



# Craigs KiwiSaver Scheme

## Transfer to a Complying Australian Superannuation Scheme

### 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

### Certified Copy

All identity documents must be certified by either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand Police Constable or a Member of Parliament.

Certified documents must include the full name, occupation and an original signature of the certifier and the date of certification. Certification must have been carried out in the three months preceeding presentation of the certified documents. The certifier must sight the original documents and make a statement that the documents provided are a true copy.

Alternatively, documents can be verified by your Craigs Investment Partners Adviser.

You will be eligible to transfer your KiwiSaver savings to an Australian complying superannuation scheme if you have left New Zealand to live in Australia permanently and the Australian complying superannuation scheme you are transferring to accepts your transfer.

### Form Checklist



- This form with all sections completed, including the statutory declaration and;
- A **certified copy** of your driver's licence or passport.
- Evidence of the date you permanently left New Zealand (e.g. stamp in passport, copy of ticket, boarding pass, or any other evidence of confirmed travel arrangements).
- Evidence that you are residing at an overseas address (copy of a utility bill in your name, rental agreement, sale and purchase agreement for a property etc).

### A Your Details

#### Scheme Account Number

#### 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

#### IRD Number

### B Australian Complying Superannuation Scheme Details

#### Name of Australian superannuation scheme you are transferring to

#### Australian scheme's Mailing Address

  
 Post code 

#### Australian scheme's Email Address

#### Australian scheme's Phone Number

#### Australian scheme's Business Number (ABN)

#### Your membership number in the Australian Scheme

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

craigsip.com



**C**

## Statutory Declaration

This section must be completed and signed in front of a Justice of the Peace, Solicitor, Notary Public, or a person authorised to take a statutory declaration such as a Registrar or Deputy Registrar of the High Court or of any District Court or a member of Parliament.

I, *full name*

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of, *mailing address*

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Post code | | | | |

**Occupation**

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**Solemnly and sincerely declare that:**

1. To the best of my knowledge and belief all information provided is true and accurate.
2. I am not an undischarged bankrupt or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to the Withdrawal Application and that no other person has any claim against it.
3. I understand that any information I give to Craigs Investment Partners Superannuation Management Limited may be passed on to my chosen Australian superannuation scheme as reasonably required and I authorise Craigs Investment Partners Superannuation Limited to give such information in relation to this transfer as requested by my chosen Australian superannuation scheme.
4. I acknowledge that there may be tax consequences when transferring my KiwiSaver savings to an Australian superannuation scheme and that I am liable for any such tax consequences.
5. I acknowledge that Craigs Investment Partners Superannuation Limited has recommended that I seek independent and professional Australian and New Zealand tax advice pertaining to my circumstances in relation to the proposed transfer.
6. I understand that following a transfer of my Craigs KiwiSaver Scheme savings to an Australian superannuation scheme I will not be able to transfer them to a third country.
7. I understand that my application will be unable to be processed if my chosen Australian complying superannuation scheme named on this application does not accept the transferred funds.
8. I understand that the "New Zealand sourced" savings in my Australian Superannuation Fund will not be able to be accessed until the age of eligibility to New Zealand Superannuation is reached (currently 65).
9. I understand once my Craigs KiwiSaver Scheme funds have been transferred to Australia, they will become (with a few exceptions) subject to the rules and regulations governing the Australian Superannuation Fund.
10. I understand that this withdrawal and any subsequent withdrawals are, at the discretion of the Manager and/or Supervisor and that a withdrawal fee may be charged.
11. I indemnify the Supervisor, the Manager and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability in respect of my KiwiSaver account and any withdrawal.
12. My Craigs KiwiSaver Scheme does not contain any funds that were transferred either directly or indirectly (including via another New Zealand Superannuation or KiwiSaver Scheme) from a UK registered pension scheme.
13. I understand that the information supplied in this withdrawal request will be used to process my redemption and will be held by Craigs Investment Partners Superannuation Management Limited (and any companies in its group). I consent to my personal information being disclosed to my Investment Adviser, and administrator, auditor, tax adviser, the supervisor, custodian, adviser or agent, and the IRD or third parties as required to process my redemption or in accordance with the law. I agree that additional information may be sought from my solicitor. I understand that I may request to see, and if necessary, request the correction of my personal information.
14. I understand that where my principal place of residence has not been in New Zealand, I am not entitled to Member Tax Credits during that period and these will be returned to Inland Revenue.

**Please tick the statement that applies:**

During my entire KiwiSaver membership, my principal place of residence was New Zealand.

OR

During my KiwiSaver membership, my principal place of residence was not New Zealand.

I was a government employee who was serving outside of New Zealand for the below period. **Provide evidence with this withdrawal form and specify the dates below.**



I was working as a volunteer, or for a token payment, for a charitable organisation which is named and meets the requirements set out in the Student Loan Schemes Act 1992.

**Provide proof that your voluntary work was one of the following reasons and specify the dates below:**



- To relieve poverty, hunger, sickness or the ravages of war or a natural disaster; **or**
- To improve the economy of a country that is listed on the Organisation for Economic Co-operation and Development's list of countries receiving development assistance; **or**
- To raise the education standards of a country that is listed on the Organisation for Economic Co-operation and Development's list of countries receiving development assistance.

Other \_\_\_\_\_

**Please specify below the period you were living/working outside New Zealand:**

Period from | D | D | M | M | Y | Y | Y | Y | To | D | D | M | M | Y | Y | Y | Y |

Period from | D | D | M | M | Y | Y | Y | Y | To | D | D | M | M | Y | Y | Y | Y |

Period from | D | D | M | M | Y | Y | Y | Y | To | D | D | M | M | Y | Y | Y | Y |

**And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.**

Signature

Declared at *location*

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

**Certifier**

Must provide full name, occupation and an original signature.

A certifier must be either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand Police Constable or a Member of Parliament.

**Statutory Declaration of the Certifier**

**Before me** please print your name and occupation, being an authorised person under the Oaths and Declarations Act 1957

Name

Occupation

Signature

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