



## Australian Superannuation Scheme Transfer Form

If you would like help in completing this form, please phone  
**NZF SuperKiwi on 0800 38 48 58.**

Office use only

### Investor details

Title	First names	Surname
Date of birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	IRD no.*
Account number	<input type="text"/> H <input type="text"/> U <input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>   <input type="text"/>	<small>*If you do not know your IRD number, please call the IRD on 0800 KIWISAVER (0800 549 472).</small> Contact phone number

### Details of the Australian Superannuation Scheme you wish to transfer from

Name of Australian Superannuation Scheme \_\_\_\_\_

Name of provider \_\_\_\_\_

Provider address \_\_\_\_\_

Postcode \_\_\_\_\_

Account / Membership / Policy number \_\_\_\_\_

Additional information \_\_\_\_\_

### Please attach with this Form

- A copy of a recent statement from your Australian Superannuation Scheme **or**
- A copy of your Australian Superannuation Scheme Membership Certificate

I authorise NZF SuperKiwi\* to pursue a transfer from my Australian Superannuation Scheme and I understand that NZF SuperKiwi\* will send me the appropriate documentation as soon as the law takes effect (this is likely to be in late 2010).

### Signature

\_\_\_\_\_

Date  D  D  M  M  Y  Y  Y  Y

Please send the completed Form and supporting documentation to us by mail, email or fax:

**Mail:** Freepost Huljich  
 NZF SuperKiwi  
 PO Box 328, Shortland Street  
 Auckland 1140.

**Email:** superkiwi@nzf.co.nz

**Fax:** 09 913 3520

Should you have any questions or require any help in completing this Form, please call us on 0800 38 48 58.