

APPLICATION TO TRANSFER TO A KIWISAVER SCHEME FORM

Complete this form to transfer your entire Simple Choice Super account balance to a KiwiSaver Scheme if you have permanently immigrated to New Zealand.

You can find detailed information about Simple Choice Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

This form may be posted to **Simple Choice Super PO Box R1979, Royal Exchange NSW 1225** or scanned and emailed to info@simplechoicesuper.com.au.

Section 1 Personal Details

Given Name(s)	<input type="text"/>			
Surname	<input type="text"/>			
Member Number	<input type="text"/>			
Date of Birth	<input type="text"/>			
Mobile Phone Number	<input type="text"/>			
Email Address*	<input type="text"/>			
New Zealand IRD Number#	<input type="text"/>			
Current Residential Address^ (your New Zealand address)	<input type="text"/>			
	<input type="text"/>			
	Suburb	State	Postcode	<input type="text"/>
Last Known Australian Residential Address	<input type="text"/>			
	<input type="text"/>			
	Suburb	State	Postcode	<input type="text"/>

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can unsubscribe from our non-essential emails at any point or elect to receive communications by post by contacting Simple Choice Super on **02 8556 7576** or via email at info@simplechoicesuper.com.au or in writing at **PO Box R1979, Royal Exchange NSW 1225**.

You must provide your New Zealand Inland Revenue Department (IRD) number in order to transfer to a KiwiSaver provider. For more information about obtaining an IRD number, visit www.ird.govt.nz/how-to/irdnumbers.

^ Please provide certified proof of residence at this address.

Section 2 Tax File Number

Tax File Number

You can find your TFN on statements you've received from the ATO, your super fund, your work payment summary, or alternatively you can contact the ATO on 13 28 61 for help finding it. By providing your TFN you are giving Simple Choice Super permission to use your TFN for superannuation purposes. This includes creating and administering your account, accepting personal contributions into your account, using the ATO's SuperMatch service to find lost or inactive accounts in your name, and actioning your rollover requests.

Choosing not to provide your TFN is not an offence, but it may mean that you pay higher tax on your investment and we will not be able to accept some types of contributions from you. The lawful purposes for which your TFN can be used, and the consequences for not quoting your TFN, may change in the future, as a result of legislative changes. For more information, refer to the PDS or contact us on **02 8556 7576**.

Section 3 Details of Your KiwiSaver Scheme

I have confirmed that my KiwiSaver Scheme will accept a transfer from an Australian superannuation fund and request that my Simple Choice Super account balance be transferred in full to the KiwiSaver account set out below:

KiwiSaver Scheme Name

KiwiSaver Registration Number

KiwiSaver Account Number

KiwiSaver Phone Number

KiwiSaver Postal Address

Suburb

State

Postcode

Section 4 Proof Documents Required

Please provide each of the following documents with this Form - we cannot process your transfer request until we have received all documents.

Proof that you reside at an address in New Zealand

Please provide a certified copy of **one** of the following:

- A bank statement addressed to you at your current New Zealand address
- A utility bill addressed to you at your current New Zealand address
- A tenancy agreement/property settlement contract in your name relating to your current New Zealand address
- A pay slip or copy of your employment contract addressed to you at your current New Zealand address

A certified copy of your KiwiSaver statement or another document showing that you have opened a KiwiSaver account

Your KiwiSaver's bank account details

Unless advised otherwise, we will make the payment in New Zealand dollars. The exchange rate will be calculated at the date of transfer.



A signed and witnessed Statutory Declaration (see below) stating that you have emigrated to New Zealand and intend to reside there permanently.

Proof of your identity

Please provide a certified copy of **one** of the following:

- Australian driver’s licence containing your photograph
- Australian passport
- Foreign passport or similar travel document containing your photograph and signature
- Foreign driver’s licence that contains your photograph and date of birth
- National ID card issued by a foreign government containing your photograph and signature

Section 5 Declaration and Signature

By completing this form, I declare that:

- All the details I have provided are true and correct.
- I have read and understood the Simple Choice Super PDS and all related documents applicable to this transfer.
- I have read the Privacy Statement (below) and understand how Simple Choice Super will use my personal information.
- I understand that I can request appropriate information that I may reasonably require from the Fund for the purpose of understanding my benefit entitlement, including information about fees and charges that may apply.
- I acknowledge that the Trustee cannot provide me with financial advice about the consequences of withdrawing my benefit and that I should consult an appropriately qualified adviser for such advice.
- I understand that this transfer will close my account with Simple Choice Super and will cancel any insurance I hold through this account.
- I am authorising Simple Choice Super and its Administrator to action this transfer request on my behalf.
- I discharge the Trustee of Simple Choice Super from any liability in respect of the amount transferred to my KiwiSaver account.

x

.....

Signature

...../...../.....

Date

.....

Print Name

PRIVACY STATEMENT: By signing this form you consent to Simple Choice Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund’s Administrator, the Fund’s Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit www.simplechoicesuper.com.au, phone **02 8556 7576** or email us at info@simplechoicesuper.com.au.



AUSTRALIAN STATUTORY DECLARATION

Commonwealth of Australia Statutory Declaration - *Statutory Declaration Act 1959*

I (insert full name)

Of (insert current NZ address).....

as a (insert occupation).....

do solemnly and sincerely declare that the information provided by me in the 'Application to Transfer to a KiwiSaver Form' annexed to this Statutory Declaration is true and correct.

I declare that I have permanently emigrated from Australia to New Zealand and request that my Simple Choice Super account be transferred to the account stated in the 'Details of your KiwiSaver Scheme' section of the Form.

I make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended (the Act) and subject to the penalties* provided in that Act for the making of false statements in the statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

Signed

.....

Signature of person making the declaration. Please sign in front of an authorised witness.

Declared at

.....

Location

On

.....

Date

Authorised witness before me

.....

Name of authorised witness. Note the following people are authorised to certify your documents outside of Australia: An authorised staff member of an Australian Embassy, High Commission or Consulate; an authorised employee of the Australian Trade Commission; an authorised employee of the Commonwealth of Australia; a member of the Australian Defence Force who is an officer or a non-commissioned officer with 5 or more years' continuous service. New Zealand Justices of the Peace and solicitors are unable to witness this Statutory Declaration.

X.....

Signature of authorised witness

X.....

Qualifications of authorised witness

X.....

Contact number of authorised witness

* A person who intentionally makes a false statement in a Statutory Declaration made under the Statutory Declaration Act 1959 (as amended) is guilty of an offence against this Act, the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding 6 months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.