

Refund of Taxes paid on ARF Distributions

Claim form to be completed by non-resident claimant



The form should be returned by MyEnquiries.

PPSN

Name

Address

Date of Birth

Country of birth

In what country are you resident

Date you became resident in that country

Date on which your pension fund was invested into an Approved Retirement Fund (ARF)

Provide the name, address and contact details of the Qualified Fund Manager (QFM) responsible for all duties relating to the ARF (s784 TCA)

Name

Address

Contact Details

Provide the policy number and name of the Life Office / Provider or the name and Revenue reference number of the scheme or TIN of the Pan European Pension Product (PEPP) provider

Policy number

Name of the Life Office / Provider / PEPP provider

OR

Name of scheme

Revenue reference number

In what year did this income arise

Confirm that a full breakdown of distribution income, gains and capital have been provided by the QFM* Yes No

*claim forms submitted without a full breakdown of the elements of the distribution income will be deemed invalid and will be returned without processing. Please see guidance notes below.

To be completed by the tax authority in your country of residence

This stamped form will remain valid for five years, unless there is a change in your non-resident address.

I certify that the above named is / was resident of _____
 for the tax year(s) (state year) _____ and that the income to which this claim
 relates is liable to tax under tax reference number _____

Signed: _____ Rank: _____ Date: / /



