

Application to change / update personal data / company data

Policy No.

Application No.

Regards:

/

Previous data

Forename(s)/company name

Surname/company name cont.

PESEL

REGON

Data after change/ update

Forename(s)/company name

Surname/company name cont.

PESEL

Date of birth (d-m-y)

- -

Country of birth/ origin

Place of birth

Identity document type

Series and number of ID

Citizenship(s) (please enter all citizenships currently held)

ID expiry date (d-m-y)

- -

KRS

REGON

Main PKD

Number of employed staff

Annual turnover in the last financial year

up to PLN3m up to PLN40m above PLN40m

Address of permanent residence/ registered seat

permanent residence/ company's registered seat

Street

Building no.

Unit no.

City

Post code

P.O.

Country

correspondence address (if other than that of permanent residence/registered seat)

Street

Building no.

Unit no.

City

Post code

P.O.

Country

Land line

Mobile phone

E-mail

Other

Type of change

To change forename/ surname/ company name/ permanent residence address/ seat address, attach a copy of the document (confirmed to be a true copy of the original by an authorised person) confirming the change to the application:

- copy of the identity card – without image and description – and/ or transcript of the marriage certificate,

- copy of the certificate confirming incorporation in the business activity register or extract from KRS.



NIP/TIN Number:

Country of tax residency*	NIP/TIN Number**	Cause of failure to provide NIP/TIN No. (Cause: A, B, C)	Reason (please indicate if cause B was chosen)

* Indicate your tax residency (country where your personal income taxes are paid) – a two-letter country code, and if you have a few tax residencies, indicate all of them. For natural persons who indicate a tax residency other than Poland complete an additional form – Declaration re. Client status in relation to The Foreign Account Tax Compliance Act (FATCA) for a natural person. For legal persons, organisational units without legal personality and natural persons running business complete an additional form – Declaration re. Client status in relation to The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

** Providing NIP/TIN No. is required if you have a tax residency other than Poland

Causes of failure to provide NIP/TIN:

- Cause A Country in which I am obliged to pay taxes does not provide its residents with NIP/TIN,
- Cause B I am not able to obtain the NIP/TIN number or its functional equivalent for other reasons
(If you chose this cause, please explain in the table above in the applicable field why you are not able to obtain the NIP/TIN number),
- Cause C NIP/TIN number is not required
(Note: this option can be chosen only if the authorities of the country of tax residency entered above do not require that the NIP/TIN number is revealed).

I undertake to inform the reporting TU Allianz Życie Polska S.A. about any change of circumstances which affects the tax residency or makes the information contained in the submitted declaration incorrect, within 14 days of the day on which the circumstances changed and submit to the reporting financial institution a properly updated declaration within 30 days of that date.

Is the Client a US taxpayer?*** YES NO
I am aware of the penalty of perjury for submitting a false declaration.

*** Under the act of 25 September 2015 on the performance of the Agreement between the Government of the Republic of Poland and the Government of the United States of America on the improvement of meeting international tax obligations and implementation of the FATCA legislation, each client of TU Allianz Życie Polska SA is obliged to submit a declaration on the United States of America taxpayer status.

Please select a suitable reply. For natural persons who indicate that they are a taxpayer of the United States of America complete an additional form – Declaration re. client status in relation to The Foreign Account Tax Compliance Act (FATCA) for a natural person. For legal persons, organisational units without legal personality and natural persons running business activity who indicate that they are a taxpayer of the United States of America, complete an additional form – A Declaration re. client status in relation to The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). The definition of a US taxpayer should be interpreted in accordance with the provisions of the US Internal Revenue Code, according to which a US taxpayer is a natural person who meets at least one of the conditions specified below:

- 1) has a US citizenship (also in the event of having another citizenship)
- 2) has obtained permanent residence in the USA for any period in a given year (Green Card)
- 3) selected American residence for tax purposes after meeting the conditions foreseen in the US regulations
- 4) resided in the USA for at least 31 days within a tax year and at the same time the total number of days over which the person resided in the USA within the current year and the two previous calendar years is at least 183 days (to determine the total number of days, the multiplier of 1 is used for the number of days of stay in the current year, 1/3 for the days of stay in the previous year and 1/6 for the days of stay two years before is used, which means that:
1 day of stay in current year = 1 day to the total number of days of stay
3 days of stay in previous year = 1 day to the total number of days
6 days of stay 2 years before = 1 day to the total number of days of stay

I acknowledge that the information contained in this form and information regarding the owner of the account and all reported accounts can be passed to applicable tax authorities of the country in which the accounts are kept and exchanged with tax authorities of another country or countries where the owner of the account can be a tax resident under inter-governmental agreements on exchanging information regarding financial accounts.

City

Date

Applicant's legible signature and, if company, stamp

Identity identification (to be completed by a Representative of Allianz)

I confirm that the above signatures were placed personally in my presence after confirming its/their identity under the indicated documents.

Type of identity document

Identity document no.

City

Date

Number, signature and stamp of Representative of Allianz