

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 identity 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

1300 368 891 | [Email form to information@hestaformercy.com.au](mailto:information@hestaformercy.com.au) or mail to: **PO Box 8334, Woolloongabba QLD 4102**



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

Your KiwiSaver account number

Your Inland Revenue Department Number (IRD)

 - -

KiwiSaver scheme address

Suburb

State

Postcode

New Zealand financial institutions no longer accept cheques. For funds to be transferred you must provide the following details for your KiwiSaver Scheme. Your request can't be actioned until this information is received.

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 identity and get in touch if we have any questions.

I have attached the required certified proof of identity documents.

Please provide certified copies of both sides of your CURRENT driver licence or passport. If you don't have a current driver licence or passport refer to the *Proof of Identity* fact sheet on our website at hestaformercy.com.au for a list of other documents that can be used for proof of identity or contact us on 1300 368 891.

4. Authorisation – read, sign and date

Please arrange for the transfer of my existing account to the KiwiSaver Scheme based on the instructions provided on this form.

- I understand the information contained in this form will be relied upon and used by the Trustee to process the transfer to my nominated KiwiSaver Scheme account. It may be disclosed to the administrator, government agencies and other parties as required, including the trustee of my nominated KiwiSaver Scheme.
- I understand if I do not provide the information requested, my payment request may not be processed.
- I request and consent to the payment of the whole of my withdrawal benefit to my nominated KiwiSaver Scheme.
- I understand there may be a delay in payment if my details have changed or if I do not provide the correct documents.
- If I've provided my contact details on this form, the Trustee may, at its discretion, use these details to update any existing 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 out in this form and HESTA Privacy Policy which is available at hesta.com.au

Your signature

Date

 DD / MM / YYYY

Please continue over page

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
STATUTORY DECLARATION
Oaths and Declaration Act 1957

I (name of applicant)

of (address)

who is employed as (occupation)

request the transfer of my total withdrawal benefit from HESTA to my nominated KiwiSaver Scheme.

I solemnly and sincerely declare that:

- I permanently emigrated from Australia to New Zealand on / / and;
- all the information I have provided in this form regarding my application is true and correct and **I make this solemn declaration** conscientiously believing the same to be true and by virtue of the New Zealand **Oaths and Declaration Act 1957**.

Member Signature

 / /

Date

Declared at this day of 20

Location Day Month Year

Before me (please PRINT)

Witness name

Signature of official witness

Office held: Legal Executive (NZILE) Member of Parliament Government Officer
 Justice of the Peace Lawyer

Return your completed form

Scan and email all requirements to information@hestaformercy.com.au
or mail it to HESTA for Mercy, PO Box 8334, Woolloongabba QLD 4102
or drop it off in person to Potter Building, Ground Floor, Mater South Brisbane campus

contact us

1300 368 891 | [Email form to information@hestaformercy.com.au](mailto:information@hestaformercy.com.au) or mail to: PO Box 8334, Woolloongabba QLD 4102

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249, Trustee of HESTA ABN 64 971 749 321. This information is of a general nature. It does not take into account your objectives, financial situation or specific needs. You should look at your own financial position and requirements before making a decision. You may wish to consult an adviser when doing this. The target market determination for HESTA for Mercy products can be found at hestaformercy.com.au/tmd. Before making a decision about HESTA products you should read the relevant product disclosure statement (call 1300 368 891 or visit hestaformercy.com.au for a copy), and consider any relevant risks (hestaformercy.com.au/understandingrisk).