

KiwiSaver transfer request



Please phone Colonial First State Investor Services on 13 13 36 or 02 9197 3050 (International calls) with any questions.

SAVE FORM

PRINT FORM

This form is only for use by members who have emigrated to live permanently in New Zealand and wish to transfer their superannuation balance to a KiwiSaver account that they have established in New Zealand.

This form can be used to transfer funds from the following products:

- FirstChoice Wholesale Personal Super
- FirstChoice Employer Super

We recommend you consult a financial or taxation adviser before you withdraw funds.

Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross like the following ☒. Start at the left of each answer space and leave a gap between words.

Fields marked with an asterisk (*) must be completed.

1 INVESTOR DETAILS

Colonial First State account number*

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)*

Surname*

Date of birth*

New Zealand residential address*

Unit number Street number Street name

Suburb/town Postcode

Country **New Zealand**

Your New Zealand IRD number*

Mobile number* (including country and area codes)

Email address

2 TRANSFER INSTRUCTIONS (PARTIAL TRANSFERS ARE NOT PERMITTED)

I have confirmed that my KiwiSaver scheme will accept transfers from Australian superannuation funds and request that my superannuation benefit be transferred in full to my KiwiSaver account below:

KiwiSaver scheme name*

KiwiSaver registration number*

Postal address of scheme*

Unit number Street number PO Box Street name

Suburb/town Postcode

Country **New Zealand**

Your KiwiSaver Member/account number*

3 DOCUMENTS REQUIRED CHECKLIST

Please provide the following documents with this form. Transfers cannot be processed until all these documents have been received by us:

- ☐ A copy of original KiwiSaver statement. This must show your New Zealand address and KiwiSaver account details, and
- ☐ Signed and witnessed Statutory Declaration stating that you have emigrated to New Zealand and intend to reside there permanently (included in this pack), and
- ☐ Certified copy of your ID, unless we have previously received a copy. See the 'Certified ID' section below for a list of acceptable ID documents, and
- ☐ A letter from your KiwiSaver provider on a letterhead providing the details listed below: (different to KiwiSaver statement)
 - Beneficiary name
 - Beneficiary's account number
 - Bank name
 - Bank address
 - SWIFT CODE
 - ABA/Routing Number/Sort Code/Transit number
 - Intermediary Bank account
 - Payment details for Beneficiary

4 DECLARATIONS AND SIGNATURE

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) requires us to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, birth certificate, Medicare) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 13 13 36. You can find more information about the Document Verification Service at www.dvs.gov.au.

I declare and confirm that:

- all details in this form are true and correct
- all documents, other evidence or information provided in support of this application are true and correct
- I consent to the payment of the whole of my superannuation benefit to my KiwiSaver account
- if this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it).

Signature of member

Print name

Date signed

Please send the completed form to:

Colonial First State
GPO Box 3956, Sydney NSW 2001

The documents can be accepted by email on cfsealryrelease@cfs.com.au

Certified ID

Please provide a certified copy of your:

- 1 Australian State/Territory driver's licence containing your photograph, or
- 2 Australian passport (a passport that has expired within the preceding 2 years is acceptable), or
- 3 Foreign passport or similar travel document containing your photograph and signature, or
- 4 Foreign driver's licence that contains your photograph and date of birth, or
- 5 National ID card issued by a foreign government containing your photograph and signature.

A list of Australian and overseas-based authorised certifiers can be found at [Identification and Verification – Certification of Documents](#).