

# Transfer due to Permanent Emigration to Australia

## About this form

This form is for applying for a transfer of your funds from the Pie KiwiSaver Scheme to a complying Australian Superannuation Fund if you have permanently emigrated from New Zealand to Australia.

For help completing this form, phone **0800 586 657**.

Once complete, please scan and email an electronic copy to **withdrawals@piefunds.co.nz**.

Please note, it can take up to 15 working days for the application to be reviewed and processed.

## Checklist

Please complete the checklist below and supply the relevant documents to support your request.

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Sections 1-3:</b> Complete                       | <input type="checkbox"/> <b>Section 6:</b> Read the privacy statement                               |
| <input type="checkbox"/> <b>Section 4:</b> Provide proof of identity         | <input type="checkbox"/> <b>Section 7:</b> Complete the Statutory Declaration in front of a witness |
| <input type="checkbox"/> <b>Section 5:</b> Certifying your proof of identity |   |

## Section 1: Investor details

Title	First name/s	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	IRD number	Pie KiwiSaver Scheme account number <i>(if known)</i>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Email address	Physical address	
<input type="text"/>	<input type="text"/>	
Postal address	City	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home number	Work number	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 2: Departure details

Date you departed New Zealand

**Please include the following evidence:**

- Australian address (i.e utility bill, rental agreement or sale and purchase agreement); and
- Departure from New Zealand (i.e travel documentation, passport evidence, employment letter).

### Section 3: Australian fund details

Australian superannuation fund name

Postal address

City

Postcode

Home number

Work number

Mobile number

Please include the following from your Australian fund:

- A letter confirming they will accept KiwiSaver Scheme transfers – this must be printed on their letterhead; and
- Confirmation of the bank account details to be used for payment, including any relevant reference numbers.

### Section 4: Proof of identity

One of the following:

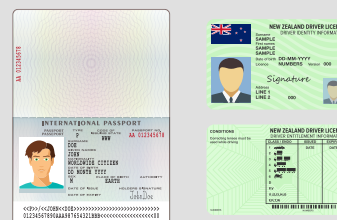
- Passport (pages containing name, date of birth, photograph and signature)
- New Zealand driver licence (*front and back*) plus bank statement
- Name change documentation (if applicable)

OR

Full birth certificate, **plus one** of the following:

- Overseas driver licence (*front and back*)
- 18+ Card

#### Examples



\* If you have changed your name since opening a Pie KiwiSaver Scheme account, you must supply proof of name change

### Section 5: Certification

Your identity documents must be certified by one of the following people:

In New Zealand	All other Commonwealth Countries	All other countries
<ul style="list-style-type: none"> <li>• Justice of the peace</li> <li>• Registered lawyer</li> <li>• Registered teacher</li> <li>• Registered medical doctor</li> <li>• Police officer</li> <li>• Notary public</li> <li>• Chartered Accountant</li> <li>• Member of parliament</li> </ul>	<ul style="list-style-type: none"> <li>• Judge</li> <li>• Commissioner of Oaths</li> <li>• Notary Public</li> <li>• Justice of the Peace</li> <li>• Commonwealth representative</li> <li>• Solicitor of the High Court of New Zealand</li> <li>• Any person authorised by the law of that country to administer an oath there for the purpose of a judicial proceedings</li> </ul>	<ul style="list-style-type: none"> <li>• Judge</li> <li>• Notary public</li> <li>• Commonwealth representative</li> <li>• Solicitor of the High Court of New Zealand</li> </ul>

The person certifying your documents must include their name, occupation, signature and date of certification. Certification is valid for three months and must have been carried out within three months of your application.

### Section 6: Privacy statement

Any information that you provide may be used by Pie Funds Management Limited (the Manager of the Pie KiwiSaver Scheme) and the Supervisor (Trustees Executors Limited) and any of their respective related entities, and by other service providers to the Scheme to provide services in relation to your request. You have the right to access the information held by us and you may also request that it be corrected. If you do not provide your information, we may not be able to process your request.

Our privacy policy is available at [www.piefunds.co.nz](http://www.piefunds.co.nz)

## Section 7: Statutory declaration

A Statutory Declaration is a written statement that allows a person to declare something to be true. This page will need to be completed in front of an authorised person who will witness the declaration.

### Who can witness me making the declaration?

The following people can witness you making the declaration:

#### In New Zealand

- Notary public
- Justice of the Peace
- New Zealand Registered lawyer
- A person who has legal authority to take statutory declarations in New Zealand.

#### In Australia

- Judge
- Commissioner of Oaths
- Notary Public
- Justice of the Peace
- Commonwealth representative
- Solicitor of the High Court of New Zealand
- Any person authorised by the law of that country to administer an oath there for the purpose of a judicial proceedings

*Please note that the certifier must be at least 16 years of age and cannot be related to you, your spouse or partner or a person who lives at the same address as you.*

By signing below, I agree/confirm the following:

- Completed Statutory Declaration witnessed by any person, within the last three months, who is authorised to take Statutory Declarations
- I am a member of the Pie KiwiSaver Scheme;
- I am applying to transfer my full KiwiSaver account balance to the complying superannuation fund named in this form;
- I permanently emigrated from New Zealand on the date given in this form and I do not intend to reside in New Zealand again in the future;
- I understand that my transfer application will be unable to be processed if the provider of my chosen Australian complying superannuation fund cannot or does not accept the transferred funds;
- I acknowledge there may be tax consequences when transferring my account balance to my Australian Superannuation Fund and that I am liable for any such tax consequences;
- I acknowledge that the information provided in this application, including any attachments, is complete and true and correct;
- I understand that the Pie KiwiSaver Scheme and/or the Supervisor may request additional information from me relating to this application;
- I acknowledge that the Manager recommends I seek independent tax and financial advice in relation to the proposed transfer;
- I understand that any member tax credits I have received during my membership period whilst residing outside New Zealand will be deducted from my account balance and returned to the Commissioner of Inland Revenue;
- I understand that the "New Zealand sourced" amounts in my Australian superannuation fund will not be able to be accessed until I reach the New Zealand age of retirement (currently 65);
- The information given in this form is true and correct. I acknowledge that the Manager, Pie Funds Management Limited, and Supervisor will rely on information provided in (or in connection with) this form and accordingly agree to indemnify each of them (jointly and severally) against any claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including omission).

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

Signature of applicant

Date

Declared at the following address

Name of witness

Signature of witness

Date