



**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)

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Please 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

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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	Y	Y	Y	Y
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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

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RETURN BY EMAIL

Ensure to include identification documents where relevant to:

[service@forestersfinancial.com.au](mailto:service@forestersfinancial.com.au)

OR

RETURN BY POST

Ensure to include identification documents where relevant to:

PO Box 7702  
Melbourne VIC 3004

[ForestersFinancial.com.au](http://ForestersFinancial.com.au)

Freecall 1800 645 326

[service@forestersfinancial.com.au](mailto:service@forestersfinancial.com.au)

PO Box 7702, Melbourne, VIC 3004.

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FINANCIAL

