**Beneficiary Payment Form**

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| Client Name: Click here to enter text. | | | | CRM no. (office use only) | | | |
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| To enable us to make payment(s) to you, please complete all sections of this form in full. To ensure we are paying the right person we require this information to confirm your identity and tax information, and to verify your nominated bank account details. If you require assistance in completing this form, please let us know. If you make a mistake completing this form, place a line through the incorrect information making sure the information can still be read and initial the changes. Please do not use correction fluid. | | | | | | | |
| **Personal information and identification** | | | | | | | |
| We may be able to confirm your identity electronically. A Perpetual Guardian representative will discuss whether this option is available to you. If we cannot confirm your identity electronically we will need a photocopy of your identification which must include your name, date of birth and signature (e.g. current driver’s licence or passport). If you provide your driver’s licence please ensure you include a copy of the front and back. If you choose to provide your passport, please make sure it is signed. | | | | | | | |
| Title (please circle) | | | Mr / Mrs / Ms / Miss / Other | | | | |
| Surname | | |  | | | | |
| Given first names | | |  | | | | |
| Residential address | | |  | | | | |
| Email address | | |  | | | | |
| Phone | | |  | | | | |
| Date of birth | | |  | | | | |
| IRD number | | |  | | | | |
| **New Zealand or Foreign bank account details** | | | | | | | |
| Full name of bank | |  | | | | | Affix bank stamp here |
| Full branch address | |  | | | | |
| Bank account number | |  | | | | |
| Account holder name | |  | | | | |
| BSB/ Swift /IBAN  (Foreign bank account only) | |  | | | | |
| **Proof of bank account** | | | | | | | |
| To verify your bank account details entered above, please attach to this form:   * An original bank coded deposit slip; **or** * An original or copy of your bank statement; either document must be bank stamped.   **Or**   * Get your Bank to stamp this beneficiary payment form in the space provided above.   The bank account must include your name. It is important to understand that any payment(s) made to a joint bank account could become relationship property under the provisions of the Property (Relationships) Act 1976. This Act mainly deals with how property of married or *de facto* couple is divided when they separate or one of them dies. We recommend that you obtain independent advice on how this may affect you and your personal circumstances. We are unable to make any payments on your behalf into a third party bank account. | | | | | | | |
| Office use only | | | | | | | |
| **Taxation Information**  **Note. Please contact your Tax Adviser if you require assistance completing this section** | | | | | | | |
| The Tax Administration Act 1994 requires us to collect and report certain information about an account holder’s tax residency. If your tax residence (or the account holder if you are completing the form on their behalf) is located outside New Zealand, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the Inland Revenue Department and they may exchange this information with tax authorities of another jurisdiction or jurisdictions. | | | | | | | |
| I am only tax resident in New Zealand  **OR**  I am a tax resident of an overseas country (if ticked, please complete numbers 1, 2, and 3 and number 4 (if applicable)) | | | | | | | |
| **1** | **Country of tax residence 1** | | | | **Country of tax residence 2 (if applicable)** | | |
| **2** | I am (or considered to be) a US citizen | | | | Yes  No | | |
| **3** | Foreign Tax Number (or equivalent) | | | |  | | |
| **4** | If no foreign tax number is available, select Reason (see below) | | | | A B C | | |
| **Reason A –** The country where I am liable to pay tax does not issue tax identification numbers (or equivalent) to its residents.  **Reason B** – I am unable to obtain a foreign tax number or equivalent number. Please explain why in the space provided:    **Reason C** – No foreign tax number is required Note: only select this reason if the authorities of the country of tax residence entered above do not require the foreign tax number to be disclosed. | | | | | | | |
| **Privacy Act 2020 Disclosure** | | | | | | | |
| The information supplied by you will be retained by Perpetual Guardian in accordance with the Privacy Act 2020 and will be used in arranging or administering any product or service provided to you. You have the right to see personal information held about you by Perpetual Guardian. If the information held about you is inaccurate, you have the right to request a correction.  With your consent, such information may be used to further our relationship with you. This includes the provision of products, services or information that will be of interest. This may be in the form of client newsletters, brochures or offers sent by post or email.  Subject to any statutory or regulatory requirements, the information held will not be disclosed without your consent to anyone outside of Perpetual Guardian.  For more information about how we collect, use, and disclose information about you, including from this form, please see our Privacy Policy at [www.perpetualguardian.co.nz](http://www.perpetualguardian.co.nz).  Please tick here if you do not wish to receive communications about other products or services provided by Perpetual Guardian (either by post or email). | | | | | | | |
| **Acknowledgements** | | | | | | | |
| **I have enclosed a current copy of my identification which includes my name, date of birth and signature.**  **I have enclosed an original encoded bank deposit or a bank certification of my nominated bank account details.**  I acknowledge that the Property (Relationships) Act 1976 may affect the payment of funds to a joint bank account.  I confirm that the details provided in this form are true and correct. | | | | | | | |
| Signed  (*N.B. Digital signatures are not accepted*) | | | Name (please print) | | | Date | |
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