

Trans-Tasman Transfer Form

Under the KiwiSaver Act 2006, you may be able to transfer your KiwiSaver account balance to a participating Australian complying superannuation scheme if you have permanently emigrated to Australia. The transfer of your KiwiSaver account balance from the Aurora KiwiSaver Scheme to a participating Australian complying superannuation scheme is subject to the Supervisor's approval and the Australian complying superannuation scheme accepting your transfer. Subject to approval, the total value of your KiwiSaver account balance must be transferred to your nominated participating Australian complying superannuation scheme up to the maximum amount permitted under Australian legislation. You can apply to transfer your KiwiSaver savings at any time after you have permanently emigrated to Australia. Transferring your Aurora KiwiSaver Scheme account balance to a participating Australian complying superannuation scheme may have tax and other financial implications. **You should seek independent tax advice and financial advice before transferring your Aurora KiwiSaver Scheme account balance to an Australian complying superannuation scheme.**

Please use this form to transfer your Aurora KiwiSaver Scheme funds to a complying Australian superannuation fund. You are eligible to transfer your KiwiSaver account balance if you have left New Zealand to live permanently overseas and the Australian superannuation fund you are transferring to accepts transfers from New Zealand KiwiSaver Schemes. If you haven't done so already, please check with your Australian provider that this is the case before completing this form.

A. YOUR DETAILS

Title	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Residential Address	Suburb	
<input type="text"/>	<input type="text"/>	
City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Mobile	
<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		
<input type="text"/>		
IRD Number	Membership 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"/>	A U R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PIR - 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 28% <input type="checkbox"/>		

Please go to <https://www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate> to work out your PIR, however if you have been residing outside of New Zealand for more than 325 days you will be a non-resident for tax purposes and the PIR of 28% will apply.

Note: before processing this transfer, if approved, if any of the tax payment details differ from what we currently have on record, they will be updated based on the new information provided.

B. CERTIFIED IDENTITY AND ADDRESS DOCUMENTS

Please provide a certified copies* of your identity documents.

IDENTITY

OPTION 1

- Passport **OR**
- New Zealand Firearms Licence **OR**
- New Zealand Driver Licence

OPTION 2

Full Birth Certificate and **one of the following**

- 18+Card / Kiwi Access Card
- New Zealand Bank Credit/debit Card

Your photo identification must be current (not expired). If you're unable to provide the above documentation, please contact us to discuss other options.

ADDRESS

- Utility bill
- Bank Statement
- Letter from Government Agency

* A certified copy can be completed by a Trusted Referee that must:

- I, (full name of person certifying), certify this to be a true copy of the original, which I have sighted, and the photo represents a true likeness of the person presenting the document to me for certification; **and**
- be at least 16 years of age; **and**
- be not related, spouse or partner, living at the same residential address or involved in the transaction or business; **and**
- be from the following list of Trusted Referees
 - Commonwealth representative
 - Registered medical doctor
 - Chartered accountant
 - Member of Parliament
 - Registered teacher
 - Notary Public
 - Justice of the Peace
 - New Zealand Honorary Consul
 - Lawyer
 - A person who has legal authority to take statutory declarations.

C. TRANSFER REQUEST

Complying Australian superannuation fund (Name)

Postal Address

Postcode

Phone

Email

Membership Number

Australian Business Number (ABN)

Please provide a letter from your Australian superannuation fund confirming that they accept KiwiSaver transfers.

D. PROOF OF DEPARTURE / AUSTRALIAN RESIDENCE DETAILS

I have permanently emigrated to Australia and request my Aurora Capital KiwiSaver account balance to be transferred to my account in the Australian superannuation fund named above.

Date you left New Zealand:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PLEASE PROVIDE EVIDENCE OF YOUR DEPARTURE FROM NEW ZEALAND: (ONE of the following)

- Evidence of confirmed Travel arrangements
- Proof of visa (if applicable) or shipping contracts/documentation
- Passport evidence
- Evidence of Australian employment i.e copy of a contract or letter from your Australian employer
- Evidence of your Australian tax status issued by the relevant Australian tax authority

PLEASE PROVIDE EVIDENCE OF YOUR AUSTRALIAN RESIDENCE: (ONE of the following)

- Copy of a property sale and purchase agreement
- Tenancy/leasing agreement for an overseas property
- Recent utility bill
- Bank statement

E. CONSENT AND SIGNATURE

I agree that Aurora Capital Limited, the Trustee and any of their respective related entities may collect and use the information set out in (or in connection with) this form for the purpose for which it is provided. We will provide you (on request) with the name and address of any entity to which information has been disclosed. If you do not provide the information required by this form, we may not be able to process your request. You have the right to access all personal information held about you. If any of the information is incorrect, you have the right to have it corrected. The information set out in this form will be collected and held by Aurora Capital Limited whose address is 10, Walker Street, Christchurch Central, Christchurch 8011.

