



# Craigs KiwiSaver Scheme

## Australian Superannuation Transfer Information Request Form

### WHERE TO SEND YOUR COMPLETED FORM

Please either deliver your completed form to the nearest Craigs Investment Partners branch, or post it to:

Craigs KiwiSaver Scheme  
Craigs Investment Partners Limited,  
Freepost 366, PO Box 13155,  
Tauranga 3141.

Phone: 0800 878 278  
Email: [clientservices@craigsip.com](mailto:clientservices@craigsip.com)

This form provides Craigs Investment Partners Superannuation Management Limited with authority to request information in respect of retirement benefits which may be held on your behalf in Australia.

### Form Checklist



Please check that you have provided the following:

- This form with all sections completed, including the Letter of Authority
- A copy of a recent statement from your Australian superannuation scheme

## A

### Your Details

Title *please select one*

- Mr     Mrs     Miss     Ms     Dr     Other \_\_\_\_\_

Full Name *first, middle and last name*

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

Post code | | | | |

Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth | D | D | M | M | Y | Y | Y | Y |

## B

### Taxation

- I am a New Zealand citizen or have New Zealand tax residency
- Other \_\_\_\_\_

IRD Number | | | | | | | | |

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

[craigsip.com](http://craigsip.com)



C

## Australian Superannuation Details

Australian Tax File Number (TFN) | | | | | | | | | |

Date you left Australia | D | D | | M | M | | Y | Y | Y | Y |

Name of an employer who made Contributions to your Account (if applicable)

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Are there any funds originating from a UK Pension Transfer in your current Australian Superannuation scheme?

Yes  No *please complete declaration overleaf*

If yes, please provide the following information:

Date you left the UK | D | D | | M | M | | Y | Y | Y | Y |

National Insurance Number \_\_\_\_\_

Original funds transfer date | D | D | | M | M | | Y | Y | Y | Y |

D

## Client Authority

### Authorisation to obtain information

I, *full name*

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hereby authorise Craigs Investment Partners Superannuation Management Limited and its related companies (all "Craigs Investment Partners") to obtain and hold relevant information regarding Australian Superannuation benefits that may be held on my behalf and to assist with a possible transfer to Craigs KiwiSaver Scheme.

I understand that my personal information may be passed on to the Australian Tax Office (ATO), AusFund, superannuation providers, administrators, auditors, tax advisers, trustees and custodians or other entities that may assist in finding any of my superannuation benefits and assisting with their withdrawal.

I understand that I may request to see and, if necessary, request the correction of my personal information.

I agree that providing my e-mail address on this application form Craigs Investment Partners may provide information by e-mail to me regarding this service. I also agree to receiving by e-mail information regarding other products and services of the Craigs Investment Partners group of companies.

I do not wish to receive by e-mail information regarding other products and services of the Craigs Investment Partners group of companies.

I confirm that the details that I have supplied on this form are, to the best of my knowledge, correct.

Signature

Declared at *location*

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On | D | D | | M | M | | Y | Y | Y | Y |

E

# Letter of Authority Release of Scheme information

Name of Australian scheme

\_\_\_\_\_

Australian scheme's Mailing Address

\_\_\_\_\_

Post code | | | | |

Dear Sir / Madam

Re: Member name *in full*

\_\_\_\_\_

Investor number

\_\_\_\_\_

Tax File number (TFN)

\_\_\_\_\_

Date of birth

| D | D | | M | M | | Y | Y | Y | Y | |

Please accept this letter as my authority for you to release any relevant information regarding Australian Superannuation benefits that may be held on my behalf to Craigs Investment Partners Superannuation Management Limited at the address below:

Australian Superannuation Transfer Administrator  
Craigs Investment Partners Limited  
PO Box 13155  
158 Cameron Road, Tauranga 3141  
New Zealand

My New Zealand contact details are:

Mailing Address

\_\_\_\_\_

Post code | | | | |

Contact Phone

\_\_\_\_\_

Email

\_\_\_\_\_

My previous Australian Mailing Address was:

Mailing Address

\_\_\_\_\_

Post code | | | | |

Contact Phone

\_\_\_\_\_

Email

\_\_\_\_\_

Please do not hesitate to contact me if you require further information.

Yours sincerely,

Signature

\_\_\_\_\_

Date | D | D | | M | M | | Y | Y | Y | Y | |