

Kiwisaver Transfer Form

How to use this form

Use *this form* to transfer your whole account balance from Smartsave 'Member's Choice' Superannuation Master Plan ("Smartsave" or "the Fund") to your nominated KiwiSaver Scheme.

Complete all sections, and return this form to Smartsave Member Services together with *copies of Supporting Documentation*.

Are you eligible to request Kiwisaver transfer?

To transfer funds from Smartsave to a KiwiSaver scheme, you must ensure the following:

- You have permanently emigrated to New Zealand. You will need to sign a statutory declaration stating this is the case, and provide proof of residence at an address in New Zealand.
- You are transferring the whole balance of your Smartsave account to your KiwiSaver account.
- You have a KiwiSaver scheme ready to receive the transferred funds and ensured the KiwiSaver scheme is going to accept your Australian transfer.

Supporting Documents

To transfer your Smartsave account to KiwiSaver you must provide the following documents:

- **Proof of residence in New Zealand**

You can provide your ID with your current New Zealand address, or other document such as utility bill, council rate notice, bank statements that are less than 12 months old.

- **A signed Statutory Declaration**

You need to complete a Commonwealth of Australia Statutory Declaration, stating that you have permanently emigrated to New Zealand. (Suggested statements in the Statutory Declaration are included at the back of this form)

Alternatively you can provide a New Zealand statutory declaration.

- **Proof of ID** (see below details)

Completing Proof of Identity

As well as providing your residential address on this form, you must provide at least one of the following documents as proof of your identity. Failure to do so will result in your benefit payment being delayed or not processed:

- A certified photocopy of your current passport, or (if it was issued by the Commonwealth) a passport that expired less than two years ago; or
- A certified photocopy of your current driver's licence; or
- A certified photocopy of your birth certificate/citizenship certificate or Centrelink pension card AND a certified photocopy of a current rates/electricity notice or Australian Taxation Office assessment showing your current address; or a certified photocopy of a card issued to you under a law of a State or Territory for the purpose of proving your age which contains your photograph; or
- A certified photocopy of your national identity card issued by a foreign government, the United Nations or an agency of the United Nations.

If you are having difficulties meeting these identification requirements, please contact the administrator.

Certified Copies of Documents

All copied pages of ORIGINAL proof of identity documents need to be certified as true and correct copies. There are a range of people who are able to certify documentation, including:

- A permanent employee of Australia Post with two or more years of continuous service;
- A finance company officer with two or more years of continuous service (with one or more finance companies);
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees;
- A notary public officer;
- A police officer;
- A registrar or deputy registrar of a court;
- A Justice of the Peace;
- A person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner;
- An Australian consular officer or an Australian diplomatic officer;
- A judge of a court;
- A magistrate; or
- A Chief Executive Officer of a Commonwealth court.

Copies of originals that are not certified by one of the above entities will not be accepted.

Privacy

When we collect your personal information, it is securely stored and will only be used and disclosed to authorised personnel, service providers and third parties in order to:

- administer your superannuation account
- benefit payments
- direct marketing

For a copy of the Privacy Policy, visit

www.smartsavesuper.com.au or contact us on 1300 654 720. Our Privacy Policy sets out how you can access information about your benefit and personal details, correct any information which is inaccurate or out-of-date and information on our privacy complaints process.

Declarations & Signature

You must complete, sign and date the form and return it to the Administrator at Smartsave Member Services.

Contact Details

Smartsave Member Services Team
T: 1300 654 720
E: smartsave@diversa.com.au
P: PO Box 1282 ALBURY NSW 2640

KiwiSaver Transfer Form

Section 1 Current Membership Details

Member Number: _____ Title: _____ Given Name(s): _____

Surname: _____ Date of Birth: ____ / ____ / ____

Phone (B): _____ Phone (H): _____ Phone (M): _____

Email: _____

Name of the last contributing employer: _____

Current New Zealand Address:

Street: _____

Suburb: _____ Country: NEW ZEALAND Postcode: _____

Previous Australian Address:

Street: _____

Suburb: _____ State: _____ Postcode: _____

Section 2 Notification of Tax File Number (TFN) details

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. Smartsave may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing to Smartsave that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to Smartsave will have certain advantages.

My TFN is: _____

Section 3 Claiming a tax deduction for personal contributions

If you have made personal contributions during the current financial year, please indicate whether you are claiming a tax deduction. When claiming a tax deduction you should provide a notice of intention to claim a tax deduction to the trustee.

I will not be claiming a tax deduction on these contributions

I will be claiming a tax deduction on these contributions

Section 4 Receiving KiwiSaver scheme details

Please note we will need to verify these details against the KiwiSaver Schemes Register

Name of KiwiSaver scheme: _____

KiwiSaver registration number: _____

Your KiwiSaver membership number: _____

Your Inland Revenue Department (IRD) number: _____

KiwiSaver Postal Address:

Street: _____

Suburb: _____ State: _____ Postcode: _____

Section 5 Declarations & Signatures

I declare and acknowledge that:

- All the information I have provided on this form is true and correct;
- I consent to the transfer of the whole balance of my Smartsave account to my nominated New Zealand KiwiSaver Scheme;
- My KiwiSaver provider can accept this transfer;
- I am withdrawing my super from Smartsave and understand that any insurance cover that may apply will cease once my Smartsave account is closed;
- I consent to the collection and disclosure of my personal information for the purpose outlined in the Privacy Act 1998;
- I have read and understood the important information provided with this form;
- The Fund will hold personal information about me and will disclose this information to my financial adviser if applicable. I will notify the Fund, in writing, if there is a change in this authority to disclose information to my adviser;
- I understand and accept the information contained in this form may be shared with staff and service providers of Smartsave;
- I understand that the personal information that I have provided on this form will be used for the purpose of administering my account; and
- Smartsave may use my email address to provide me with information about the Fund and my membership;

Member's Signature: _____

Date: ____ / ____ / ____

Supporting Documents Checklist

I have attached:

- Certified Proof of Identity.
- Completed Statutory Declaration stating I have permanently emigrated to New Zealand.
- Certified Proof of residence in New Zealand.

Please return the completed Form to:
Smartsave, PO Box 1282, ALBURY NSW 2640

Or email to: smartsave@diversa.com.au

If you have any questions regarding this form or your membership, please contact us on 1300 654 720.

Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959

1 *Insert the name, address and occupation of person making the declaration*

I,¹

make the following declaration under the *Statutory Declarations Act 1959*:

2 *Set out matter declared to in numbered paragraphs*

2

I have permanently emigrated to new Zealand and am currently permanently residing at the provided address in New Zealand.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

3 *Signature of person making the declaration*

3

4 *Place*
5 *Day*
6 *Month and year*

Declared at ⁴ _____ on ⁵ _____ of ⁶ _____

Before me,

7 *Signature of person before whom the declaration is made (see over)*

7

8 *Full name, qualification and address of person before whom the declaration is made (in printed letters)*

8

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

Note 2 Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

Please refer to www.ag.gov.au for a list of persons who can witness a statutory declaration.