

# 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 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 identify 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

hesta@hesta.com.au | 1800 813 327 | Locked Bag 35007, Collins St West VIC 8007 | hesta.com.au





## KiwiSaver account transfer request

Use this form to transfer your HESTA account balance to a New Zealand KiwiSaver Scheme (Trans-Tasman transfer). Type in your details or complete in pen using CAPITAL LETTERS. Print 'X' to mark boxes where applicable. **The form must be completed in full.** 

| 1. Personal details                     |                                |           |             |             |  |  |
|---|--------------------------------|-----------|-------------|-------------|--|--|
| Member number                           | Given name/s                   | Family na | name        |             |  |  |
|   |                                |           |             |             |  |  |
| Date of birth                           | Mobile or daytime phone number |           |             |             |  |  |
| DD / MM / YYYY                          |                                |           |             |             |  |  |
| Email                                   |                                |           |             |             |  |  |
|   |                                |           |             |             |  |  |
| Current New Zealand residential a       | ddress (required)              |           |             |             |  |  |
| Residential address (required)          |                                |           |             |             |  |  |
|   |                                |           |             |             |  |  |
| Suburb                                  |                                |           | City/Town   | Postal code |  |  |
|   |                                |           |             |             |  |  |
| Postal address (if different from above | e)                             |           |             |             |  |  |
|   |                                |           |             |             |  |  |
| Suburb                                  |                                |           | City/Town   | Postal code |  |  |
|   |                                |           |             |             |  |  |
| Previous Australian address (requi      | red)                           |           |             |             |  |  |
| Residential address (required)          |                                |           |             |             |  |  |
|   |                                |           |             |             |  |  |
| Suburb                                  |                                |           | State/Terr. | Postcode    |  |  |
|   |                                |           |             |             |  |  |

| 2.  | 2. KiwiSaver scheme transfer details   |                                      |  |  |  |  |
|-----|--|--------------------------------------|--|--|--|--|
| Kiv | KiwiSaver scheme name  | KiwiSaver registration number        |  |  |  |  |
| Yc  | Your KiwiSaver account number Your Inland Reven  | nue Department Number (IRD)          |  |  |  |  |
| Kiv | KiwiSaver scheme address   |                                      |  |  |  |  |
| Su  | Suburb   | City/Town Postal code                |  |  |  |  |
| de  | New Zealand financial institutions no longer accept cheques. For funds to be transfo<br>details for your KiwiSaver Scheme. You can get these details from your KiwiSaver fur<br>his information is received.                                 |                                      |  |  |  |  |
| Ва  | Bank account name:   |                                      |  |  |  |  |
|     | Novel and dozen  |                                      |  |  |  |  |
| ВО  | Bank address:  |                                      |  |  |  |  |
|     | Sank account number:  SWIFT code:  |                                      |  |  |  |  |
|     |  |                                      |  |  |  |  |
| IBA | BAN:   |                                      |  |  |  |  |
| L   |  |                                      |  |  |  |  |
| 3   | s. Proof of identity   |                                      |  |  |  |  |
| Ple | rlease ensure you provide your identification requirements per the enclosed Certifying yo  | our identification form. Any missing |  |  |  |  |
| inf | nformation will cause a delay in your payment.   |                                      |  |  |  |  |
|     | I have attached the required certified proof of identity documents.  |                                      |  |  |  |  |
| 4.  | 4. Member declaration  |                                      |  |  |  |  |
| •   | I confirm the details I have supplied are true and correct and instruct the trustee of H with the provisions of the HESTA Trust Deed available at <b>hesta.com.au/disclosures</b> or   |                                      |  |  |  |  |
| •   | • I acknowledge that, before I sign this form, I read and understand the HESTA Super Product Disclosure Statement available at hesta.com.au/pds or by calling 1800 813 327.  |                                      |  |  |  |  |
| •   | <ul> <li>I understand if I do not provide you with all information requested in this form, you may not be able to accept or carry out my request.</li> </ul>   |                                      |  |  |  |  |
| •   | I understand the information contained in this form will be relied upon and used by the nominated KiwiSaver Scheme account. It may be disclosed to the administrator, gove required, including the trustee of my nominated KiwiSaver Scheme. |                                      |  |  |  |  |
| ٠   | I request and consent to the payment of the whole of my withdrawal benefit to my no  |                                      |  |  |  |  |
| •   | <ul> <li>I have read and understood HESTA's Privacy Collection Statement which is available at hesta.com.au/privacy or by calling<br/>1800 813 327.</li> </ul>   |                                      |  |  |  |  |
| •   | By providing my email address and/or phone number, I nominate those as my up-to-c providing me with information about HESTA's products and services, as well as market products and services.  |                                      |  |  |  |  |
| Siç | Signature  |                                      |  |  |  |  |
|     |  | Date DD / MM / YYYY                  |  |  |  |  |

