


Request to transfer super to KiwiSaver account



INSTRUCTIONS

Complete this form to apply to transfer your entire super balance to a KiwiSaver account.

Complete this form in blue or black pen using BLOCK LETTERS and tick  where applicable.

WHO'S ELIGIBLE?

If you've emigrated permanently to New Zealand, you may transfer your retirement savings from your CareSuper account to your New Zealand KiwiSaver account. You must transfer your entire CareSuper account balance to your KiwiSaver account.

FOR US TO PROCESS THE TRANSFER YOU'LL NEED TO:

- 1 Open a KiwiSaver account so you can provide the relevant details of your account on this form
- 2 Make sure your KiwiSaver provider will accept the payment. Ask them for a valid letter of compliance with their bank account details on it
- 3 Complete this **Request to transfer super to KiwiSaver account** form
- 4 Provide a signed Australian or New Zealand statutory declaration stating you've permanently emigrated to New Zealand
- 5 Provide your proof of residence in New Zealand
- 6 Provide your proof of identity
- 7 Return your completed **Request to transfer super to KiwiSaver account** form and all required supporting documentation to CareSuper.

IMPORTANT NOTE

Additional requirements apply if you've invested in the Direct Investment option (DIO).

Please see the **Exiting the Direct Investment option** fact sheet at caresuper.com.au/exitDIO.

1. YOUR PERSONAL DETAILS

Member account number	Date of birth (DD/MM/YYYY)	Title
Surname		
Given names		
Current New Zealand address		
Suburb		
Postcode	Country	
Previous address provided to CareSuper, if different from above		
Suburb	State/territory	Postcode
Country		
Mobile	Daytime telephone	
Name of last employer who contributed to CareSuper		
Date you left your employer (DD/MM/YYYY)		
Email		

Complete this form in blue or black pen using BLOCK LETTERS and tick ☒ where applicable.



If you have more than one account with CareSuper, you'll need to complete a separate form for each account you'd like to transfer.

NOTE

Please make sure your employer makes your last contribution before submitting this form.

2. DETAILS OF KIWISAVER SCHEME

Full name of KiwiSaver scheme	
Fund contact number	KiwiSaver registration number
KiwiSaver member number	Member IRD Number

I've provided:

- ☐ A valid letter of compliance from my KiwiSaver provider with their bank account details.

3. YOUR TAX FILE NUMBER (TFN)

My TFN is: _____
TFN

Providing your TFN to CareSuper isn't compulsory and not supplying it isn't an offence. However, if you don't tell us your TFN:

- Your contributions to CareSuper via your employer will be taxed at the highest rate plus Medicare levy
- CareSuper may not be able to accept contributions for you
- You may pay more tax than you have to when you claim your superannuation benefits
- It may be more difficult for CareSuper to locate or consolidate all your superannuation benefits

CareSuper is authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. We will treat it as confidential and only use it for lawful purposes. This includes disclosing it to another superannuation fund when we're arranging a transfer of funds for you. However, you may request in writing that your TFN not be disclosed to any other trustee.

4. PROVIDING A STATUTORY DECLARATION

I've provided:

- ☐ A signed Australian or New Zealand statutory declaration stating I've permanently emigrated to New Zealand.

New Zealand statutory declarations must be witnessed by an authorised person such as a New Zealand Justice of the Peace, a Notary Public or lawyers. For a full list go to legislation.govt.nz. Alternatively, if you provide an Australian statutory declaration you'll need to have it witnessed by a person on the list of authorised witnesses who has a connection to Australia. For example, a medical or legal practitioner, judge or police officer in Australia. If you're overseas you may be able to find an authorised witness at your nearest Australian embassy, high commission or consulate. For more information go to ag.gov.au.

5. PROVIDING IDENTIFICATION (ID)

For security reasons, you'll need to provide copies of your current ID documents.

I've provided a photo of my:

- ☐ Driver licence (both sides) or passport* or proof of age card^
- AND**
- ☐ A clear photo of me holding my selected ID.

Alternatively, you can provide original certified copies of your ID documents – but you'll need to send these via post to CareSuper Locked Bag 20019, Melbourne VIC 3001. For more information, please refer to our **Certifying your ID** fact sheet at caresuper.com.au/certifyingid.

*We can accept an Australian passport that's expired within the last 2 years. Foreign passports must be current and, if not written in English, you'll need to provide an English translation by an accredited translator (we'll accept an original document or certified copy of the translation).

^Proof of age card must be issued by a state or territory government and be in your name with your photo and signature.

6. AUTHORISATION

I authorise CareSuper to process my transfer request in accordance with my instructions.

IMPORTANT

- This request is to transfer your full account balance only.
- Any insurance cover you have in CareSuper will be cancelled on the day we process your transfer and close your account.
- If your employer later makes any further contributions on your behalf to CareSuper, the contribution(s) will be allocated to a new account in your name and normal fees and costs will be charged. Please ensure all contribution payments are up to date before submitting your request.

As the full balance of my account is to be paid from CareSuper, I authorise the termination of my membership and I release the Trustee from any further liability to me, my dependants or my Legal Personal Representative in respect of my membership in CareSuper.

I confirm that:

- I want to transfer my full account balance
- I've permanently emigrated to New Zealand, and
- My KiwiSaver scheme has advised that they can accept this transfer.

PRIVACY

In completing this form:

- I confirm that I've received and read CareSuper's Privacy Policy Statement. I understand how CareSuper intends to handle my personal information and that my personal information will only be used for the purposes specified.
- I consent to the use and disclosure of my personal information for the purpose of transferring or withdrawing my superannuation benefits.

If you have any questions about your rights under the privacy legislation, you can read CareSuper's Privacy Policy at caresuper.com/privacypolicy or call us for more information.



Member's signature

Date (DD/MM/YYYY)

Full name



PROVIDING PROOF OF RESIDENCE IN NEW ZEALAND

If the ID document you provide doesn't include your current address in New Zealand, you'll need to provide another document containing your address such as a bank statement, rental agreement or utility bill that is less than 6 months old.



YOU MUST PRINT AND THEN SIGN THIS FORM

The form won't be valid if you don't sign and date it.

ONCE YOU'RE DONE

Upload this completed form, any supporting documents and your ID photos to the 'Contact us' section of your MemberOnline account or at caresuper.com.au/getintouch

OR

Post to:
CareSuper
Locked Bag 20019
Melbourne VIC 3001.

CHECKLIST

Please make sure you've correctly completed this form before returning it to CareSuper and you've:

- ☐ Provided a statutory declaration
- ☐ Provided a letter of compliance from your KiwiSaver fund
- ☐ Provided either photographic ID or posted certified ID document(s) with this application
- ☐ Attached proof of residence if your identity documents do not show your current New Zealand address
- ☐ Read and understood this form
- ☐ Signed and dated section 6 of this form.