

Momentum Malta Retirement Trust

Change of Contact Details and Tax Residency Form

Please use this form to update Momentum of any changes to your contact details and/or address and Tax Residence country. Once completed, please send the original with supporting documentation as proof of residency as outlined below, to the address noted at the foot of the form.

Forename	Surname		Date of E	Birth
Member Number		UK National Insur	ance Number	
Employment Status: Employed S	Self-Employed	Pensioner 0	ther	
Occupation*	Industry		Employer* (if app	licable)
*If you did not indicate employed or self-employed above	e, please confirm detail	s of last employment/self-em	ployment held.	
Change of Address and Contact Details:				
Previous Address		New Address	Date of cha	Residential Correspondence
Previous Phone Number (Please include country code)		New Phone Number (Please include country code)		
Previous Email Address		New Email Address		
Change in country of tax residence If your country of tax residence has char	nged, please cor	nplete the following	1	
Please confirm your new country of tax residence ¹			Tax Identification Num	iber (Or equivalent)
Please confirm in what tax year this change of tax residence applies from				sidence Certificate or valid months old) showing proof

1. If you are tax resident in more than one country / jurisdiction, please provide the information within this section for each country by completing a separate copy of this section 4 for each additional country / jurisdiction.

Momentum Pensions Malta Limited is the Retirement Scheme Administrator of the Momentum Malta Retirement Trust, which is registered as an approved Personal Retirement Scheme. Momentum Pensions Malta Limited is authorised and regulated by the Malta Financial Services Authority under Company Registration Number C 52627. Momentum Pensions Malta Limited has its registered office at Ground Floor, Crown Marina, Ta' Xbiex Seafront, Ta' Xbiex, XBX1027 - Malta.

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Change in country of tax residence (continued)

If a TIN is <u>unavailable</u> please provide the appropriate reason A, B or C wher	e indicated below:				
Reason A: The country / jurisdiction where you are resident does not issue TINs	to its residents				
Reason B: I am unable to obtain a TIN or equivalent number, and have provided	an explanation below				
Reason C: No TIN is required as the domestic law of the relevant jurisdiction do TIN issued by such jurisdiction	es not require the collection of a				
If you have already taken retirement benefits, please also confirm the follow	wing where relevant:				
If Irish or UK Tax Resident (including Wales, Scotland or Northern Ireland) Please confirm country of domicile for tax purposes: ²					
If Australian Resident, please confirm if Permanent Resident Visa or Australian Passport Holder (please attach copy of the Visa/Passport) Temporary Resident Visa Holder					
If US Citizen, please tick					
2. Domicile: Your Domicile for Tax purposes is usually determined at time of your birth and is commonly (but that time. It remains this domicile of origin unless you elected and formally amended your country of tax dowith the tax authority in the country where you were born. I confirm that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known the provided in this form is to the best of my known that the information provided in this form is to the best of my known that the information provided in this form is to the best of my known the provided in the provided i	omicile. If you are unclear on your domicile you can confirm this				
Committee information provided in this form is to the best of my kin	Swiedge true and correct.				
Member's Signature Date					

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