| New Zealan                    | d statutory                 | declaration                  |                   |                       |           |                         |                  |
|-------------------------------|-----------------------------|------------------------------|-------------------|-----------------------|-----------|-------------------------|------------------|
| This statutory<br>and Declara |                             |                              | e a person who is | s able to witness sto | atutory d | eclarations under the N | ew Zealand Oaths |
|                               |                             |                              | Ne                | w Zealand             |           |                         |                  |
|                               |                             |                              |                   | RY DECLARATION        | _         |                         |                  |
|                               |                             |                              | Oaths and [       | Declaration Act 195   | 7         |                         |                  |
| I (name of ap                 | pplicant)                   |                              |                   |                       |           |                         |                  |
|                               |                             |                              |                   |                       |           |                         |                  |
| of (address)                  |                             |                              |                   |                       |           |                         |                  |
|                               |                             |                              |                   |                       |           |                         |                  |
|                               |                             |                              |                   |                       |           |                         |                  |
|                               |                             | \                            |                   |                       |           |                         |                  |
| who is emplo                  | yed as (occu                | upation)                     |                   |                       |           |                         |                  |
|                               |                             |                              |                   |                       |           |                         |                  |
| request the tr                | ansfer of my                | total withdrawal ber         | nefit from HESTA  | to my nominated K     | liwiSaver | Scheme.                 |                  |
| I solemnly a                  | nd sincerely                | declare that:                |                   |                       |           |                         |                  |
|                               |                             |                              |                   |                       |           |                         |                  |
| <ul> <li>I permane</li> </ul> | ntly emigrat                | ed from Australia to I       | New Zealand on    | DD / MN               |           | and;                    |                  |
|                               |                             | ave provided in this fo      |                   |                       |           |                         |                  |
|                               | s solemn de<br>on Act 1957. | <b>claration</b> conscientic | usly believing th | e same to be true c   | and by vi | rtue of the New Zealand | d Oaths and      |
|                               |                             |                              |                   |                       |           |                         |                  |
|                               |                             |                              |                   |                       |           |                         | 10000            |
|                               |                             |                              |                   |                       |           | DD / MM /               | YYYY             |
| Signature                     |                             |                              |                   |                       | l         | Date                    |                  |
| Declared at                   |                             |                              | this              |                       | day of    |                         | 20               |
|                               | Location                    |                              |                   | Day                   | ,         | Month                   | Year             |
|                               | Location                    |                              |                   | zaj                   |           | riortat                 | rear             |
| Before me (p                  | lease PRINT)                | )                            |                   |                       |           |                         |                  |
| 4                             | ,                           | Witness name                 |                   |                       |           |                         |                  |
|                               |                             | THURSE HEITE                 |                   |                       |           |                         |                  |
|                               |                             |                              |                   |                       |           |                         |                  |
|                               |                             | Cianature of official        | witness           |                       |           |                         |                  |
|                               |                             | Signature of official        | Will IESS         |                       |           |                         |                  |
| Office held:                  |                             | X Legal Executiv             | e (NZILE)         | Member of P           | arliamer  | nt X Governmen          | nt Officer       |
|                               |                             | X Justice of the F           | Peace             | Lawyer                |           |                         |                  |

**Return your completed and signed form** to **hesta@hesta.com.au** or mail to: **HESTA, Locked Bag 35007, Collins St West VIC 8007.**If you have any questions about completing this form, call us on 1800 813 327 between 8.00am and 8.00pm (AET) Monday to Friday.



## certifying your identification



| Name: | Member number (if known): |  |  |  |  |
|-------|---------------------------|--|--|--|--|
|       |                           |  |  |  |  |

### Proving your identity

You need to provide us with identification documents. This is to protect you from the risk of identity fraud, and to ensure your super is paid to you. There are three ways you can provide us with your identification. You can:

- 1. provide document details and your consent for us to verify your identity electronically, or
- 2. scan your certified identification documents and email all requirements to: hesta@hesta.com.au, (you will need to provide a copy of a bank statement issued within the last three months if you select this option), or
- 3. provide certified documents in hard copy and mail all requirements to HESTA, Locked Bag 35007, Collins St West VIC 8007.

Your ID and account details must match - if you need to change your name, you'll need to provide a completed Change of member details form which can be found at hesta.com.au/forms

| details form which can be found at <b>nesta.com.au/forms</b>   |  |  |  |  |  |
|--|--|--|--|--|--|
| Option 1: Electronic proof of identity   |  |  |  |  |  |
| If you select this option you do not have to attach any certified documents. We will do all the checks for you.  Electronic verification |  |  |  |  |  |
| Please provide at least <b>TWO</b> of the following for verification.  |  |  |  |  |  |
| Full name as appears on my Medicare card:  |  |  |  |  |  |
| My Medicare number is:   |  |  |  |  |  |
| Exp. date:   |  |  |  |  |  |
| I am person number on this Medicare Card   |  |  |  |  |  |
| Full name as appears on my Australian driver licence:  |  |  |  |  |  |
| My Australian driver licence number is:  |  |  |  |  |  |
| Card number: see <i>Driver licence card number</i> under Proof of identification at <b>hesta.com.au/forms-brochures</b>                  |  |  |  |  |  |
| Exp. date: State of issue:   |  |  |  |  |  |
|  |  |  |  |  |  |
| Full name as appears on my Australian passport:  |  |  |  |  |  |
| My Australian passport number is:  |  |  |  |  |  |
| Exp. date:   |  |  |  |  |  |
|  |  |  |  |  |  |
| Place of birth:  |  |  |  |  |  |
| Family name at birth (not shown on your passport):   |  |  |  |  |  |