- I understand that any information I give to Aurora Capital Limited may be passed on to my chosen Australian superannuation fund as reasonably required and I authorise Aurora Capital Limited to give such information in relation to this transfer as requested by my chosen Australian superannuation fund.
- I acknowledge that there may be tax consequences when transferring my KiwiSaver account balance to an Australian superannuation fund, and that I am liable for any such tax consequences.
- I acknowledge that Aurora Capital 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.
- I understand that any annual Government contribution entitlement I have received during my membership period whilst residing outside of New Zealand will be deducted from my withdrawal amount and returned to the Commissioner of Inland Revenue.
- I understand that my Aurora KiwiSaver Scheme account will be closed upon my account balance being transferred to my chosen Australian superannuation fund.
- I understand that following a transfer of my Aurora KiwiSaver account balance to an Australian superannuation fund I will not be able to transfer them to a third country.
- I understand that my application is subject to the approval of Aurora Capital Limited and that Aurora Capital Limited may request additional information in support of this application.
- I understand that my application will be unable to be processed if my chosen Australian superannuation fund named in section B of this application does not accept the transferred funds.
- I acknowledge that on the receipt of my funds by the Australian superannuation fund, Aurora Capital Limited and the Trustee will be released from all liabilities in respect of my membership in the Aurora KiwiSaver Scheme.
- I understand that the "New Zealand sourced" funds in my Australian superannuation fund will not be able to be accessed until the age of eligibility of New Zealand superannuation is reached (currently 65).
- I understand that once my Aurora KiwiSaver savings have been transferred to Australia, they will become (with a few exceptions) subject to the rules and regulations governing the Australian superannuation fund.
- I confirm that for the period that I have been a member of KiwiSaver, my principal place of residence was New Zealand except for the periods:

From

 / /

To

 / /

From

 / /

To

 / /

From

 / /

To

 / /

Name of Member

Signature of Member

Date

 / /

F. STATUTORY DECLARATION

I, Full Name (*first name, middle name, surname*)

Address

Suburb

City

Country

Postcode

Occupation

solemnly and sincerely declare that:

1. I have permanently emigrated from New Zealand to Australia and have no intention of returning to live in New Zealand permanently.
2. I have accurately reflected above the dates during which my principal place of residence was not New Zealand.
3. I agree that by withdrawing from my KiwiSaver account I am ending my membership and all claims that have been made or may be made by me on the Manager in relation to my KiwiSaver account.
4. I understand that my withdrawal value may fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my KiwiSaver account.
5. The information given in this form is true and correct. I acknowledge that the Manager 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 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).
6. 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 make this solemn declaration conscientiously believing the same to be true and by the virtue of the Oaths and Declarations Act 1957.

SIGNATURE OF PERSON MAKING THE DECLARATION

Declared at (*place*)

Date

Before me

Name

Occupation (*e.g. Justice of the Peace, Solicitor, Notary Public or other person authorised to take a statutory declaration*)

Address

Signature

STATUTORY DECLARATION MADE IN NEW ZEALAND

A statutory declaration made in New Zealand under the Oaths and Declarations Act 1957 must be made before a person described in section 9 of that Act including:

- a Justice of the Peace;
- a Barrister and Solicitor of the High Court;
- a Notary Public;
- the Registrar or Deputy Registrar of the High Court or of any District Court;
- a member of Parliament;

A declaration made in a Commonwealth country other than New Zealand shall be made before a Judge, a Commissioner of Oaths, a Notary Public, a Justice of the Peace, or any person authorised by the law of that country to administer an oath there for the purpose of a judicial proceeding, or before a Commonwealth representative, or before a solicitor of the High Court of New Zealand.

G. PAYMENT DETAILS

Name of Bank Account of Australian Provider

Sort Code

Swift Code

Account Number

Bank

Branch

Reference

H. RETURN INSTRUCTIONS

For faster processing times please return via email. Where not possible please return via post at the address below.

EMAIL RETURN

Please scan this application and all supporting documentation and email them to us at hello@aurora.co.nz or

POSTAL RETURN

Please send this application and any supporting documentation to: PO Box 606, Christchurch, 8140

If you would like help in completing this form, please email hello@aurora.co.nz or phone us on 0800 242 023

Please read the checklist below before submitting your application:

- Completed and Signed Application Form
- Certified proof of Identification
- Proof of your Australian Super Bank Account
- Australian Super Confirmation Letter
- Proof of Departure
- Certified proof of overseas residence
- Completed and Signed Statutory Declaration