TAX RESIDENCY

FINANCIAL

Please use CAPITAL letters.

Part 1: Identification of Individual

Member Number											
Policy Number(s)											

Please tick this box if you have previously completed a tax residency self-certification for Foresters Financial and there have been no changes to your tax residency details (please proceed to Part 3).

If you are new to Foresters Financial or you need to provide a new tax residency information form, please complete the following:

Personal Details

Title	Mr	Mrs	Ms	Miss	Other	
Birth Date		MMY	YYY			
First Name				Middle Name		
Last Name						

Place of Birth

Town or city of birth	
Country of birth	

Residential Address

Street Address		
Suburb	State Postcode	
Country (if other than Australia)		

Mailing Address

(if different from above)

Street Address (or PO Box)		
Suburb	State Postcode	
Country (if other than Australia)		

Part 2: Tax Information – Country/ jurisdiction of Tax Residence and Tax Identification Number (TIN)

Ple	ase answer both of the following questions:			
1.	Are you a tax resident of Australia?	Yes	No	(Please circle)
2.	Are you a tax resident of another country?	Yes	No	(Please circle)

If you answered Yes to being a tax resident of another country, please complete the following table indicating:

i. The country/ jurisdiction of tax residence of the Member Holder; and

ii. The Member Holder's TIN for each country/ jurisdiction indicated.

Country/ jurisdiction of tax residence	TIN	TIN exclusion (A, B or C)

TIN Exclusion

If a TIN is unavailable please indicate the reason as either of the following:

Reason A

The country where the Policy Holder is a tax resident does not issue TINs.

Reason B

The Policy Holder is otherwise unable to obtain a TIN or equivalent number. Please indicate why a TIN is unable to be obtained in the space below:

Reason C

No TIN is required by the country of tax residence.

Part 3: Declarations and Signature

I understand that the information supplied by me is covered by the terms and conditions governing a member's relationship with Foresters Financial which define how information supplied by me may be used and/or disclosed.

I certify that I am the member (or am authorised to sign for the member) who holds the policy(s) to which this form relates.

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

I undertake to advise Foresters Financial within 14 days of any change in circumstances that affects my tax residency and to provide Foresters Financial with an updated tax residency information form and Declaration within 14 days of such change in circumstances.

Signature

	Date	D D M M	ΥΥΥΥ
Name			

Note: If you are not the member please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity

Return Details

RETURN BY EMAIL Ensure to include identification documents where relevant to: service@forestersfinancial.com.au

ForestersFinancial.com.au Freecall 1800 645 326 service@forestersfinancial.com.au PO Box 7702, Melbourne, VIC 3004. OR

RETURN BY POST

Ensure to include identification documents where relevant to: PO Box 7702

Melbourne VIC 3004

