



Where applicable attach this form to your application or alternatively mail or email this completed form to:

AMP Services (NZ) Limited
PO Box, 55 Shortland Street,
Auckland 1140, New Zealand
or
FTR@amp.co.nz

If you have any questions please contact your Adviser or call us on 0800 267 111 +64 4 439 5858 (overseas only)

Foreign Tax Residence Declaration Form

Individual

Use this form to certify whether you **are** or **are not** a foreign tax resident for tax purposes.

Important: You may be treated as a foreign tax resident if you don't provide this information. Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

For joint account holders, a separate foreign tax residence declaration form is required for each person.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed and signed this form please send it and any supporting documents to your Adviser or AMP directly at the address above.

A disclosure statement is available from your Adviser on request and free of charge.

*These sections must be completed

(a) *Account holder information

Account number (if available)

Title

 Mr Mrs Ms Miss Dr Other

Date of birth

First names

Surname

Residential address

<input type="text"/>		
<input type="text"/>	Country	Postcode

Postal address (if different to Residential address)

<input type="text"/>		
<input type="text"/>	Country	Postcode

Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

Email

(b) *Tax residency details

Please complete the following table indicating where you (the account holder) are currently a tax resident. If you are a tax resident in more than one jurisdiction, please detail all jurisdictions of tax residence and associated tax identification numbers ("TIN").

	Country of tax residency	Taxpayer Identification Number (TIN)	If you cannot provide the tax identification number, please insert reason A, B or C from the list below.
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

A Taxpayer Identification Number is an identifying number used for tax purposes, normally issued by the local tax authority in a country (e.g. in New Zealand the Inland Revenue issues an IRD Number).

The reason the TIN is not available is	
A	My country of tax residence does not issue TIN's
B	My country of tax residence issues a TIN but I currently cannot provide it**
C	My country of tax residence does not require a TIN to be disclosed

**You will be contacted by AMP to provide your TIN at a later date.

(c) *Declaration

This form must be signed by you (the account holder) or your financial adviser.

By completing and signing this declaration, I certify that the information I have provided is true and correct.

I undertake to advise the recipient promptly and provide an updated self-certification form where any change in circumstances occur, which causes any of the information contained in this form to be inaccurate or incomplete.

I acknowledge and agree that information contained in this form and information regarding the account(s) may be provided to the Inland Revenue, and they may exchange this information with the country or countries in which I/the account holder am/is a resident for tax purposes.

Name (Print in CAPITAL LETTERS)

Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Signature

SIGN HERE																			
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(d) For Adviser use only

Financial adviser declaration

By completing and signing this declaration, I certify that the individual named in this form has (verbally or in writing) confirmed (to me) the truth of the information provided and I have no reason to doubt its reasonableness.

AMP Adviser name (if applicable)

B	L	O	C	K		L	E	T	T	E	R	S							
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AMP Adviser number

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FSPN (please use your QFE's FSPN if you are a QFE Adviser)

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I confirm that I am an

- AFA (entitled to sell Category 1 Product)
- AMP QFE Category 1 Adviser
- Other _____

And I certify that the information provided in this Adviser Information Section is correct and that I have complied with the requirements of the Financial Advisers Act 2008 and all other applicable laws.

Signature of Adviser

SIGN HERE																			
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Date

D	D	M	M	2	0	Y	Y
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***Checklist**

Please check the application form has been completed correctly

- Have you completed all relevant sections of this form?
- Have you signed and dated the form where indicated?