

How to transfer your **Medical & Associated Professions Superannuation Fund** balance to a **KiwiSaver** scheme

Who can transfer?

You can apply to transfer your Medical & Associated Professions Superannuation Fund balance to a KiwiSaver scheme once you have left Australia, permanently emigrated to New Zealand and opened a KiwiSaver account. Retirement savings may only be transferred between a complying APRA-regulated superannuation fund such as the Medical & Associated Professions Superannuation Fund and a KiwiSaver scheme.

There are a number of factors you should consider before transferring. We strongly recommend you speak to your financial and tax advisers before requesting a transfer.

What is required?

If you wish to transfer your Medical & Associated Professions Superannuation Fund balance to a KiwiSaver scheme please complete the 'Application to transfer your Medical & Associated Professions Superannuation Fund balance to a KiwiSaver scheme' form on pages 2 to 4 of this document.

There are a number of support documents that are required to be attached to the 'Application to transfer your Medical & Associated Professions Superannuation Fund balance to a KiwiSaver scheme' form. These include:

- A signed and witnessed statutory declaration stating that you have permanently emigrated to New Zealand. This declaration must be made before one of the persons listed (in section E of the form) as authorised to certify documents as true copies of the original.
- A certified copy of a document issued within the past 12 months which is addressed to you at your current New Zealand address.
- Certified proof of identity documents (see Section 5 of this form).
- A certified copy of your KiwiSaver statement or other document showing that you have opened a KiwiSaver account.
- A statement from your KiwiSaver scheme that it will accept a payment from an Australian complying superannuation fund. This statement may be scanned and provided via email or sent by mail.

Can you transfer part of your superannuation benefit?

As Trustee we are required to transfer 100 per cent of your superannuation benefit. No partial payments are possible.

If you hold frozen funds (also known as non-liquid schemes within your account) you will generally be unable to pay your superannuation into a KiwiSaver scheme.

Is Australian lump sum tax deducted from transfer amounts?

No. For lump sum tax purposes, transfers to KiwiSaver accounts are treated in a similar manner to rollovers between taxed Australian complying superannuation funds.

Application to transfer your **Medical & Associated Professions Superannuation Fund** balance to a **KiwiSaver** scheme

Please ensure you have read the 'How to transfer your Medical & Associated Professions Superannuation Fund balance to a KiwiSaver scheme' information before completing this form.

There are a number of factors you should consider before transferring. We strongly recommend you speak to your financial and tax advisers before initiating the transfer.

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and ✓ boxes where provided.

1 Receiving KiwiSaver scheme details

Name of scheme	<input type="text"/>																									
Postal address	<input type="text"/>																									
Suburb	<input type="text"/>													State	<input type="text"/>		Postcode	<input type="text"/>								
KiwiSaver registration number	<input type="text"/>																									
Member Inland Revenue Department (IRD) number	<input type="text"/>																									
Member KiwiSaver account number	<input type="text"/>																									

2 Member details

Member number	<input type="text"/> M <input type="text"/> A <input type="text"/> P <input type="text"/>																									
Title	<input type="text"/>			Surname	<input type="text"/>																					
Given name(s)	<input type="text"/>																									
Last Australian address																										
Unit No	<input type="text"/>			Street No	<input type="text"/>																					
Street name	<input type="text"/>																									
Suburb	<input type="text"/>													State	<input type="text"/>		Postcode	<input type="text"/>								
New Zealand address																										
Street name/PO Box	<input type="text"/>																									
Suburb	<input type="text"/>													State	<input type="text"/>		Postcode	<input type="text"/>								
Date of birth	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>																			
Daytime phone number (including country and area codes)	<input type="text"/>													Gender	Male <input type="checkbox"/>		Female <input type="checkbox"/>									
Email address	<input type="text"/>																									

3 Australian superannuation fund

- ☐ Medical & Associated Professions Superannuation Fund – Employer Division
- ☐ Medical & Associated Professions Superannuation Fund – Personal Division
- ☐ Medical & Associated Professions Superannuation Fund – Pension Division

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4 Additional documents required to be attached

Please provide the following documentation with this form. Transfers cannot be processed until all of these documents have been received by us:

- A signed and witnessed statutory declaration stating that you have permanently emigrated to New Zealand. This declaration must be made before one of the persons listed below as persons authorised to certify documents as true copies of the original.
- A certified copy of a document issued within the past 12 months which is addressed to you at your current New Zealand address.

