

Retirement Annuity Member Certificate

1.	Full r	name of member:
2.	Full postal address (do not abbreviate):	
	•••••	
3.	Inco	ne tax reference number of member:
4.	Refe	rence number under which trust approved by the Director of the Revenue Service:
	•••••	
5.	(a)	Date of first premium:
	(b)	Expected frequency and amount of future premiums:
DECL	ARAT	TION
Annu and i	ity So s sub	cate gives details of a member in a Retirement Annuity Trust Scheme or a Retirement theme which is in a form approved by the Director of the Revenue Service, Guernsey mitted to the Director in accordance with Regulations made under section 159 of the x (Guernsey) Law, 1975.
Signe	ed:	Trustee/Officer of Company

Fair Processing Notice: The information you have provided on this form is required under the Income Tax (Guernsey) Law, 1975 for the purposes of the assessment and collection of income tax. This information will be processed in line with the Data Protection (Bailiwick of Guernsey) Law, 2017. For full details of our Fair Processing Notice and how we look after your data please visit: https://www.gov.gg/revenueservice. If you don't have access to the internet please contact us and a paper copy will be provided.

Form 685 (10/18)