

Use this form to confirm:

## Foreign Tax Residence Declaration Form Entity

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)

– an enti	ty's (	Comr e ent	non R ity or	Reporting any of it	g Star ts con	dard (CR trolling p	S) stat	tus s are	foreign ta				e, or	gover	nmen	t body.		
send it an	Entity Registration Number (if applicable)  In address or principal place of business (PO Box is not acceptable)  Postcode  Vide at least one contact phone number																	
(a) Entity d	leta	ils																
Portfolio nu  Entity name		er (if	availa	able)								Entity Re	gistra	ation	Numb	oer (if a	pplicat	ole)
Registered a	ıddr	ess o	r prin	cipal pla	ce of	business	(PO E	Box is	not accep	otabl	le)							
																		Postcode
Country																		
Email																		
Please provi	de a	t leas	st one	e contact	t phoi	ne numb	er											
Home phon								Vork	phone							Mobil	le phor	ne
( )								(	)							(	)	
(b) Entity t	ax r	eside	ency	details														
Please selec					to inc	licate the	entit	ytyr	e:									
1. A Fin	nand	ial In	stitut	tion (an i	nvest	ment ent	ity, cı	ustod									suranc	e company for FATCA/CRS purposes)
1a. F	leas	e pro	ovide,	if held,	the fi	nancial ir	stitu	tions	Global In	term	ediar	y Identifi	catio	n Nur	nber (	(GIIN) o	btaine	d for FATCA purposes;
						_				_		_						
	C	<i>c</i> :																
1b. l	f the					es not ha nancial In			please pr	ovid	e its i	-AICA sta	tus b	y sele	cting	one of	the fol	lowing;
				Financia			stitut	1011										
Ī				Beneficia														
			•				tituti	on - i	f the finar	ncial	instit	tution is a	Trus	tee D	ocum	ented 1	Γrust. n	please provide the Trustee's GIIN:
						ncial Insti											P	1
						incial Inst												
									f the entit	y)								

1c. Is the financial institution an Investment Enti Note: A list of CRS Participating jurisdictions can be foun oecd.org/tax/automatic-exchange/crs-implement	nd on the OECD website a	t	risdiction and	mana	ged by another fina	ancial institution?
Yes No						
If you have selected no, please proceed to <b>Sectio</b>	on e – Declaration					
If you have selected yes, please proceed to <b>Section</b>	on c – Foreign contro	lling person's deta	ils			
2. A Public Listed Company; Majority Owned Subsi Registered Charity or a Deceased Estate		d Company, Intern	ational Organi	sation	n, Central Bank, Nev	w Zealand
- If you have selected this box proceed to <b>Sectio</b>	n e – Declaration					
3. A Foreign Charity or Active Non-Financial Entity - If you have selected this box proceed to <b>Section</b>		Residency				
4. Other (any entity that has not previously been li-			5			
*An active NFE is an NFE that derived less than 50% of its g held produced passive income during the previous reporting	gross income from pas	sive income (e.g. di		st and	royalties) and less t	han 50% of assets
Note: Refer to the <b>oecd.org</b> website for details on other active NFE	Ecategories.					
(c) Foreign controlling person's details						
A controlling person is any individual who directly or indi For a:	irectly exercises conti	rol over the entity.				
- company, this includes any beneficial owners controllir	ng 25% or more of the	shares in the com	pany.			
$-{\rm trust},$ this includes trustees, settlors and beneficiaries.						
– partnership, this includes any partners.		4141 N1	71			
Does the entity have any controlling persons who are tax						
Yes - please provide individual details below (where	applicable):	No— <b>go to Sectior</b>	ı d.			
Controlling person 1 details						
Title		Date of birth		, ,		
	her	DDMA	1 Y Y	YY		
First names		Surname				
Residential address (a PO Box is not acceptable)						
					Postcode	
What is the controlling person type? (select one only)						
What is the controlling person type? (select one only)  Entity: Legal person		Entity: Legal arra	ngement—tru	st	_	
	means	Entity: Legal arra	ngement—tru  Trustee	st	Beneficiary	Other
Entity: Legal person			_	No Ta	Beneficiary  Expayer Identificatione only)	
Entity: Legal person  Control by ownership  Control by other r		Settlor	_	No Ta	xpayer Identificat	
Entity: Legal person  Control by ownership  Country of foreign tax residency		Settlor	_	No Ta	expayer Identificatione only)	on Number <sup>5</sup>
Entity: Legal person  Control by ownership  Country of foreign tax residency		Settlor	_	No Ta	expayer Identificatione only)	on Number <sup>5</sup>
Entity: Legal person  Control by ownership  Country of foreign tax residency  1 2		Settlor	_	No Ta	expayer Identificatione only)  A  B  A  B	on Number <sup>5</sup>
Entity: Legal person  Control by ownership  Country of foreign tax residency  1 2 3 4	Taxpayer Identif	Settlor  ication Number <sup>4</sup>	Trustee	No Ta	A B A B A B	on Number <sup>s</sup> C C C C C
Entity: Legal person  Control by ownership  Country of foreign tax residency  1 2 3 4  A Taxpayer Identification Number (or functional equivalent) country (e.g. in New Zealand the Inland Revenue issues an IR 5 If you can't provide your Taxpayer Identification Number (or equivalent)	Taxpayer Identif	Settlor  ication Number <sup>4</sup> r used for tax purpose	Trustee  es which is norm	No Ta (tick o	A B A B A B B A B B B B B B B B B B B B	on Number <sup>5</sup> C C C C uthority in a
Entity: Legal person  Control by ownership  Country of foreign tax residency  1  2  3  4  A Taxpayer Identification Number (or functional equivalent) country (e.g. in New Zealand the Inland Revenue issues an IR If you can't provide your Taxpayer Identification Number (or equivalent) relevant reason (ie A, B or C) above.	Taxpayer Identif  is an identifying numbe (D Number) uivalent) please refer to the	Settlor  ication Number <sup>4</sup> r used for tax purpose	Trustee  es which is norm	No Ta (tick o	A B A B A B B A B B B B B B B B B B B B	on Number <sup>5</sup> C C C C uthority in a
Entity: Legal person  Control by ownership  Country of foreign tax residency  1 2 3 4  A Taxpayer Identification Number (or functional equivalent) country (e.g. in New Zealand the Inland Revenue issues an IR 5 If you can't provide your Taxpayer Identification Number (or equivalent) relevant reason (ie A, B or C) above.  The list of acceptable reasons for not providing a TIN	Taxpayer Identif  is an identifying numbe (D Number)  uivalent) please refer to th	Settlor  ication Number <sup>4</sup> r used for tax purpose the following List of acc	Trustee  es which is norm	No Ta (tick o	A B A B A B B A B B B B B B B B B B B B	on Number <sup>5</sup> C C C C uthority in a
Entity: Legal person  Control by ownership  Country of foreign tax residency  1 2 3 4  A Taxpayer Identification Number (or functional equivalent) country (e.g. in New Zealand the Inland Revenue issues an IR 5 If you can't provide your Taxpayer Identification Number (or equivalent) relevant reason (ie A, B or C) above.  The list of acceptable reasons for not providing a TIN	is an identifying numbe (D Number) uivalent) please refer to the	Settlor  ication Number <sup>4</sup> r used for tax purpose the following List of accompany to the company to the compan	Trustee  Provide the second of	No Ta (tick o	A B A B A B B A B B B B B B B B B B B B	on Number <sup>5</sup> C C C C uthority in a

