

Statement on CRS status

applies to natural persons, natural persons carrying on business activities as sole proprietors, and natural persons working as freelancers

I. Details of the policyholder/insured person

Last name		First name(s)	
Series and number of the identity document		Type of the identity document	
PESEL [Personal Identification Number] / Date of birth		Place of birth	

(The date of birth must be provided for citizens of countries other than Poland) (country and town/city)

Residential address:

Street		House number		Flat number	
Postcode		Town/city		Country	

II. Statement on CRS status¹

I hereby declare that I have the following tax residencies other than Poland and the United States of America (USA):

a. ☐ YES² ☐ NO

b. Other countries of tax residence:

1. Country of tax residence

Tax Identification Number (TIN)
in the country of tax residence:

The country of residence does not
issue the TIN number: ☐

2. Country of tax residence

Tax Identification Number (TIN)
in the country of tax residence:

The country of residence does not
issue the TIN number: ☐

2. Country of tax residence

Tax Identification Number (TIN)
in the country of tax residence:

The country of residence does not
issue the TIN number: ☐

I undertake to notify of any change in circumstances that affects the Client's tax residency or causes the information contained in this statement to become inaccurate, and to submit an appropriately updated statement within 30 days of the date on which such change in circumstances occurs.

I am aware that making a false statement may result in criminal liability.

Date DD MM YY YY

Signature of the Client, legal representative
or attorney-in-fact³



Information for Clients regarding CRS status

1. Towarzystwo Ubezpieczeń na Życie Europa S.A. is required, pursuant to the Act of 9 March 2017 on the Exchange of Tax Information with Other Countries ("CRS", Dz.U. [Polish Journal of Laws] of 2017, item 648), to report to the Head of the National Revenue Administration information relating to persons who are tax residents of a participating country under the tax laws of that participating country, for transmission to the competent authority of the relevant participating country*.
*"participating country" means: (a) a Member State other than the Republic of Poland, (b) a country or territory other than the United States of America with which the Republic of Poland has concluded an agreement forming the basis for the automatic exchange of information on reportable accounts, c) a country or territory other than the United States of America with which the European Union has concluded an agreement forming the basis for the automatic exchange of information on reportable accounts presented in the list published by the European Commission. The list of participating countries referred to in par. (b) and (c) is published by the Minister of Finance by way of an official notice by 31 March of each calendar year.
2. The data controller is Towarzystwo Ubezpieczeń na Życie Europa S.A., with its registered office in Wrocław at ul. gen. Władysława Sikorskiego 26, 53-659 Wrocław. This statement is collected for the purposes of fulfilling the obligations of Towarzystwo Ubezpieczeń na Życie Europa S.A. regarding the identification of clients who are residents of participating countries, pursuant to the Act of 9 March 2017 on the Exchange of Tax Information with Other Countries. The client has the right to access their data, as well as to correct or delete it.

III. Acknowledgement of receipt of the statement (to be completed by the entity receiving the statement)

first name and last name of the person receiving the statement

the stamp and signature of the person authorised to receive the statement on behalf of Towarzystwo Ubezpieczeń na Życie Europa S.A.

Explanations:

¹ This Statement on CRS status applies to all insurance contracts entered into by the Client with Towarzystwo Ubezpieczeń na Życie Europa S.A.

² If this box is ticked, par. (b) must be completed.

³ The Statement on CRS status may also be submitted on behalf of the Client by their legal representative or a legally authorised attorney-in-fact. In that case, the power of attorney must be handed over to the person receiving the statement.