

保單編號 Policy No.										
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居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	如沒有提供稅務編號，填寫理由 A、B 或 C。 Enter Reason A, B or C if no TIN is available	如選取理由 B，解釋保單持有人不能取得稅務編號的原因 Explain why the Policyholder is unable to obtain a TIN if you have selected Reason B
1. <input type="checkbox"/> 澳門 Macau	<input type="checkbox"/> 與澳門身分證號碼相同 Same as Macau ID No.		
2. <input type="checkbox"/> 香港 Hong Kong	<input type="checkbox"/> 與香港身分證號碼相同 Same as HK ID No.		
3. <input type="checkbox"/> 中國 China	<input type="checkbox"/> 與中國內地身分證號碼相同 Same as PRC ID No. <input type="checkbox"/> 其他 _____ (請註明 Please specify)		

第三部分 聲明及簽署(請勿在空白表格上簽署) DECLARATIONS & SIGNATURE (Please DO NOT sign on BLANK form)

本人知悉及同意，財務機構可根據第 5/2017 號法律《稅務信息交換法律制度》有關交換財務帳戶資料的法律條文，(a)收集本表格所載資料並可備存作自動交換財務帳戶資料用途及(b)把該等資料和關於保單持有人及任何須申報帳戶的資料向澳門特別行政區政府財政局申報，從而把資料轉交到保單持有人的居留司法管轄區的稅務當局。

本人證明，就與本表格所有相關的帳戶，本人是保單持有人 / 本人獲保單持有人授權簽署本表格。

本人承諾，如情況有所改變，以致影響本表格第 A 部所述的個人的稅務居民身份，或引致本表格所載的資料不正確，本人會通知中國人壽保險(海外)股份有限公司，並會在情況發生改變後 30 日內，向中國人壽保險(海外)股份有限公司提交一份已適當更新的自我證明表格。

本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Policyholder and any reportable account(s) may be reported by the financial institution to the Finance Services Bureau of the Government of the Macao Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Policyholder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance Law no. 5/2017 《Exchange of Information Law》.

I certify that I am the Policyholder / I am authorized to sign for the Policyholder of all the account(s) to which this form relates.

I undertake to advise China Life Insurance (Overseas) Company Limited of any change in circumstances which affects the tax residency status of the individual identified in Part A of this form or causes the information contained herein to become incorrect, and to provide China Life Insurance (Overseas) Company Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

保單持有人/授權人簽署 Signature of Policyholder/ Authorized Person		身份* Capacity*					
保單持有人/授權人姓名 Name of Policyholder/ Authorized Person		日期 Date	年 Year		月 Month		日 Day

*(如你不是第一部份所述的個人，說明你的身份。如果你是以受權人身份簽署這份表格，須夾附該授權書的核證副本。)
(Indicate the capacity if you are not the individual identified in Part 1 If signing under a power of attorney, attach a certified copy of the power of attorney.)