

## TRANSFER FROM LOCKED-IN ACCOUNT TO KIWISAVER

ME	MBER DETAILS:										
Na	me: Surname		Title: N								
	Surname	Given names		(Please	e circle one)						
Ме	mber No.:		Date of Birth:	/	/						
Co	ntact Phone No: ( )		_								
Add	dress:										
Em	ail Address:										
		a member who has a Locked-in A the balance in that account to a l			ement Fund						
ME	MBER TO COMPLETE										
Tra	nsfer to KiwiSaver scheme										
I wish to transfer (select one only):											
	the <b>full</b> balance in my Locked-in Account in the NZAS Retirement Fund										
or											
	the sum of \$	from that Locked-in Account									
to t	he following KiwiSaver scheme:										
KiwiSaver scheme name:											
	Member number in the KiwiSaver scheme:										
1											
		ication to transfer all or any of a required to complete the statu			alance to						
Ple	ase sign and date below, then to	urn the page over for the Statutory	/ Declaration.								
		bject to confirmation from you s for this application to be prod		me pro	vider. Please						
Me	mber's signature:	Date	<b>):</b>								

Please return your completed form to the Human Resources Officer, NZAS

## STATUTORY DECLARATION

Please complete this section in front of a person authorised (see below) to take a statutory declaration.

Full name									
of									
Address a	and occupation								
	sfer to my KiwiSaver account of all or part of ay include member tax credits) as shown on						rely		
	cipal place of residence has been in New Zea	aland	throug	hout the	period since	a locked	d-in		
<u>or</u>	<u>or</u>								
	g the period since a locked-in account was established for me in the Fund, my principal place of ence has been in New Zealand except during the period(s) set out below:								
Sta	Start date: E		d date:	ate:					
Sto		_	d date:						
Sta	ırt date:		u date.						
	s solemn declaration conscientiously beli larations Act 1957.	evinç	g the sa	ame to b	e true and b	y virtue	of the		
member.			=						
Declared at:		this		day of		20			
	Location		Day		Month		Year		
Before me (please print):			_						
	Person authorised to take statutory declaration*			Please specify office held					
Signature of witness:			_						

<sup>\*</sup> a Justice of the Peace, or solicitor, or notary public, or other person authorised to take a statutory declaration.