Title	rolling person 2 details								
		1		Date of birth					
	Mr Mrs Ms	Miss Dr Ot	her	D D M M	YY	YY			
First	names			Surname					
Resid	lential address (a PO Box is	not acceptable)							
							Postcode		
What	t is the controlling person t	:ype? (select one only)							
Entity	y: Legal person			Entity: Legal arran	gement—tru	st			
(	Control by ownership	Control by other r	means	Settlor	Trustee		Beneficiary		Other
	Country of foreign tax re	esidency	Taxpayer Identi	fication Number⁴			nxpayer Identif one only)	ication	າ Number⁵
1							А	В	С
2							A	В	
							1. $\square$		
3							Α	В	C
4							Α	В	С
	xpayer Identification Number ntry (e.g. in New Zealand the Ir			er used for tax purpose	s which is norm	nally iss	sued by the local	tax aut	hority in a
	u can't provide your Taxpayer Id vant reason (ie A, B or C) above.	entification Number (or equ	uivalent) please refer to t	:he following <b>List of acce</b>	eptable reasons	for not	t providing a TIN t	able an	d tick the
	list of acceptable reasons								
A	My country of tax resider								
В	My country of tax residen								
С	My country of tax resider	ice does not require my	y taxpayer identificat	tion number to be at	sciosea.				
Contr	rolling person 3 details								
Title				Date of birth	1				
	Mr Mrs Ms	Miss Dr Ot	ther	D D M M	YY	YY			
First	names			Surname					
Resid	lential address (a PO Box is	not acceptable)							
							Postcode		
What	t is the controlling person t	:ype? (select one only)					Postcode		
	t is the controlling person t y: Legal person	:ype? (select one only)		Entity: Legal arran	igement—tru	st	Postcode		
Entity	0.1	type? (select one only)  Control by other r	means	Entity: Legal arran	gement—tru Trustee	st	Postcode Beneficiary		Other
Entity	y: Legal person	Control by other r				No Ta		fication	
Entity	y: Legal person  Control by ownership	Control by other r		Settlor		No Ta	Beneficiary	<b>Fication</b> B	
Entity	y: Legal person  Control by ownership	Control by other r		Settlor		No Ta	Beneficiary  axpayer Identifone only)		n Number⁵
1 2	y: Legal person  Control by ownership	Control by other r		Settlor		No Ta	Beneficiary  Expayer Identif  one only)  A  A	B B	n Number <sup>5</sup>
1 2 3	y: Legal person  Control by ownership	Control by other r		Settlor		No Ta	Beneficiary  Expayer Identif  one only)  A  A  A	B B	n Number <sup>s</sup> C  C  C
1 2	y: Legal person  Control by ownership	Control by other r		Settlor		No Ta	Beneficiary  Expayer Identif  one only)  A  A	B B	n Number <sup>5</sup>
1 2 3 4 4 A Tay cour	y: Legal person  Control by ownership  Country of foreign tax re  xpayer Identification Number ntry (e.g. in New Zealand the li	Control by other residency  (or functional equivalent) nland Revenue issues an IR	Taxpayer Identi  Is an identifying number Number)	Settlor  ification Number*	Trustee  s which is norm	No Ta (tick of	Beneficiary  Expayer Identification only)  A	B B B tax aut	C C C Chority in a
1 2 3 4 A Taour relev	y: Legal person  Control by ownership  Country of foreign tax re  xpayer Identification Number  ntry (e.g. in New Zealand the In  u can't provide your Taxpayer Id  vant reason (ie A, B or C) above.	Control by other residency  (or functional equivalent) nland Revenue issues an IR lentification Number (or equivalent)	Taxpayer Identi  Is an identifying number,  RD Number)  Juivalent) please refer to t	Settlor  ification Number*	Trustee  s which is norm	No Ta (tick of	Beneficiary  Expayer Identification only)  A	B B B tax aut	C C C Chority in a
1 2 3 4 A Taour relev	y: Legal person  Control by ownership  Country of foreign tax re  xpayer Identification Number ntry (e.g. in New Zealand the li	Control by other residency  (or functional equivalent) nland Revenue issues an IR lentification Number (or equivalent) for not providing a TIN	Taxpayer Identi  Is an identifying number RD Number) Juivalent) please refer to t	Settlor  ification Number*  er used for tax purpose the following List of acce	Trustee  s which is norm	No Ta (tick of	Beneficiary  Expayer Identification only)  A	B B B tax aut	C C C Chority in a
1 2 3 4 A Tay courrelev	y: Legal person  Control by ownership  Country of foreign tax re  xpayer Identification Number ntry (e.g. in New Zealand the In u can't provide your Taxpayer Id vant reason (ie A, B or C) above.  list of acceptable reasons	Control by other residency  (or functional equivalent) nland Revenue issues an IR lentification Number (or equivalent) for not providing a TIN nce does not issue a tax	Taxpayer Identi  Is an identifying number RD Number) puivalent) please refer to to  Nare; xpayer identification	Settlor  ification Number <sup>4</sup> er used for tax purpose the following List of acce	Trustee  s which is norn	No Ta (tick of	Beneficiary  Expayer Identification only)  A	B B B tax aut	C C C Chority in a

