAME/NO.

LANDMARK 1

DISTRICT/TALUKA LANDMARK 2

CITY/VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Country/countries of tax residency	Address in the jurisdiction for Tax Residence	Tax Identification Number (TIN)/ Functional equivalent Number	TIN/Functional equivalent Number Issuing Country	Validity of documentary evidence provided

Declaration and Undertakings

I/We, certifies that:

a) It shall be my/our responsibility to educate myself/ourself and to comply at all times with all relevant laws relating to/reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 there under and the information provided in the Form is in accordance with the aforesaid rules,

b) The information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise,

c) I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign,

d) I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,

e) I/We also agree that in case of our failure to disclose any material fact known to us, now or in future, the Company may report to any regulator and/or any authority designated by the Government of India (GOI)/RBI/IRDAI for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.

f) I/We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to the Company.

g) I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.

h) I/We shall indemnify the Company for any loss that may arise to the Company on account of providing incorrect or incomplete information.

Signature

Name Place

Date D D M M Y Y Y Y

Instructions

1. In case PAN is not available, Father's name is mandatory.
2. All the Addresses provided in Proposal and the above annexure should contain City/Town, State, Postal Code and Country
3. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India
   - Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.
   - Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)

Reliance Nippon Life Insurance Company Limited (formerly known as Reliance Life Insurance Company Limited). IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400 710. Corporate Office: Reliance Centre, 5th Floor, Off Western Express Highway, Santacruz East, Mumbai - 400 055. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on Call Centre number - 3033 8181 (Local call charges apply) or our Toll Free Number 1800 300 08181 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: rnlife.customerservice@relianceada.com or 4. Fax: 022 3303 5662.

Beware of spurious phone calls and fictitious/fraudulent offers IRDAI clarifies to public that 1. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. 2. IRDAI does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.

CIN: U66010MH2001PLC167089

Mkt/Individual-Cert/v-1/May2016