



NZ 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	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 10%;">D</td><td style="width: 10%;">D</td><td style="width: 10%;">M</td><td style="width: 10%;">M</td><td style="width: 10%;">Y</td><td style="width: 10%;">Y</td><td style="width: 10%;">Y</td><td style="width: 10%;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 10%;">IRD no.*</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>	IRD no.*							
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IRD no.*																		
*If you do not know your IRD number, please call the IRD on 0800 KIWISAVER (0800 549 472).																		
Account number	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 10%;">H</td><td style="width: 10%;">U</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>	H	U							Contact phone number								
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Details of the NZ Superannuation Scheme you wish to transfer from

Name of NZ 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 NZ Superannuation Scheme **or**
- A copy of your NZ Superannuation Scheme Membership Certificate

I authorise the Huljich KiwiSaver Scheme and its staff to act on my behalf and arrange for the transfer of funds from my NZ Superannuation Scheme to the Huljich KiwiSaver Scheme. Please provide them with any information they may require to complete the transfer.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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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.

* NZF SuperKiwi is the brand used to distribute the Huljich KiwiSaver Funds through NZF.