

KiwiSaver account transfer request - New Zealand Residents

If you have moved permanently to New Zealand and have a HESTA account, you may be eligible to transfer your super to your active KiwiSaver account.

It's not compulsory to transfer your super to your KiwiSaver account, you can choose to keep your HESTA account open if you wish.

Eligibility

To transfer your HESTA account to your KiwiSaver account, you must:

- · Have left Australia to permanently live in New Zealand
- Provide details of your current KiwiSaver account
- Complete all the relevant details on the KiwiSaver account transfer request form including any proof of identity documents that confirms your New Zealand residency as well as a completed and witnessed New Zealand statutory declaration

Conditions that apply to your super transferred to a KiwiSaver account

- Only whole balance transfers can be made to your KiwiSaver account, no partial transfers. This means your HESTA account will be closed and any insurance cover provided as part of your account will cease.
- · Accounts that contain an untaxed element cannot be transferred
- Your Australian-sourced savings within your KiwiSaver account cannot be:
 - · Used to purchase your first home
 - · Moved to a third country
 - Accessed until you turn 60 and satisfy the Australian definition of 'retirement' at that age

What you need to provide

To transfer your HESTA account to your KiwiSaver account, you need to provide:

- A completed KiwiSaver account transfer request form (attached) which includes details of your eligible KiwiSaver account that can accept the transfer
- Proof of your identity in a certified document that confirms your New Zealand residency
- Additional proof of your New Zealand residential address if it is not provided in your proof of identify document – such as a recent power bill, rate notice or bank statement
- A signed and witnessed New Zealand statutory declaration confirming that you have permanently emigrated from Australia to New Zealand

contact us

hesta@hesta.com.au | 1800 813 327 | Email forms to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124



KiwiSaver account transfer request

COMPLETE SHADED SECTIONS

Please complete in **BLOCK LETTERS** using a **BLACK** or **BLUE** pen and ensure it is signed and dated.

Use this form to transfer your HESTA account balance to a New Zealand KiwiSaver Scheme (Trans-Tasman transfer).

IMPORTANT: Complete ALL details. This is needed to validate your identity and get in touch if we have any questions. 1. Your personal details Member Number Your name (First name and surname) Date of birth Mobile or daytime telephone Email Current New Zealand residential address (required) Residential address (required) Suburb State Postcode Postal address (if different from above) Suburb State Postcode Previous Australian address (required) Residential address (required) Suburb State Postcode

Please continue over page

2. KiwiSaver Scheme transfer details	
KiwiSaver scheme name	KiwiSaver registration number
TAMOUTO SCILETIC HAITE	
Your KiwiSaver account number Your Inland Rev	venue Department Number (IRD)
KiwiSaver scheme address	
Suburb	State Postcode
New Zealand financial institutions no longer accept cheques. For funds to be trandetails for your KiwiSaver Scheme. Your request can't be actioned until this information of the control o	
Bank account name:	
Bank account address:	
Bank account number:	
SWIFT code:	
IBAN:	
3. Proof of identity	
IMPORTANT: Complete ALL details. This is needed to validate your identi	ty and get in touch if we have any questions.
I have attached the required certified proof of identity documents.	
You must attach a fully completed Certifying your ID form (see hesta.com.au/cer correct ID is not provided we will be unable to process your request until this is re	
4. Authorisation – read, sign and date	
Please arrange for the transfer of my existing account to the KiwiSaver Scheme based	·
 I understand the information contained in this form will be relied upon and used by nominated KiwiSaver Scheme account. It may be disclosed to the administrator, go required, including the trustee of my nominated KiwiSaver Scheme. 	
• I understand if I do not provide the information requested, my payment request mo	y not be processed.
I request and consent to the payment of the whole of my withdrawal benefit to my	
I understand there may be a delay in payment if my details have changed or if I do If I a granified the second at labely and the Taylor and the literature of the second at labely and the second at labely a	
 If I've provided my contact details on this form, the Trustee may, at its discretion, use information on my member record and use this in future communications with me. 	
 I consent to my information being collected, disclosed and used in the manner set which is available at hesta.com.au/privacy 	out in this form and HESTA Privacy Policy
 I have read and understood HESTA's Privacy Collection Statement which is availab 1800 813 327 and accept that the information on this form is true and correct to the 	
Your signature	
	Date /
	DD / MM / YYYY

New Zealand Statutory	declaration						
This statutory declaration can be made before a person who is able to witness statutory declarations under the New Zealand Oaths and Declaration Act 1957.							
New Zealand							
	STA	TUTOF	RY DECLARATION				
Oaths and Declaration Act 1957							
I (name of applicant)							
- ()							
of (address)							
who is employed as (occi	(nation)						
who is employed as local	<i>ipation</i>						
request the transfer of my	total withdrawal benefit from I	HESTA	to my nominated K	(iwiSaver	Scheme.		
I solemnly and sincerely	declare that:						
• I permanently emigrat	ed from Australia to New Zealc	and on	DD / MN	4 /	and;		
• all the information I ha	ave provided in this form regard	ding my	y application is true	and cor	rect and I make this solen	nn declaration	
conscientiously believi	ng the same to be true and by	virtue (of the New Zealand	d Oaths o	and Declaration Act 1957.		
					DD / MM /	VVVV	
Member Signature					Date		
Member signature				L	rate		
Declared at		this		day of		20	
Location			Day	,	Month	Year	
Location			Day		1. Ortar	rear	
Defere me (mle me DDINIT)							
Before me (please PRINT)							
	Witness name						
	Signature of official witness						
Office held:	Legal Executive (NZILE)		Member of P	arliamen	t Sovernment (Officer	
	X Justice of the Peace		Lawyer				
Return your completed	form						

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