

Form W-8BEN – Quick Reference Guide

Please state the “Manulife Policy/Account/Member Account/Group No.” on top of the form.

(For new application or enrolment, it will be assigned by Manulife. For others, please provide the reference number of a financial product purchased or claimed by you or your directly/indirectly controlled entity, and being issued or administered by Manulife (International) Limited in Hong Kong or Macau to enable Manulife to follow up on this form (on behalf of all the applicable financial products.)

Form W-8BEN
(Rev. July 2017)
Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status Tax Withholding and Reporting (Individuals)
► For use by individuals. Entities must use Form W-8BEN-E.
► Go to www.irs.gov/FormW8BEN for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:
• You are NOT an individual

Instead, use Form:
• W-8BEN-E

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner

2 Country of citizenship

3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.
City or town, state or province. Include postal code where appropriate. Country

4 Mailing address (if different from above)
City or town, state or province. Include postal code where appropriate.

5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)

7 Reference number(s) (see instructions)

8 Date of birth

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes)

Please put down “N/A” if not applicable.

If your “Country of citizenship” is United States, please complete Form W-9 instead of Form W-8BEN.

If it is a United States address, please complete Form W-9 instead of Form W-8BEN. Please provide full address without abbreviation. It should be the same as any permanent residence address on the application or claimant’s statement.

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes.
- The person named on line 1 of this form is not a U.S. person.
- The income to which this form relates is:

For an insurance application, this should be signed by the policyowner.
For a pension enrolment, this should be signed by the account member.
For other cases, please follow Manulife instructions.
Please provide a consistent signature.

Form W-8BEN with sign date more than 2 months before submission will not be accepted.

Sign Here

Please put down your full name here.

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)

For Paperwork Reduction Act Notice, see separate instructions. Cal. No. 25047Z Form **W-8BEN** (Rev. 7-2017)

Disclaimer: You are recommended to read the Instructions for Form W-8BEN at www.irs.gov/pub/irs-pdf/iw8ben.pdf or consult independent professional / tax advisor regarding the proper form to use, how to fill in the form properly and all other matters related to FATCA. This quick reference guide is prepared by Manulife as a general guide for the common scenarios only. It should not be regarded as tax advice or a complete instruction. All information provided may be updated according to the development of FATCA.

Sample of Form W-8BEN

Manulife Policy No. 28-9876543-2

Form **W-8BEN**

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service

- ▶ For use by individuals. Entities must use Form W-8BEN-E.
- ▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner CHAN TAI MAN	2 Country of citizenship HONG KONG
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 40/F, FLAT G, BLOCK 10, APPLE GARDEN, 3 ORANGE STREET	
City or town, state or province. Include postal code where appropriate. KWUN TONG	Country HONG KONG
4 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	
Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) N/A	6 Foreign tax identifying number (see instructions)
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable – see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes.
 - The person named on line 1 of this form is not a U.S. person.
 - The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income.
 - The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
 - For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

02-15-2019

Date (MM-DD-YYYY)

CHAN TAI MAN

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 7-2017)