

Transfer of Australian superannuation savings to Summer KiwiSaver scheme

Summer
KiwiSaver Scheme
My Plan

Please check with the Summer Team first before completing this form. Many Australian providers will only accept their own form, however not all provide a form.

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

You will be eligible to transfer your savings in an Australian complying superannuation fund regulated by the Australian Prudential Regulation Authority to the Summer KiwiSaver scheme if you have left Australia to live permanently in New Zealand. Please ensure you complete all sections below.

My details

Full name:

Australian Tax File number:

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

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 Complying Superannuation Fund membership name: If unknown, leave blank.

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:

Email: Please provide the email address for your Australian complying superannuation fund if known. If unknown, please leave this field blank.

New Zealand permanent emigration transfer instructions

I confirm that I have permanently emigrated to New Zealand. I request that my Australian complying superannuation fund balance to be transferred to my account in the Summer KiwiSaver scheme.

Date I left Australia:

Day			Month			Year													

We require the following proof that you have permanently emigrated:

- Proof of departure (e.g. evidence of confirmed travel arrangements, physical or digital airline ticket, passport or any necessary visas).
- Proof that you have resided at a New Zealand address at some time since departing Australia (e.g. utility or rates bill, telephone bill, bank or credit card statement, Government Agency statement, insurance policy, or rental agreement).

Please turn over

New Zealand permanent emigration transfer instructions (Continued)

We require certified proof of your identity from the following options:

Option A:

An original certified copy of any one of the following, showing full name, date of birth, signature, and photograph:

- Current Passport
- Current New Zealand Firearms Licence
- Foreign National Identity Card

Option B:

An original certified copy of a combination of a **Current New Zealand Driver Licence** (showing both sides of the Licence) Plus one of the following:

- Birth Certificate or Citizenship Certificate
- Document issued by a registered bank showing the person's full name and signature (e.g. credit/debit card, eftpos card)

- Bank statement issued by a registered bank (as delivered by mail, not via internet banking) dated within the last 12 months
- Government agency document that contains the person's full name and signature (e.g. SuperGold Card)
- Government agency statement (e.g. IRD statement) dated within the last 12 months

If you cannot provide these documents please contact us to discuss.

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 its affiliates and your Australian complying superannuation fund provider have access to this information.

- I request the transfer of the entire balance of my account in the Australian complying superannuation fund named in the 'Australian complying superannuation fund' section of this transfer request and consent to that transfer.
- I understand that any information I give to Forsyth Barr Investment Management Limited or its affiliates may be passed on to my Australian complying superannuation fund provider as reasonably required and I authorise Forsyth Barr Investment Management Limited or its affiliates to give such information in relation to this transfer as requested by my Australian complying superannuation fund provider.
- I acknowledge that there may be tax consequences when transferring my Australian complying superannuation fund savings to the Summer KiwiSaver Scheme, 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 my Australian complying superannuation fund account will be closed upon my savings being transferred to the Summer KiwiSaver scheme.
- I understand that following a transfer of my savings to the Summer KiwiSaver scheme I will not be able to transfer them to a third country or any non-KiwiSaver superannuation scheme.
- I understand that my transfer request is subject to Forsyth Barr Investment Management Limited and my Australian complying superannuation fund provider's approval, and that Forsyth Barr Investment Management Limited and my Australian complying superannuation fund provider may request additional information in support of this transfer request before my transfer request is processed.
- I understand that my transfer request will be unable to be processed if for any reason Forsyth Barr Investment Management Limited's policy in relation to transfers from Australian complying superannuation funds changes.
- I acknowledge that on the receipt of my funds by the Summer KiwiSaver scheme, the Australian complying superannuation fund provider will be released from all liabilities in respect of my membership of the Australian complying superannuation fund.
- I understand that the 'Australian sourced' savings in my Summer KiwiSaver scheme account will not generally be able to be accessed until I reach the age of 60 and satisfy the Australian definition of retirement at that age, and that these eligibility criteria may change.
- I understand that once my savings have been transferred to the Summer KiwiSaver scheme, it will become (with a few exceptions) subject to the rules and regulation governing the Summer KiwiSaver scheme.
- I understand that should I transfer from the Summer KiwiSaver scheme to another KiwiSaver Scheme, the savings transferred from my Australian complying superannuation fund will still be subject to the same rules and regulations.
- 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 Limited or its affiliates to give such information.
- I authorise Forsyth Barr Investment Management Limited to update my Summer KiwiSaver scheme account details in accordance with the information provided on this form, where they differ from that which are currently held, and in accordance with the terms and conditions of my account, including updating my Forsyth Barr investment account where applicable.

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			

For Office Use Only:

Account number:

Member records updated where applicable for new contact details

What is 'an original certified copy' of a document?

An 'original certified copy' of a document is one where a trusted referee has viewed the original document and compared it with a scanned or photocopied version.

The trusted referee provides a written statement on the copy to the effect that the copy provided is a true and correct copy and represents your identity. The trusted referee's written statement must include their name, occupation, and signature and the date of confirmation.

Please note: This confirmation is only valid for three months.

Who is a 'Trusted Referee'?

They are someone who:

- are at least 16 years old
- are not your spouse or partner
- are not related to you
- do not live at the same address as you
- are not involved in the business or transaction requiring the certification

They must be a:

- Commonwealth representative
- New Zealand Police Constable
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- Minister of Religion
- Lawyer
- Notary Public
- New Zealand Honorary Consul
- Member of Parliament
- Chartered Accountant
- Kaumatua

Please complete this Statutory Declaration if the Australian Superannuation provider's form does not include a Statutory declaration, or if you are completing Summer's form.

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: New Zealand

Occupation:

(occupation of person making declaration)

Do solemnly and sincerely declare that:

1. I have permanently emigrated to New Zealand
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: this day of 20

place date month year

Witness

Witness: A statutory declaration must be made before a person entitled to witness a statutory declaration under the Oaths and Declarations Act 1957. 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. Please contact us if you require further information.

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: