CRS Individual Tax Residency Self-Certification Form

To be completed and signed by the Applicant

Confidential Information

Application No.  Policy No.  Application Date:  

Policy Owner/Applicant

First Name  Middle Name  Last Name  

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's Taxpayer Identification Number (TIN) for each country/jurisdiction indicated.

Note: If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet.

If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below:

Reason A
The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents.

Reason B
The Account Holder is otherwise unable to obtain a TIN or equivalent number, please explain why you are unable to provide the required information.

Reason C
No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

<table>
<thead>
<tr>
<th>Country/Jurisdiction of Tax Residence</th>
<th>Taxpayer Identification Number (TIN)</th>
<th>If no TIN available enter reason A, B or C</th>
<th>If reason B Selected, please explain</th>
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I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with MetLife setting out how MetLife may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

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

Declaration

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to both advise MetLife of any change in circumstances which affects the tax residency status of the individual identified in the application or in this form or causes the information contained herein to become incorrect or incomplete, and to provide MetLife with a suitably updated self-certification and Declaration, within 90 days of such change in circumstances.

Signature

Name       Full Name in his/her own handwriting

Dated at  City  Country  on this D  D  day of M  M  Y

American Life Insurance Company (MetLife) is licensed and regulated by the Central Bank of Bahrain as an insurance company (overseas insurance licensee- conventional insurance business), with a common capital stock of US$ 40,000,000.