

Please mail to PO Box 12 287, Thorndon, Wellington 6144, New Zealand or email to [office@angfincare.nz](mailto:office@angfincare.nz)

### 1. Member details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	Number / Street / PO Box	
	<input type="text"/>	
	Suburb / City	Postcode
	<input type="text"/>	<input type="text"/>
	Country	Daytime phone
	<input type="text"/>	(0 ) <input type="text"/>
Email address	<input type="text"/>	

### 2. Countries of tax residence

Are you a current tax resident of another country other than New Zealand?  
(If yes, please list all your other countries of tax residency)

Yes

No

Country of tax residency	Tax Number (or equivalent)	If you cannot provide the tax number, please insert reason A, B or C from the list below
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Reasons codes:**

- A** The country does not issue Tax Numbers (or equivalent) to its residents.
- B** You are unable to obtain a Tax Number (or equivalent) - please provide an explanation on separate sheet.
- C** No Tax Number (or equivalent) is required for the country.

### 3. Declaration

I certify that all the information supplied is true and complete.

I acknowledge and agree that the information contained in this form and information regarding my Retire Fund account may be provided to the Inland Revenue and they may exchange this information with the country or countries in which I am resident for tax purposes.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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