

AuguStar Life Insurance Company AuguStar Life Assurance Corporation

One Financial Way Cincinnati, OH 45242 P.O. Box 237 Cincinnati, OH 45201-0237

USA PATRIOT Act Compliance Form

This form is required to be completed for each Annuitant/Insured; and if different than the Annuitant/Insured, for each owner, payor, trustee and assignee. This form is also required on all beneficiaries when a claim is filed.	
1. Contract/Policy Number ☐ Inforce/Active ☐ Pending	2. Insured/Annuitant
3. Name (Check one) Owner	int Owner
Information in items 4. through 8. is based upon "Name" shown	n in 3. above.
4. Street Address (Do not use P. O. Box) City	State Zip
5. Date of Birth	6. Taxpayer Identification Number (SSN or TIN)
7. Document Viewed State Issued Driver's License State Issued ID Card Military ID Card Passport US Alien Registration Card Other	7a. Document Information Issuing State/Country ID Number Expiration Date
8. Entity Verification For a Corporation, Partnership, LLC, Trust, Sole Proprietor, or oth ☐ Articles of Incorporation ☐ LLC Operating Agreement ☐ Organizing Documents ☐ Trust Documents	ner entity please indicate and attach a copy of the document reviewed. ☐ Partnership Agreement ☐ Corporate Resolution ☐ Other
Important Information about procedures for opening a new at To help the government fight the funding of terrorism and money la obtain, verify, and record information that identifies each person wh	
What does this mean for you? When you open an account, apply for a contract or policy or make a other information that will allow us to identify you. We will also ask	
Certification: Under penalties of perjury, I certify all of the following	ing:
1. The number shown on this form is my correct identification number (or I am waiting for a number to be issued to me), and	
 I am not subject to backup withholding because: (a) I am exemp Internal Revenue Service (IRS) that I am subject to backup withl (c) the IRS has notified me that I am no longer subject to backup 	holding as a result of a failure to report all interest or dividends, or
 3. a. I am a U.S. citizen or U.S. resident, alien, or b. A partnership, corporation, company or organization created United States, or c. An estate (other than a foreign estate), or d. A domestic trust (as defined under Regulations section 301.7 	
4. I am exempt from FATCA reporting.	
Signature	
I certify that I have reviewed and accurately recorded the documentation pr	ovided by the above-named individual.
Agent Signature	Print Agent Name