#### **Option 2: Provide certified copies of ID documents**

This step-by-step guide details the types of documents we can accept as proof of your identity and what you need to do to certify them correctly.

X Hard copy verification

If you select this option you must attach all certified documents.

If you decide to email your requirements, you will need to include a copy of a bank statement issued within the last three months.

#### **Acceptable documents**

#### Either

A certified copy of a primary photographic identification document:

- current photographic driver licence issued under state or territory law (copy of the front and back)
- current passport (including English translation where required).

#### or

A certified copy of a primary non-photographic identification document:

- · birth certificate
- citizenship certificate issued by the Commonwealth of Australia
- pension card issued by Centrelink that entitles you to financial benefits

#### and

A certified copy of a secondary identification document:

- a notice issued by a local government body or utilities provider within the preceding three months that shows your name and residential address
- a notice issued by Commonwealth, state or territory government within the past 12 months that shows your name and residential address. For example:
  - Tax Office notice of assessment
  - a notice recording the provision of financial benefits i.e. a Centrelink assistance payment.

#### Verification of identification

Option 1: I confirm that I am authorised to provide the personal details presented and by signing below I consent to the Trustee for HESTA verifying my identification via electronic means and to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Option 2 (optional): This section is optional where Option 2 is selected above. Where option 2 is selected, by signing below I confirm that I am authorised to provide the personal details presented and that in the event my certified documents have not been correctly certified or cannot be read, I consent to the Trustee for HESTA verifying my identification via electronic means and to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

| signature. |  |  | Date. |  |  |  |  |  |  |  |
|------------|--|--|-------|--|--|--|--|--|--|--|
|            |  |  |       |  |  |  |  |  |  |  |

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

If you've changed your name you'll need to provide a certified linking document proving a relationship exists between two (or more) names.

For a change of name you can request linking documents (ea Marriage certificate, Deed poll, Change of name certificate, Divorce decree or Registered relationship certificate) from the Births Deaths and Marriages Registration Office.

If you are signing on behalf of the applicant, you will need to provide Guardianship papers or Power of Attorney documents.

If you can't provide the identification documents we've asked for, give us a call on 1800 813 327 to discuss alternatives.

## How to certify

The person authorised to sight and certify documents must:

- sight the ORIGINAL and the copy and make sure they are identical, and
- write or stamp 'certified true copy' on all copied pages followed by their signature, printed name, qualification (e.g. Justice of the Peace), registration number (if applicable)

#### What does a certified document look like?

Samantha Sample has provided a photocopy of her identification that included signature, full name, date of birth, and current residential address.

- The certifying authority has sighted the original identification, and confirmed that the copy is a true copy.
- Details for the certifying authority are included: full name, qualification, registration number (if applicable), date and signature.





## "I certify that this document is a true copy of the original

Name: Kate Anderson Date: 31 July 2015

Qualification: Registration no: 222222

#### Do proof of identity and/or linking documents need to be translated?

If your proof of identity and/or linking documents are in a language that is not understood by the person carrying out the verification, they must be accompanied by an English translation prepared by an accredited translator.

#### Who can certify my identification document?

For a full listing of people who can certify your documents, see Part 2 of Schedule 1 of the Statutory Declarations Regulations 2023. Some of the people who can certify documents are:

- a medical practitioner
- a nurse
- an optometrist
- a psychologist
- a pharmacist
- a chiropractor
- a veterinary surgeon
- an accountant (member of ATMA, CA ANZ, CPA or IPA)
- a teacher permanently employed on a full time or part time basis at a school or tertiary institution
- a notary public
- a police officer
- a Justice of the Peace
- a maaistrate
- a marriage celebrant
- a member of the Governance Institute of Australia Ltd
- a SES employee of the Commonwealth.

#### What if I don't certify my identity documents correctly?

If the identification documents you send with your application are not certified or incorrectly certified, we may call you to verify your identity over the phone. If you're unable to give us enough information to identify you over the phone, you may need to resend certified proof of identity documents. This will lead to delays in processing your application.

#### Return your completed and signed form $t_{\text{O}}$

hesta@hesta.com.au or mail to:

#### HESTA, Locked Bag 35007, Collins St West VIC 8007.

If you have any questions about completing this form, call us on 1800 813 327 between 8.00am and 8.00pm (AET) Monday to Friday.

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