

KiwiSaver Transfer Request Form



FREEDOM
OF CHOICE

Transferring savings from your Freedom of Choice account to a KiwiSaver scheme

To Transfer funds from Freedom of Choice to a KiwiSaver scheme, you must:

- have permanently emigrated to New Zealand - you need to sign a statutory declaration stating this is the case, and provide proof of residence at an address in New Zealand
- contact Freedom of Choice and request the whole balance of your super savings be transferred to a KiwiSaver scheme
- have a KiwiSaver scheme ready to receive the transferred funds and ensured the KiwiSaver scheme is going to accept your Australian transfer.

Section 1: YOUR DETAILS

Member Number:	<input type="text"/>	Surname:	<input type="text"/>		
Given Name(s):	<input type="text"/>		Salutation:	<input type="text"/>	
Postal Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Date of Birth:	<input type="text"/>				
Phone:	<input type="text"/>	Mobile:	<input type="text"/>		
Tax File Number:	<input type="text"/>				

It is not compulsory to provide your TFN. However, if you do not provide your TFN, we may have to deduct a higher tax rate from your account when your benefit payment is made.

If an employer contributed to this account, advise the date you ceased employment with that employer:

Section 2: TRANSFER TO KIWISAVER SCHEME

KiwiSaver Scheme Details

KiwiSaver Scheme Name:	<input type="text"/>		
KiwiSaver Address:	<input type="text"/>		
KiwiSaver Registration Number:	<input type="text"/>	KiwiSaver Member Number:	<input type="text"/>
KiwiSaver Phone Number:	<input type="text"/>		

Section 3: DECLARATION

By signing this form, I acknowledge that:

- I have read the Privacy Collection Statement and I understand how Freedom of Choice will use my personal information.
- I may ask Freedom of Choice for information about any fees or charges that may apply, or any other information that may affect my super, and have obtained or do not require this information.
- My Freedom of Choice account will close and any Death, Total & Permanent Disablement and Income Protection cover will end. Freedom of Choice will no longer have any responsibility for the account.
- I consent to the transfer of my entire super balance from Freedom of Choice to my KiwiSaver Scheme.
- I have permanently emigrated to New Zealand.
- My KiwiSaver provider can accept this transfer.

Signature: Date:

FOC is part of The Executive Superannuation Fund

ABN 60 998 717 367
PO Box 3528, Tingalpa DC Qld 4173
Phone: 1800 806 013 | Fax: 07 3899 7299 | Email: enquiries@freedomofchoice.com.au

Issued by the trustee:
Equity Trustees Superannuation Limited

ABN 50 055 641 757
AFS Licence No 229757
RSE Licence No LOO01458

Section 4: IMPORTANT NOTES REGARDING PROOF OF IDENTITY

Where you are requesting that your benefit be transferred to another fund, in accordance with Anti Money Laundering and Counter Terrorism Financing Act 2006 and for the security of your account, you **must** supply Proof of Identity documents **before** any payment can be made. The only acceptable Proof of Identity documents are either:

1. An original or certified* copy of a current primary photographic identification document such as a passport or driver's license; OR
2. Both of an original or certified* copy of a primary non-photographic identification document such as a birth certificate, citizenship certificate or Centrelink pension or health card **AND** an original or certified* copy of a secondary identification document such as an assessment issued by the ATO to the person within the preceding 12 months that contains the name of the person and his or her residential address or a rates notice issued to the person within the preceding 3 months that contains the name of the person and his or her residential address or a Centrelink letter addressed to the person within the preceding 12 months regarding a Government assistance payment.

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified* as true copies by writing in English "certified true copy" (a stamp may be used instead) followed by their signature, printed name, qualification (e.g. Justice of the Peace, Australia Post employee etc) and date. Contact details must be supplied where the certification is not provided by a Justice of the Peace.

Where the document being provided is a certified* copy, the copy **must** have **original** certification on it - it cannot be a photocopy of a document that was previously certified*. Faxed or emailed copies of certified* documents do not comply with our identification requirements and are not acceptable.

Please note that we do not have any discretion over these requirements - Proof of Identification is required under the Federal Government legislation and cannot be waived or amended in any way.

Section 5: STATUTORY DECLARATION

New Zealand Statutory Declaration - Oaths and Declarations Act 1957

I [insert your name, address and occupation below]

Surname:	<input type="text"/>	Given name(s):	<input type="text"/>
Current New Zealand Street Address (no PO Boxes):	<input type="text"/>		
Suburb:	<input type="text"/>		
Town/city:	<input type="text"/>	Country: New Zealand	Postcode: <input type="text"/>
Occupation:	<input type="text"/>		

make the following declaration under the *Oaths and Declarations Act 1957*:

1. I have permanently emigrated to New Zealand.
2. All supporting documents provided with this application are true and correct.
3. And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.
4. I am aware that if I deliberately provide false information in this Declaration I could be charged with an offence and sentenced in court.

Signature of person making the declaration

<input type="text"/>	Date:	<input type="text"/>
Declared at (place) <input type="text"/>	on (date):	<input type="text"/> / <input type="text"/> / 20

Before me [insert full name, title and address of person before whom the declaration, or te reo Maori equivalent, is made.]

Full name:	<input type="text"/>		
Title (as defined in the Oaths and Declarations Act 1957):	<input type="text"/>		
New Zealand Street Address (no PO Boxes):	<input type="text"/>		
Suburb:	<input type="text"/>		
Town/city:	<input type="text"/>	Country: New Zealand	Postcode: <input type="text"/>

Signature of person before whom the declaration is made

<input type="text"/>	Date:	<input type="text"/>
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Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173 Australia
Phone: 1800 806 013 Fax: (07) 3899 7299 Email: enquiries@freedomofchoice.com.au Website: www.freedomofchoice.com.au

We are committed to respecting the privacy of the personal information you give us.
Our formal Privacy Statement sets out how we do this. If you would like a copy of Freedom of Choice's Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.freedomofchoice.com.au