

## SUPERANNUATION MASTER TRUST

# Superannuation Scheme Transfer

Use this form if you would like to transfer from the Superannuation Master Trust (SMT) to another registered superannuation scheme.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed and signed this form please send it and any supporting documents to the address above.

### Important information for you to read:

- The approval of your transfer application is at the Manager's discretion
- Transfers may be subject to an early withdrawal fee. The level of the fee charged is at the Manager's discretion.

\*These fields must be completed

### (a) To be completed by member

\*Plan number

\*Date of birth

Title

 Mr  Mrs  Ms  Miss  Dr  Other 

\*First names

\*Surname

\*Residential address

  
 Postcode

\*Postal address (if different from above)

  
 Postcode

\*Please provide at least one contact phone number

Home phone

 ( )

Work phone

 ( )

Mobile phone

 ( )

\*Email

\*IRD number

Prescribed Investor Rate (PIR)  10.5%  17.5%  28%

We deduct PIE tax from your withdrawal using the information we have at the time your transfer is made. If you're unsure of your PIR, please contact your Adviser or Inland Revenue.

I wish to transfer from SMT to (new scheme name)

**\*(b) Privacy**

The personal information you are providing in this form, (or in connection with this form) is being collected for the main purpose of effectively administering and managing your Superannuation Master Trust account in compliance with all relevant law. If you do not provide us with your personal information, we may not be able to process or may refuse your contribution or withdrawal. The information may also be used for the purpose of verifying your identity electronically or providing you with information about products and services we think might be of interest to you (including from our parent company Lifetime Asset Management Limited). The information may be used by, and disclosed to the Manager, Lifetime Asset Management Limited, the Administration Manager, or other entity involved in the administration and management of the Superannuation Master Trust (including Inland Revenue and any regulatory body) or your financial adviser. The information you provide may also be used by external agencies appointed by us for the purposes of verifying your identity.

**I agree that this information may be collected, held and disclosed for these purposes.**

The information is being collected by the Manager, whose address is Lifetime Asset Management, PO Box 10760, Wellington 6140, and will be held by Link Market Services Limited who you can contact at PO Box 91976, Victoria Street West, Auckland 1142. You can request access to your personal information and can ask that it is updated by calling 0800 266 268.

**\*(c) To be completed by the person authorised by the Supervisor of the transferee scheme**

First names  Surname

Occupation

I certify that the (name of the scheme)

is a registered superannuation scheme or a KiwiSaver Scheme under the Financial Markets Conduct Act 2013 and that the Supervisor of this scheme is prepared to accept this transfer into the scheme and confirm that the Transfer Value will be given to the member immediately on payment of the Transfer Value to this scheme.

Scheme registration  Member number

**Name of the transferee scheme Bank account and account number**

Account name

Account number

References for payment

Transferee scheme address (for correspondence purposes)   
 Postcode

Signature  SIGN HERE This (date)

Please attach a copy of the transferee scheme's Trust Deed OR a copy of the benefit and early withdrawal provisions of the transferee scheme's Trust Deed.



## (f) Member's signature

I certify the information given in this form is true and correct. I indemnify Lifetime Asset Management Limited and The New Zealand Guardian Trust Company Limited (as Supervisor of the Scheme) for any loss incurred or damage suffered by it or any other party resulting from any false or incomplete information given in this form (including the declaration in section e).

\*Member's signature

SIGN HERE

\*Date

D	D	M	M	Y	Y	Y	Y
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Have you received financial advice from an Adviser in making the decision to make this withdrawal?

Yes  No

If yes, please ensure your Adviser completes section (i).

## \*(g) Provide your identification to verify your identity

Please complete Option 1 in the table below and attach copies of the requested document (please tick which document you are providing).

If you **cannot provide a document from Option 1, then complete Option 2 or 3.**

**Option 1:** ONE document from this section

<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> Overseas passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity

**Option 2:**  NZ Driver's Licence **PLUS** (ONE of the of the documents from this section)

<input type="checkbox"/> Super Gold card	<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government	<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 6 months

**Option 3:**  18+ Identity card **PLUS** (ONE of the documents from this section)

<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government	<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government
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**IMPORTANT:** If you are providing previously certified identity documents, please ensure the documents have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this form.

## Proof of address

As well as providing your identity documents you must also supply proof of your address. Tick one document option from this section. The document you supply needs to show the **residential address** detailed in section (a) and be dated within the last 6 months.

Letter or invoice from utility company       Bank statement       Letter from government agency (e.g. Inland Revenue, rates bill)

## Verification of identity electronically

In order to verify your identity and address electronically, please provide us with copies of the documents listed in above. Note: identity verification documents must be New Zealand documents and current (i.e. not expired).

I authorise Lifetime Asset Management Limited to electronically verify my identity and address.

If you do not wish Lifetime to verify your identity and address electronically, please select an alternative in section (h).

## (h) Certify or verify your identity

Your identity can be certified by a trusted referee (use the first box below), or verified by an Adviser or Lifetime employee acting as agent of Lifetime (use the second box below).

If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country, state or territory where the documents are being certified. For more guidance on who can act as a trusted referee overseas, please contact your Adviser or Lifetime.

### DECLARATION BY TRUSTED REFEREE (CERTIFYING IN NEW ZEALAND)

I,  confirm that

1. I have sighted today the original of each document identified with a tick in section (g) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.
3. I am a (tick one of the following)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> New Zealand Lawyer   | <input type="checkbox"/> Justice of the Peace  | <input type="checkbox"/> Notary Public               | <input type="checkbox"/> Registered Medical Doctor |
| <input type="checkbox"/> Chartered Accountant   | <input type="checkbox"/> Police Constable  | <input type="checkbox"/> Registered Teacher          | <input type="checkbox"/> Kaumātua                  |
| <input type="checkbox"/> Member of Parliament   | <input type="checkbox"/> Minister of Religion  | <input type="checkbox"/> Commonwealth Representative | <input type="checkbox"/> NZ Honorary Consul        |
| <input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives acting in the employment of a lawyer | <input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court |  |  |

4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

### DECLARATION BY TRUSTED REFEREE (CERTIFYING OUTSIDE NEW ZEALAND)

I,  confirm that

1. I have sighted today the original of each document identified with a tick in section (g) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.
3. I am a
4. In this capacity, I am authorised to take statutory declarations under the laws of
5. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

### DECLARATION BY ADVISER OR LIFETIME EMPLOYEE (AS AGENT OF LIFETIME)

I,   confirm that

1. I have sighted today the original of each document identified with a tick in section (g) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement, are true copies of those documents **initialled and dated** by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.
3. Lifetime has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that Lifetime is relying on me to perform those functions for it.
4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of Adviser/Lifetime Employee

Dated