For example:

- a rates notice addressed to you at your current New Zealand address
- a utilities bill addressed to you at your current New Zealand address
- a notice of tax assessment addressed to you at your current New Zealand address.

- Certified proof of identity documents (see Section 5 below).
- A certified copy of your KiwiSaver statement or other document showing that you have opened a KiwiSaver account.
- A statement from your KiwiSaver scheme that it will accept a payment from an Australian complying superannuation fund. This statement may be scanned and provided via email or sent by mail.

5 Proof of identity requirements

You will need to provide documentation with this request to prove you are the person to whom the superannuation entitlements belong.

Acceptable documents

A certified copy of the following documents may be provided.

EITHER

☐

A ONE of the following documents only:

- driver's licence issued under State or Territory law
- passport

OR

☐

B ONE of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

AND

ONE of the following documents:

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, State or Territory government or local council within the past twelve months that contains your name and residential address (eg Tax Office Notice of Assessment or rates notice from local council).

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a linking document. A linking document is a document that proves a relationship exists between 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 a Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

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6 Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (such as a judge of a court) and date.

The following people can certify copies for **overseas residents**:

- a judge of a court
- a registrar or deputy registrar of a court
- a police officer
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*)
- an employee of the Australian Trade Commission who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
 - exercising his or her function in that place.
- an employee of the Commonwealth who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
 - exercising his or her function in that place.

7 Declaration and signature

Important note: The Trustee collects the information in this form for the purpose of updating the information it holds about you. The information provided in this form will be used in accordance with the Privacy Policy at www.ioof.com.au/privacy.

- I declare and confirm that all details in this form are true and correct.
- I declare and confirm that I have attached the documents listed in Section D and that all documents, or other evidence or information provided in support of this application are true and correct.
- I request and consent to the transfer of the whole balance of my superannuation benefit referred to in Section C to my KiwiSaver account.
- I acknowledge that exit fees (if any) will be deducted from the superannuation benefits that are transferred to my KiwiSaver account.
- I declare I have permanently emigrated to New Zealand.
- I have opened a KiwiSaver scheme account and the scheme will accept the payment.
- I understand that the superannuation benefit paid from the account specified in Section C will be in Australian dollars.
- I understand that I may ask the trustee for all the information I reasonably need to understand my benefit entitlements. I do not require any such information.
- I understand that if I transfer my benefit entitlement to a KiwiSaver scheme, I will lose any insurance cover attached to my current Australian account and that I will generally not be able to access my benefits until I cease employment after age 60.
- I understand that if my benefit entitlement contains investments in a non-liquid scheme, I will generally be unable to transfer it to a KiwiSaver scheme.

Power of Attorney

If this form is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney and the proof of identity documents, as outlined in the proof of identity requirements in Section E, for both the member and the Attorney. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

Member/applicant signature

Member signature

Date / /

Please forward all correspondence to

Medical & Associated Professions Superannuation Fund, PO Box 133, Nedlands WA 6909 Email employersuper@ioof.com.au
Client services team 1800 009 921 Facsimile (03) 6215 5933 Website www.mapsuper.com.au

Medical & Associated Professions Superannuation Fund is issued by IOOF Investment Management Limited ABN 53 006 695 021 AFSL 230524
as Trustee of the IOOF Portfolio Service Superannuation Fund ABN 70 815 369 818

Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959

1 *Insert the name,
address and
occupation of
person making
the declaration*

I,¹

make the following declaration under the *Statutory Declarations Act 1959*:

2 *Set out matter
declared to in
numbered
paragraphs*

2

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*, and I believe that the statements in this declaration are true in every particular.

3 *Signature of
person making
the declaration*

3

4 *Place*
5 *Day*
6 *Month and year*

Declared at ⁴ on ⁵ of ⁶

Before me,

7 *Signature of
person before
whom the
declaration is
made*

7

8 *Full name,
qualification and
address of person
before whom the
declaration is
made (in printed
letters)*

8

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*.