

Data Information for reporting to the tax authorities on the purchase of a Savings Insurance Policy

Dear client

Please complete the questionnaire and sign to confirm the Information below

First name	Surname	Passport Number	Agent name and number
Full address in Israel:			

Information for reporting to United States tax authorities according to FATCA requirements

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a resident of the U.S. tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of the questions above, please provide a full W9 form, including details of your federal U.S. tax identification number (TIN)	
Were you born in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are not a U.S. citizen, but you were born in the U.S., please provide a full W8-ben form and a certificate attesting to the waiver of the U.S. citizenship

Information for reporting to tax authorities according to CRS requirements

Do you have a tax residency in a foreign country other than the United State?

(A person is a resident for tax purposes if according to the tax laws of that country he is considered a tax resident in it)

☐ Yes ☐ No

If you answered 'Yes', please answer the following questions.

If there are several countries of residence, please fill the questions for each of the relevant countries

countries in which you have a tax residency	Tax Identification Number (TIN)*	CITY	STREET	NUMBER	ZIP CODE

* If there is no TIN, please specify a reason: _____

I confirm that in case of a change to any of my above answers, regarding my tax residency in a foreign country and / or regarding my citizenship, or any other relevant matter, I will update Clal Insurance and Finance group within 30 days.

I hereby declare that to the best of my knowledge all the information I have provided is complete and correct

Date: _____ Full name: _____ Signature ✕ _____