



## CHANGE OF PERSONAL DETAILS FORM

### SOVEREIGN RETIREMENT PLANNING

Member's full name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Membership number: \_\_\_\_\_

Scheme name: \_\_\_\_\_

Please use this form to notify Sovereign of any change to your personal details.

Certain changes will need to be substantiated with documentary evidence in the form of a suitably certified copy of the original document.

The certification should be evidenced by a written statement stating that having seen the original document that:

- The document is a true copy of the original document
- The document has been seen and verified by the certifier
- The photograph is a true likeness of the individual (on ID documents).

All certifications should be signed by the certifier, dated and contain the certifier's stamp, position, identity of the relevant regulatory authority and any approval number.

Any identity or address verification documents which are not presented in English will require a certified translation to accompany them. Documents should be translated by a professional translator or a Sovereign representative and contain details of the individual who has conducted the translation.

Please send this form together with the required documentary evidence to:

**Sovereign Pension Services Limited**

Level 5

St. Julians Business Centre

Elia Zammit Street

St. Julians

STJ 3153

Malta

Tel: +356 2788 8132

Email: [maltapensions@SovereignGroup.com](mailto:maltapensions@SovereignGroup.com)

[SovereignGroup.com](http://SovereignGroup.com)

## Change of Name

☐ My name remains the same

Previous name: \_\_\_\_\_

New name: \_\_\_\_\_

Please provide us with a certified copy of your marriage certificate or change of name certificate as applicable.

## Change of Signature

☐ My signature remains the same

Previous signature: \_\_\_\_\_ New signature: \_\_\_\_\_

## Change of Contact Number

☐ My contact numbers remain the same

New contact number (home): \_\_\_\_\_

New contact number (mobile): \_\_\_\_\_

Additional contact number (mobile): \_\_\_\_\_

## Change of Residential Address

☐ My residential address remains the same

Previous residential address: \_\_\_\_\_

\_\_\_\_\_

Date residency at this address ceased: \_\_\_\_/\_\_\_\_/\_\_\_\_

New residential address: \_\_\_\_\_

\_\_\_\_\_

Date residency at this address commenced: \_\_\_\_/\_\_\_\_/\_\_\_\_

Evidence should be a suitably certified copy of one of the documents listed below and must be dated within the three months preceding the submission of this form:

- Utility bill
- Bank statement or reference letter (must be on official bank stationery)
- Driving licence
- Valid unexpired national or government issued identity card
- Landline phone bill (not mobile)
- Internet or bundle plan bill (provided service is linked to a fixed premises)
- Correspondence from a central or local government authority, department or agency

Please note printed online bank statements and mobile phone bills are not acceptable documents as proof of residential address.

### **Change of Correspondence Address**

☐ My correspondence address remains the same

New correspondence address: \_\_\_\_\_

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### **Change of Email Address**

☐ My email address remains the same

New email address: \_\_\_\_\_

## Tax Residency Declaration

I am currently tax resident in: \_\_\_\_\_

Current tax reference number(s): \_\_\_\_\_

Date the above tax residency/residencies commenced: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** If not already provided, please provide us with documentary evidence from the tax authority, as proof of tax residency. This must be dated within 12 months preceding the date of this declaration.

1. Have you taken a pension payment in the previous Maltese tax year?  
☐ Yes ☐ No
- a. If yes, do you have other income earning assets in Malta?  
☐ Yes ☐ No
- b. If you have answered Yes to question 1(a), please provide us with your Maltese Tax Number: \_\_\_\_\_.  
Yes ☐ No ☐
2. Have you changed tax residency country in the previous Maltese tax year?  
☐ Yes ☐ No

If you have answered yes to both questions 1 and 2 above, please also provide the following:

Previous tax residence country: \_\_\_\_\_ Tax reference: \_\_\_\_\_

- A closing tax certificate from your previous country of tax residence
- An opening tax certificate from your current country/countries of tax residence.

3. Are you presently treated as a UK tax resident?  
☐ Yes ☐ No

If you have answered YES to question 3, the rest of this section need not be completed. Please proceed to sign and date the declaration.

If you have answered NO to question 3:

- a. Have you ever been resident or ordinarily tax resident in the United Kingdom? ☐ Yes ☐ No
- b. If yes, on what date did you cease residency in the United Kingdom? \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** Should the above date field be left blank, or not be fully completed, your payment may be delayed.

- c. Have you provided HMRC with a completed Form P85? ☐ Yes ☐ No

If yes, please supply a copy with this form.

I hereby confirm that I am not UK resident for tax purposes and have been non-UK tax resident for \_\_\_\_\_ full, complete and consecutive UK tax years<sup>3</sup>. I also confirm that it is not my intention to return to the UK in the foreseeable future.

Member's signature: \_\_\_\_\_

Member's full name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<sup>1</sup> Maltese Tax year runs from 1st January to 31st December.

<sup>2</sup> Any asset held in Malta, such as further investments, property, etc, on which you are earning income.

<sup>3</sup> UK tax years run from 6th April to 5th April.

## Change of Nominated Beneficiaries

☐ My beneficiaries remain the same

1. Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_  
Total percentage of benefit: \_\_\_\_\_%

2. Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_  
Total percentage of benefit: \_\_\_\_\_%

3. Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_  
Total percentage of benefit: \_\_\_\_\_%

4. Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_  
Total percentage of benefit: \_\_\_\_\_%

**Note:** Please ensure the total of your nomination adds up to 100%

Please continue on a separate page if more beneficiaries are to be added.

## **Declaration - To be completed by all members**

I hereby confirm that the information provided in this form is correct.

Member's signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_