

Permanent Emigration Transfer (Australia Only)



March 2023 – PETAU0323V1

Acceptance of a withdrawal transfer is at the discretion of the Manager.

Who should complete this form?

Please use this form to apply for the transfer of your KiwiWRAP KiwiSaver Scheme account funds if you:

- Have permanently emigrated from New Zealand to Australia; and
- The Australian superannuation fund you are transferring to accepts transfers from New Zealand KiwiSaver scheme providers.

NOTE: You must contact your Australian superannuation fund provider before completing this form to confirm that it accepts transfers from New Zealand KiwiSaver scheme providers.

There may be tax consequences arising from the transfer to an Australian superannuation fund provider and we recommend that you seek independent and professional Australian and New Zealand tax advice in relation to the transfer.

01 Investor details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
IRD number	KiwiWRAP KiwiSaver Scheme account number	
<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"/>	C N Z <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"/>	
Address		
<input type="text"/>		
Town/City	Post code	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone	Email	
<input type="text"/>	<input type="text"/>	

02 Australian superannuation fund details

Australian superannuation fund name

Fund postal address

Australian business number (ABN)

Fund email

Fund phone number

Your membership/customer number

Superannuation product identification number (SPIN)

NOTE: You must obtain a letter from the Australian superannuation fund provider (on its letterhead) confirming that it accepts transfers from New Zealand KiwiSaver scheme providers, and confirming its bank account details for the transfer.

03 Statutory declaration

A statutory declaration is a written statement that allows a person to declare something to be true. This page must 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:

- Notary Public
- Justice of the Peace
- Enrolled solicitor or barrister of the High Court
- Registrar or deputy registrar of the Supreme Court, High Court, a District Court or Court of Appeal
- Any other person authorised by law to take statutory declarations

I, (full name)

Occupation

of (address)

Solemnly and sincerely declare that:

- I am entitled to make this transfer request and that all the information provided in (or in connection with) this form is true and correct.
- I understand that any information I provide to the Manager may be shared with my chosen Australian superannuation fund provider as reasonably required, and I authorise the Manager to provide such information in relation to this transfer as requested by my chosen Australian superannuation fund provider.
- My principal place of residence has been New Zealand for the entire period I have been a KiwiSaver member.

Or

- I confirm that for the period I have been a member of KiwiSaver, my principal place of residence was New Zealand except for the periods:

FROM

TO

FROM

TO

- I acknowledge that I am not eligible to withdraw all of the government contributions I have received during my membership, unless I have lived in New Zealand over that time.

- I acknowledge that if I have lived overseas any time during my membership and did not have permanent residence in New Zealand, Inland Revenue may need to claim back some of the government contributions I received.

NOTE: As an exception to this rule, if you were working overseas as an employee of the New Zealand Government or as a volunteer for certain charitable organisations, you're eligible to withdraw government contributions. If this applies, please provide evidence with your application, such as a letter on your employer's letterhead confirming the period you were employed.

- I permanently emigrated from New Zealand on / / (date) and I have no intention of returning to live in New Zealand permanently.
- I acknowledge that there may be tax consequences when transferring my KiwiSaver funds to an Australian superannuation fund provider, and that I am liable for such tax consequences.
- I acknowledge that the Manager has recommended that I seek independent and professional Australian and New Zealand tax advice pertaining to my circumstances in relation to the proposed transfer.
- I understand that following a transfer of my KiwiSaver funds to my chosen Australian superannuation fund provider, I will not be able to transfer them to a third country.
- I understand that the "New Zealand sourced" KiwiSaver savings in my Australian superannuation fund will not generally be able to be accessed until I reach the age of eligibility for New Zealand superannuation (currently age 65).
- I understand that once my KiwiSaver funds have been transferred to Australia, they will become (with a few exceptions) subject to the rules and regulations governing the Australian superannuation fund.
- I understand that acceptance of my application is at the Manager's discretion.
- By transferring my KiwiSaver funds, I understand that my KiwiWRAP KiwiSaver Scheme account will be closed and I release all claims that have been made or may be made on the Manager and the Supervisor.
- I understand that the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant including a government agency or a reliable, independent source.
- I have read Consilium's privacy statement found at <https://www.consilium.co.nz/privacy-policy>.
- I understand that the transfer value will or might fluctuate based upon the price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my KiwiWRAP KiwiSaver Scheme account.
- I acknowledge that the Manager and Supervisor will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever (including their own legal costs on a solicitor/client basis) 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 by omission).
- I understand that the Manager will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.
- I understand that the Manager may require that any other documents, things, or information produced in an application under this withdrawal form be verified by oath, statutory declaration, or otherwise.

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

Declared at (place) **this date** / /

Member signature

Before me (JP, solicitor, Notary Public or other person authorised to take statutory declarations, such as registrar or deputy registrar of the Supreme Court, High Court, a District Court or Court of Appeal).

Name **of city** (where signing)

Witness signature **Occupation**

Date
 / /

04 Checklist

I have:

- Signed and dated the form.
- Completed the statutory declaration.
- Attached evidence to demonstrate that I have permanently emigrated from New Zealand and the amount of time I have been living in Australia:
 - Proof of departure (e.g. entry stamp from arrival into Australia, travel arrangements).
 - Proof of Australian address (e.g. bank statement, utility bill).
 - Proof of visa enabling you to live in Australia, as applicable.
 - Other proof that I have been living in Australia, (e.g. employment contract).
- Attached a letter from the Australian superannuation fund provider (on its letterhead) confirming that it accepts transfers from New Zealand KiwiSaver scheme providers, and confirming its bank account details for the transfer.

05 Additional information

NEXT STEP Please send your completed application by email or post to: **info@kiwiwrap.co.nz** or **PO Box 1106 Christchurch 8140**