Cor	ntrolling person 4 details						
Titl	**		Date of birth				
	Mr Mrs Ms Miss Dr	Other	D D M	M Y Y	YY		
Firs	t names		Surname				
Res	idential address (a PO Box is not acceptable)						
					Post	code	
Wh	at is the controlling person type? (select one only	<i>'</i> )			'		
Ent	ity: Legal person		Entity: Legal arra	angement—tru	ıst		
	Control by ownership Control by othe	er means	Settlor	Trustee	Ben	eficiary	Other
	Country of foreign tax residency	Тахрауе	r Identification Number⁴		No Taxpaye (tick one on	<b>r Identificati</b> y)	on Number⁵
1					А	В	С
2						В	
3					A	В	С
4					A	В	С
s the	3 3 1 1 1	my taxpayer ide v Zealand?	entification number to be	•			
	Refer to the Inland Revenue website at <b>ird.govt.</b>	•		_	our tax resid	ency	
	Country of foreign tax residency	Taxpayer	Identification Number <sup>4</sup>		<b>No Taxpaye</b> (tick <b>one</b> or	er Identificati	on Number⁵
1					A	В	С
2					A	В	С
3					A	В	С
4					A	В	С
A Ta	xpayer Identification Number (or functional equivalent) u can't provide your Taxpayer Identification Number (or ec on (ie A, B or C) above.				ally issued by th	ne local tax aut	hority in a country
The	list of acceptable reasons for not providing a TII	N are;					
Α	My country of tax residence does not issue a ta	xpayer identific	ation number.				
В	My country of tax residence issues a taxpayer in My country of tax residence does not require m		•	•			

## This form must be signed by an authorised representative of the entity (eg director/trustee etc) or their financial adviser. By completing and signing this declaration, I certify that the information I have provided is true and correct. I also 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. Representative name (Print in CAPITAL LETTERS) Capacity (eg director/trustee etc.) Signature Date 2 0 (f) 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) AMP Adviser number FSPN (please use your QFE's FSPN if you are a QFE Adviser) 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 Date SIGN HERE \*Checklist Please check the application form has been completed correctly Have you completed all relevant sections of this form?

(e) Declaration

Have you signed and dated the form where indicated?