



Trans-Tasman Transfer Request

Please complete this form to transfer your super to a New Zealand KiwiSaver Scheme.

Thanks for filling out this form - it should only take a few minutes. To help us clearly note your details, please write in BLOCK LETTERS and use a black or blue pen. Don't forget to sign and date it before you email it (and any attachments) to us at contact@rest.com.au - without your signature and date this form won't be valid.

Section 1: Personal details

Member number

Date of birth (dd/mm/yyyy)

Gender

 (M/F)

Mr/Mrs/Ms/Miss/Dr

Surname

Given name(s)

Your Tax File Number (TFN)

It is not compulsory to provide your TFN. However, if you do not provide your TFN, we may have to deduct a higher tax rate from your account when your benefit payment is made. Refer to the TFN information in Section 7.

Note: Last Australian address is required to validate all withdrawal requests.

Unit number

Street number

Street name

Suburb/Town

State

Postcode

Current New Zealand address

Unit number

Street number

Street name

Suburb

Town/City

Postcode

New Zealand daytime phone number (including area code)

New Zealand mobile number

Email address

Please go to **Section 2**

Section 2: Claiming a tax deduction for personal contributions

If you've made personal contributions, you should check whether you're eligible to claim a tax deduction. Your Registered Tax Agent will be able to help you determine if you're eligible or you can go to ato.gov.au for more information. Any claim for a tax deduction relating to your withdrawal must be indicated to us on this form.

Do you intend to claim a tax deduction for personal contributions made to your account in the current or previous financial year?

No Please go to **Section 3**

Yes Please read the declaration below and, if you're eligible, provide the amounts requested in the table provided

Declaration

I declare that:

- I'm lodging this notice before both of the following dates:
 - the day that I lodge my income tax return(s) for the year(s) stated in the below table, and
 - the end of the income year after the year(s) stated in the below table.
- I haven't started a pension with any part of these contributions
- my account still holds these contributions
- I haven't included any of the contributions below in a previous valid notice of this type
- the information given is correct and complete.

Contribution	Total member contributions (\$ amount only)	Amount you wish to claim as a tax deduction (\$ amount only)
Current financial year		
Previous financial year		

For more information speak to your Registered Tax Agent or go to ato.gov.au

Please go to **Section 3**

Section 3: Employment status

Have you finished work with your Rest employer?

Yes Please complete the following details:

Name of former employer

Termination date (dd/mm/yyyy)

No You are unable to make a transfer. Please contact us on +612 8571 5593, or Live Chat with us at rest.com.au.

You must have left Australia and currently reside in New Zealand to be eligible for a Trans Tasman Transfer (TTT) request to a KiwiSaver Scheme. You will need to provide evidence of this with your request by attaching a recent (less than six months old) document with your name and New Zealand address. Refer to page 3.

Section 4: Transfer Instructions – Please provide the following required information.

Name of KiwiSaver Scheme

KiwiSaver registration number

Phone number of fund

Your KiwiSaver account number

Your Inland Revenue Department (IRD) number

Postal address of KiwiSaver Scheme

Unit number

Street number

Street name

Suburb

Town/City

Postcode

Section 5: Documents required checklist

Please provide the following documents **with this form** – we cannot process your transfer request until we have received **all documents**.

You need to provide certified* copies of documentation^ to prove you are the person to whom the superannuation entitlements belong and to prove your eligibility for the transfer.

Document 1: Proof that you reside at an address in New Zealand, e.g. a certified copy of **one** of the following (less than six months old):

- a bank statement addressed to you at your current New Zealand address
- a utility bill addressed to you at your current New Zealand address
- a tenancy agreement/property settlement contract in your name relating to your current New Zealand address
- a pay slip or copy of your employment contract addressed to you at your current New Zealand address.

If you cannot provide one of the pieces of evidence listed above, you must supply other evidence that proves your current residential address.

Document 2: A copy of your KiwiSaver statement or another document showing that you have opened a KiwiSaver account.

Document 3: Proof of Identity, e.g. a certified copy of **one** of the following:

- current Australian driver's license containing your photo
- Australian passport (this can be current or if expired less than two years ago this will also be accepted)
- current Australian proof of age card containing your photo (issued under a state or territory law)
- current driver's license, passport or similar travel document issued by a foreign government, if it contains your photo and signature.

^ Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.

An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translator and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

*Certifying your identify takes just three easy steps:

1. Make a photocopy of the original ID document that identifies you (eg your drivers license).
2. Take both your original ID document and the photocopy to an authorised person who can certify (eg your local police station, see 'Who can certify your identity' for a full list).
3. Get the authorised person to stamp or write 'I certify this to be a true copy of the document shown and reported to me as the original'. Followed by their signature, full name, qualification, registration number and the date.

The example **to the right** shows how a certified copy of your proof of identity should look.



*Who can certify?

In New Zealand:

- an Australian consular or diplomatic officer (within the meaning of the *Consular Fees Act 1955*), or a Notary Public.

In Australia:

- a Justice of the Peace
- a pharmacist, medical practitioner, nurse, dentist, optometrist, chiropractor, physiotherapist, psychologist or veterinary surgeon
- a teacher employed on a full-time basis at a school or tertiary education institution
- a police officer
- a notary public
- a bank, building society, credit union or finance company officer with two or more years of continuous service
- an officer with, or authorised representative of, a holder of an AFSL with two or more years of continuous service with one or more licensees
- a permanent employee of the Commonwealth or a Commonwealth authority, a State/Territory or a State/Territory authority or a local government authority, with two or more years of continuous service
- a Member of the Parliament of the Commonwealth, the Parliament of a State/Territory or local government authority of a State/Territory
- an Australian consular or diplomatic officer (within the meaning of the *Consular Fees Act 1955*)
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants
- a registrar or deputy registrar of a court
- a person enrolled as a legal practitioner on the roll of the Supreme Court of a State/Territory or the High Court of Australia
- a judge or magistrate of a court
- a Chief Executive Officer of a Commonwealth Court.

Section 6: Proof of identity – change of name

Have you changed your name?

If you have changed your name you will need to provide a certified linking document that proves the connection between the two or more names. The following table contains information about suitable linking documents:

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from Australian Births, Deaths and Marriages Registration Office

Section 7: Tax File Number (TFN) information

You are not required to provide your TFN to Rest. However, if you do not provide your TFN, you may be taxed at a higher rate on contributions made to your account in the year, compared to the concessional tax rate of 15%. Rest may deduct this additional tax from your account.

Under the *Superannuation Industry (Supervision) Act 1993*, Rest is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of a legislative change. The Trustee of Rest will disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request the Trustee of Rest in writing that your TFN not be disclosed to any other superannuation provider.

For more information please contact us on +612 8571 5593, Live Chat with us at rest.com.au, or call the ATO Superannuation helpline on 13 10 20.

Section 8: Declaration

- I declare that all the information I have provided on this form is true and correct.
- I have attached certified proof of my identity, which shows my correct date of birth and name change(s) if required.
- I am withdrawing my super from Rest and understand that:
 - any insurance cover that may apply will cease once my Rest account is closed
 - I have the right to ask Rest for information on how withdrawing my super will affect my entitlements and have done so or have chosen not to exercise this right
 - if I haven't indicated an intention to claim a tax deduction in Section 2, I will not be able to claim a tax deduction for the withdrawn contributions in the future. It is my responsibility to contact a financial planner or tax adviser if I am unsure of my eligibility.

Signature of applicant

(dd/mm/yyyy)

Section 9: Checklist

We will process your request as soon as we can. However it is important to make sure that all information and relevant requirements have been completed:

- have you completed all relevant sections of the form?
- certified proof of identity
- certified proof of residence in New Zealand
- proof of joining your KiwiSaver scheme
- A Letter from your KiwiSaver scheme stating they will accept your transfer
- if you have changed your name, you will need to provide us supporting documentation if this has not been previously provided. See Section 6.
- have you signed and dated this form?
- are/were you self-employed and made personal contributions during the financial year? Have you completed Section 2? If you are unsure that you are eligible to claim a tax deduction, please contact a financial planner or tax adviser before proceeding with the transfer.
- statutory declaration Please fill in either the 'Commonwealth of Australia' or 'New Zealand' Statutory Declaration.
***NOTE** - We have provided suggested statements in the Statutory Declaration form for the purpose of assisting you with the process of transferring your withdrawal benefit from Rest to a KiwiSaver Scheme. It is an offence to make a false statement in a Statutory Declaration. Therefore, you should satisfy yourself that the suggested statements are true in every particular before completing and signing the Statutory Declaration form

Please return your completed form and any requested documentation to: Rest Super, PO Box 350, Parramatta NSW 2124, or email to contact@rest.com.au

**Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959**

Persons before whom a statutory declaration can be made

This statutory declaration can be made before a person who is able to witness Commonwealth statutory declarations under the *Statutory Declarations Act 1959 and Statutory Declarations Regulations 2018*.

