

Transfer to an Australian superannuation fund

Summer
KiwiSaver Scheme
My Plan

Complete this form and return it (along with additional supporting documentation) to **Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin.**

You will be eligible to transfer your KiwiSaver savings to an Australian complying superannuation fund regulated by the Australian Prudential Regulation Authority if you have left New Zealand to live permanently in Australia and the Australian complying superannuation fund you are transferring to accepts your transfer (they will need to provide you a letter of confirmation). Please ensure you complete all sections below.

My details

Full name:

Date of Birth:

Day				Month				Year											

Australian Tax File number:

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Mailing address:

Street no./Name/PO Box:

Suburb/RD no.:

Town/City:

State:

Postcode:

Country: **Australia**

Primary contact number:

Email:

Prescribed Investor Rate (PIR): 10.5% 17.5% 28%

Australian complying superannuation fund details

Australian Complying Superannuation Fund membership number:

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Superannuation Product Identification Number (SPIN):

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Australian provider name:

Australian Complying Superannuation Fund name:

Australian Business Number (ABN):

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Mailing address:

Street no./Name/PO Box:

Suburb/RD no.:

Town/City:

State:

Postcode:

Country: **Australia**

Email:

Australian Tax File Number: If unknown, visit the Australian Tax Office website www.ato.gov.au

Note: if any of the tax payment details differ from what we currently have on record, they will be updated based on the new information provided, before processing this transfer if approved. If you have been residing outside of New Zealand for more than 325 days you will be a non-resident for tax purposes and the highest PIR will apply.

Minors: If the member is under the age of 18, one of the member's parents/guardians must also complete *Agreement and signature Parent/Guardian*.

Agreement and signature

The information in this form and any required supporting documentation is being collected so a decision can be made regarding your transfer request. Forsyth Barr Investment Management Limited and affiliates and Trustees Executors Limited (the "Supervisor") have access to this information.

- I understand that any information I give to Forsyth Barr Investment Management Limited may be passed on to my chosen Australian complying superannuation fund provider as reasonably required, and I authorise Forsyth Barr Investment Management Limited to give such information in relation to this transfer as requested by my chosen Australian complying superannuation fund provider.
- I understand that any information I give to Forsyth Barr Investment Management Limited or its affiliates may be passed on to an entity that is involved in the administration or management of the Summer KiwiSaver Scheme (including the Inland Revenue) and I authorise Forsyth Barr Investment Management or its affiliates to give such information in relation to this withdrawal. For details on the entities involved in the management or administration of the Summer KiwiSaver scheme see the Summer Other Material Information document on the register of offers of financial products at <https://disclose-register.companiesoffice.govt.nz/>
- I acknowledge that there may be tax consequences when transferring my Summer KiwiSaver scheme savings to an Australian complying superannuation fund, and that I am liable for any such tax consequences.
- I acknowledge that Forsyth Barr Investment Management Limited has recommended that I seek independent and professional Australian and New Zealand tax advice pertaining to my circumstances in relation to the proposed transfer.
- I understand that any annual member tax credit contribution entitlement I have received during my membership period whilst residing outside of New Zealand will be deducted from my withdrawal amount and returned to the Commissioner of Inland Revenue.
- I understand that my Summer KiwiSaver scheme account will be closed upon my Summer KiwiSaver scheme savings being transferred to my chosen Australian complying superannuation fund.
- I understand that following a transfer of my Summer KiwiSaver scheme savings to an Australian complying superannuation fund I will not be able to transfer them to a third country.
- I understand that my transfer request is subject to Forsyth Barr Investment Management Limited approval and that Forsyth Barr Investment Management Limited may request additional information in support of this transfer request.
- I understand that my transfer request will be unable to be processed if my chosen Australian complying superannuation fund named in the 'Australian complying superannuation fund details' section of this transfer request does not accept the transferred funds.
- I acknowledge that on the receipt of my funds by the Australian complying superannuation fund, Trustees Executors Limited (the "Supervisor") and Forsyth Barr Investment Management Limited will be released from all liabilities in respect of my membership of the Summer KiwiSaver scheme.
- I understand that the 'New Zealand sourced' saving in my Australian complying superannuation fund will not generally be able to be accessed until the age of eligibility to New Zealand Superannuation is reached (currently 65).
- I understand that once my Summer KiwiSaver scheme savings have been transferred to Australia, it will become (with a few exceptions) subject to the rules and regulation governing the Australian complying superannuation fund.
- I understand the Australian complying superannuation fund may require additional information from me before my transfer request is processed.

Signature:

Date:
Day Month Year

Agreement and signature Parent/Guardian

I/we authorise Forsyth Barr Investment Management limited to make the changes in accordance with the instructions on this form.

Name of parent/legal guardian:

Signature:

Date:
Day Month Year

For Office Use Only:

Account number:

Complete this form and return it to **Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin.**

Person making declaration

Declarations: Please ensure you print your name in full along with recording your current address and occupation.

I:

(full name of person making declaration)

Of (address in full):

Street no./Name/PO Box:

Suburb/RD no.:

Town/City:

Postcode:

Country:

Occupation:

(occupation of person making declaration)

Do solemnly and sincerely declare that:

1. I have permanently emigrated to Australia.
2. All supporting documents provided with this application are true and correct

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

Declared at: <input type="text"/>	this	day of	<input type="text"/>	20
place		date	month	year

Witness: A statutory declaration must be made before a person entitled to witness a statutory declaration under the Oaths and Declarations Act 1957.

For a declaration made in **New Zealand**, this includes a barrister and solicitor of the High Court, a Justice of the Peace, a notary public, the Registrar or Deputy Registrar of the High Court or of any District Court and a Member of Parliament.

For a declaration made in **Australia**, this includes a notary public, a Justice of the Peace, any person authorised by the law of Australia to administer an oath for the purpose of a judicial proceeding, and a solicitor of the High Court of New Zealand. Please contact us if you require further information.

Witness

Witness to complete (being a person authorised under the Oaths and Declarations Act 1957):

Name:

Occupation:

Address:

Signature of witness:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

For Office Use Only:

Account number: