



Craigs Superannuation Scheme

UK Superannuation Transfer Information Request Form

WHERE TO SEND YOUR COMPLETED ORIGINAL FORM

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

Superannuation Transfer Service
Craigs Investment Partners Limited,
Freeport 366, PO Box 13155,
Tauranga 3141.

Phone: 0800 878 278
Email: uk.pensions@craigsip.com

Please ensure you complete the Client Authority on page 2, and the Letter of Authority on page 3.



Please attach a copy of a recent statement from your UK Pension provider and include any additional information that may assist us to locate your pension benefits.



This form provides Craigs Investment Partners with authority to request information in respect of retirement benefits which may be held on your behalf in the United Kingdom. All requested documentation will be sent direct to you (in line with the UK General Data Protection Regulations (GDPR) and the Data Protection Act 2018).

Please forward all documentation you receive from your UK pension provider(s)/pension administrator(s) to your Craigs Investment Partners adviser as soon as possible.

Personal details

NAME & ADDRESS

Title *please select one*

Mr Mrs Miss Ms Dr Other _____

Full Name *first, middle and last name*

Mailing Name

Preferred Salutation *if different from mailing name*

Residential Address *where you live, not a PO Box number*

Postcode | | | | |

Mailing Address *if not the same as residential address*

Postcode | | | | |

CONTACT DETAILS & COMMUNICATIONS

Please fill out all details and tick the box identifying the best way for us to contact you

Home Ph _____ Mobile _____
 Work Ph _____ Post as per mailing address _____
 Email _____

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender Male Female
Date of Birth | D | D | | M | M | | Y | Y | Y | Y |
Country of Birth NZ Other *specify* _____
Country of Citizenship NZ Other *specify* _____

What is your country of residence for Tax Purposes? _____

NZ IRD Number | | | | | | | | | | | | | | | | | | | | | |

UK National Insurance Number | | | | | | | | | | | | | | | | | | | | | |

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

CLIENT ACCOUNT NO.
[]

INVESTMENT ADVISER
[]

Date you arrived in New Zealand

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

Name of an overseas employer who has made contributions to your account (if applicable)

B Client Authority

Authorisation to obtain information

I _____ hereby authorise
(FULL NAME)

Craigs Investment Partners Superannuation Management Limited (CIPSML) and its related companies (all "Craigs Investment Partners") to obtain and hold relevant information regarding UK Pension benefits that may be held on my behalf and to assist with a possible transfer to Craigs Superannuation Scheme. The information will be held by CIPSML and its related companies.

I understand that my personal information may be passed on to superannuation providers, administrators, auditors, tax advisers, supervisors and custodians or other entities that may assist in finding any of my superannuation scheme benefits. I understand and agree that my information can be passed on to a regulator (in accordance with the law) such as the Financial Markets Authority of New Zealand.

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

I agree that by providing my email address on this authority form CIPSML may provide information by email to me regarding this service. I also agree to receive, including by email, information regarding other products and services of the Craigs Investment Partners group of companies.

I do not wish to receive 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

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

Please note:

TRANSFER OF UK FUNDS

Transfers will only be permitted subject to prevailing Recognised Overseas Pension Scheme (ROPS) rules, your existing superannuation scheme's rules and CIPSML acceptance of your application.

If you agree to proceed with the transfer of your scheme benefits you will need to:

- complete and return a 'Client Declaration form and Key Terms Acknowledgement Form'.
- complete the discharge documentation for your existing scheme 'UK Pension Scheme Overseas Discharge form'.
- complete an application form for the Craigs Superannuation Scheme.

CIPSML will then issue your existing UK Pension provider with documentation relating to the transfer of your scheme benefits, including a request for remittance of funds.

HMRC does not and has never certified, approved or recommended any overseas pension scheme that contends or believes it has ROPS status.

Adviser Disclosure Statements and Product Disclosure Statements are available on request and free of charge.

Please visit craigsip.com for more information.



Letter of Authority Release of Scheme Information

Name of UK Pension Scheme

Scheme Mailing Address

Postcode | | | | | | | | |

Dear Sir / Madam

Re: Member name (in full)

Date of birth | D | D | | M | M | | Y | Y | Y | Y |

UK National Insurance Number | | | | | | | | |

Plan number/s

Please accept this letter as my authority for you to release any information relevant to my scheme benefits requested by Craigs Investment Partners Superannuation Management Limited direct to my postal or email address below:

My New Zealand contact details are:

Mailing Address

Postcode | | | | | | | | |

Email

Daytime Phone

Mobile

My previous UK postal address was:

Mailing Address

Postcode | | | | | | | | |

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

Yours sincerely,

Signature

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