This includes an Australian Consular or Diplomatic Officer at the Australian High Commission in Wellington, or at the Australian Consulate-General in Auckland, or a Notary Public. New Zealand Justices of the Peace, solicitors etc. cannot witness this statutory declaration.

By completing the form

I (Full name)

Of (Address and occupation)

make the following declaration under the *Statutory Declarations Act 1959 (Cth)*

1. I have emigrated permanently to New Zealand and live at the address noted in Section 1 above and attach proof of residence to this declaration.
2. I have opened the KiwiSaver Scheme account named in Section 2 and request and consent to the payment of the whole of the withdrawal benefit to that account.
3. I discharge Retail Employees Superannuation Pty Limited as trustee of the Retail Employees Superannuation Trust of all further liability in respect of the benefits paid and transferred to my KiwiSaver Scheme account.
4. I understand that the benefit paid to my account in the KiwiSaver Scheme will be in Australian dollars.
5. The KiwiSaver Scheme provider listed in Section 4 will accept the benefit payment.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959 (Cth)*, and I believe that the statements in this declaration are true in every particular.

Signature of member

(place)

(day)

(month and year)

Declared at on of

Before me: (Signature of person before whom the declaration is made)

Please print below the full name, qualification and address of the person in front of whom the declaration is made.

Name of witness

Phone

Address

Postcode

Qualification of witness

Signature of witness

(dd/mm/yyyy)

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years—see section 11 of the *Statutory Declarations Act 1959*.

Note 2 Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959* - see section 5A of the *Statutory Declarations Act 1959*.

New Zealand Statutory Declaration

Write the name and date of birth of the **applicant** here

Full name

Date of birth (dd/mm/yyyy)

Application number (if known)

Write your name and contact details here

Full name (if different from above)

Home address

	Country code	Area code	Phone number
Home phone +	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Country code	Area code	Phone number
Mobile phone +	<input type="text"/>	<input type="text"/>	<input type="text"/>

I solemnly and sincerely declare that:

Provide information or explanations here:

1. I have emigrated permanently to New Zealand and live at the address noted in Section 1 above and attach proof of residence to this declaration.
2. I have opened the KiwiSaver Scheme account named in Section 2 and request and consent to the payment of the whole of the withdrawal benefit to that account.
3. I discharge Retail Employees Superannuation Pty Limited as trustee of the Retail Employees Superannuation Trust of all further liability in respect of the benefits paid and transferred to my KiwiSaver Scheme account.
4. I understand that the benefit paid to my account in the KiwiSaver Scheme will be in Australian dollars.
5. The KiwiSaver Scheme provider listed in Section 4 will accept the benefit payment.

Note: If you do not have enough space, write further details on a separate piece of paper. Ensure that both you and your authorised witness **sign** and **date** each separate piece of paper.

This statutory declaration must be signed and dated in the presence of a Justice of the Peace, a lawyer, a Registered Legal Executive (fellow of NZILE) a Member of Parliament or a Government Officer who has the authority to take statutory declarations, such as our Customer Services Officers at our public counters.

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

Sign your declaration in front of an authorised witness

Declared at

Date signed

WARNING It is an offence to make a statement which is false in any particular for the purpose of gaining a New Zealand travel document. If a New Zealand travel document is obtained by fraud, false representation or the concealment of any material fact, it can be cancelled and the person concerned can, by law, be fined or imprisoned, or both.

Authorised Witness sign here

OFFICIAL STAMP

Please tick your title:

- | | |
|--|---|
| <input type="checkbox"/> Legal Executive (NZILE) | <input type="checkbox"/> Justice of the Peace |
| <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Lawyer <input type="checkbox"/> Government Officer |