

**Part 1 – Identification of Account Holder**
**A. Legal Name of Entity/Branch\***

Württembergische Krankenversicherung AG

**B. Country of incorporation or organisation**

Germany

**C. Current Residence Address**

Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any)\*

W&amp;W Platz 1

Line 2 (e.g. Town/City/Province/County/State)\*

Kornwestheim

Country\*

Germany

Postal Code/ZIP Code (if any)\*

70806

**D. Mailing Address (please only complete if different to the address shown in Section C above)**

Line 1 (e.g. House/Apt/Suite Name, Number, Street)

Line 2 (e.g. House/Apt/Suite Name, Number, Street)

Country

Postal Code/ZIP Code

**E. Commercial Register**

Number

HRB 19456

Commercial Register

Stuttgart

**Part 2 – Entity Type**

Please provide the Account Holder's Status by ticking one of the following boxes.

**1. (a) Financial Institution – Investment Entity**

- i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution
- ii. Other Investment Entity

 **(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company**

If you have ticked (a) or (b) above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.

 **(c) Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation**

If you have ticked (c), please provide the name of the established securities market on which the corporation is regularly traded:

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (c) is a Related Entity of:

Wüstenrot &amp; Württembergische AG, W&amp;W Platz 1, 70806 Kornwestheim

- (d) Active NFE – a Government Entity or Central Bank**
- (e) Active NFE – an International Organisation**
- (f) Active NFE – other than (c)-(e) (for example a start-up NFE or a non-profit NFE)**
- (g) Passive NFE**

**Part 3 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent\* (“TIN”) (see Appendix)**

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each country/Reportable Jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is not tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.

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 appropriate:**

**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 obtain a TIN in the below table if you have selected this reason)

**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)

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A,B or C
1 Germany	71383/00212	
2		
3		

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	


**Part 4 – Declaration and Signature\***

We acknowledge that the information contained in this form and information regarding the Account Holder identified in Part 1 of this form and any Reportable Account(s) may be reported 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.

We certify that we are authorised to sign for the Account Holder identified in Part 1 of this form in respect of all the account(s) to which this form relates.

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

We undertake to publish a suitably updated self-certification and Declaration on our dedicated CRS webpage within 90 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete.

Signature: 	Print name: Dr. Eickholt/Wasserfall	Date: (dd/mm/yyyy) 07/03/2024
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**Note:** Please indicate the capacity in which you are signing the form (for example ‘Authorised Officer’).

If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: CEO
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\* These fields are mandatory, subject to variations in local rules.