

NZ Post Superannuation PlanChange of tax residency status

Use this form to notify us of a change in your tax residency status for New Zealand tax purposes. If you need help completing this form, call us on **0800 697 728** (choose option 2).

	37 728 (choose option 2).			
Step 1: Complete yo	ur personal details			
Title Surn	Surname		First names	
Date of birth D D M	M Y Y Y Y Employee number			
Street address			IRD number	
Postal address (if differe	nt from above)			
Work phone Home phone			Best time to call	
Email				
If you are not sure of you	isdiction of residence for tax pur residency status please visit tional-tax/individuals/tax-residency-st		r consult with a tax special	list.
Country/jurisdiction of	tax residence			
-				
	tax rate (PIR) Mark the appropriate b			
	In either of the past two income years, was your taxable income \$14,000 or less? and In that same year, was your total taxable income and PIE income \$48,000 or less? YES Your PIR is 10.5%	In either of was your taxa In that same income and I		5%
losses. PIE income mean schemes and managed to Call us on 0800 697 728 . It is your responsibility to If the advised PIR is lower and penalties. If the defabehalf may reduce your	your income that is subject to income tans your share of a PIE's taxable income. Funds have chosen to become PIEs in ord (choose option 2) if you are not certain to tell us your PIR when you invest or if your than the correct PIR, you will need to cault rate or the advised PIR is higher than income tax liability for that income year	PIE is short for portfolion ler to pass on tax advantages whether something is sur PIR changes. If you complete a personal tax the correct PIR, any a	o investment entity. Many antages for investors on los PIE income. do not tell us, a default rat x return and pay any tax sladditional tax paid by the s	superannuation wer incomes. The may be applied. The hortfall, interest
Step 4: Sign and da				
-	I have given is correct and acknowledge is incorrect. Please check you have ma	·		d to be paid if the
Your signature			Date D D M	M Y Y Y Y
Please return this form to	o FreePost 165572 NZ Post Superannuation Plan Private Bag 39990 Wellington Mail Centre Lower Hutt 5045 can and email the form to nzpostsuper@		Office use only Date received D D M	M Y Y Y Y