

# ANZ SMART CHOICE SUPER

## TRANS-TASMAN APPLICATION FORM FOR WHOLE BALANCE TRANSFERS - AUSTRALIA TO NEW ZEALAND



1 October 2022

### Customer Services

Phone 13 12 87 (international +61 2 8366 1500)

Email [smartchoice@insigniafinancial.com.au](mailto:smartchoice@insigniafinancial.com.au)

Website [anz.com/smartchoice](http://anz.com/smartchoice)

GPO Box 5107, Sydney NSW 2001

### Instructions

Please send your completed application and required documentation to us.

You will be eligible to transfer your withdrawal benefit from ANZ Smart Choice Super to a KiwiSaver scheme if:

- we are satisfied that you have permanently emigrated to New Zealand; and
- the KiwiSaver scheme you are transferring to accepts your transfer.

Please ensure you complete all sections below.

We have provided this form to assist with the process of transferring your withdrawal benefit from us to a KiwiSaver scheme. However, the transfer will not be made unless we are satisfied about the matters dealt with in this form. We may require that any information, document or evidence that you provide is verified by an oath, affirmation or statutory declaration made under New Zealand law.

**Things you need to consider when transferring your superannuation:** When you transfer your super, your entitlement under that fund will cease. You need to consider all relevant information before you make a decision to transfer your super. If you ask for information, we must give it to you. Some of the points you may consider are:

- **Fees** – If you are not aware of the fees that may apply when you transfer your funds, please ask us for further information before completing this form. The fees could include administration fees. Your receiving KiwiSaver scheme may also charge entry or deposit fees on transfer. Differences in the fees KiwiSaver scheme providers charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** – If you choose to leave your fund, you may lose any insurance entitlements you have.

By completing this form I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in ANZ's Privacy Policy which is available at [anz.com/privacy](http://anz.com/privacy) and OnePath Custodians' Privacy Policy which is available at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy). If I have provided information about another person in this application, I declare that I have the consent of that person to do so. I understand that ANZ and OnePath Custodians require me to inform the person concerned that I have done so and direct them to the Privacy Policies so they may understand the manner in which their personal information (including health and other sensitive information) may be used and disclosed by ANZ and OnePath Custodians.

## 1. PERSONAL DETAILS

ANZ Smart Choice Super member number

KiwiSaver scheme Investor number

IRD number (Inland Revenue Department)

Date of birth           Gender  Male  Female

Title  Mr  Mrs  Ms  Miss  Dr  Other

First name(s)  Last name

New Zealand Residential address

Suburb/Town  Postcode

Home phone  Business phone

Mobile phone  Email

Last known address in Australia

Suburb/Town  State  Postcode

Approximate date of permanent emigration to New Zealand

- Certified copy of utility bill attached (dated after the date of permanent immigration to New Zealand).
- Certified copy of drivers licence or passport attached (including a copy of the signature page of the holder of drivers licence or passport).

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### 2. SCHEME DETAILS

Please tick applicable scheme details.

**2a. ANZ KIWISAVER SCHEME DETAILS**

KiwiSaver scheme name: ANZ KiwiSaver Scheme

KiwiSaver scheme registration number

Issuer and manager: ANZ New Zealand Investments Limited

KiwiSaver scheme postal address: PO Box 7149, Wellesley Street, Auckland 1141

KiwiSaver scheme email address: [service@anzinvestments.co.nz](mailto:service@anzinvestments.co.nz)

Phone number: +64 9 356 4000

**Please pay funds into the following bank account:**

Bank SWIFT: ANZBNZ22

Bank name and address: ANZ Bank New Zealand Limited, Wellington

Beneficiary name: The NZ Guardian Trust Co Ltd as Supervisor of ANZ KiwiSaver A/C

Beneficiary address: Level 17, ANZ Centre, 23-29 Albert Street, Auckland, 1010

Beneficiary account number: 218410AUD00001

Remittance instructions: Investor name and KiwiSaver scheme investor number

**2b. OneAnswer KIWISAVER SCHEME DETAILS**

KiwiSaver scheme name: OneAnswer KiwiSaver Scheme

KiwiSaver scheme registration number

Issuer and manager: ANZ New Zealand Investments Limited

KiwiSaver scheme postal address: PO Box 7149, Wellesley Street, Auckland 1141

KiwiSaver scheme email address: [service@anzinvestments.co.nz](mailto:service@anzinvestments.co.nz)

Phone number: +64 9 356 4000

**Please pay funds into the following bank account:**

Bank SWIFT: ANZBNZ22

Bank name and address: ANZ Bank New Zealand Limited, Wellington

Beneficiary name: The NZ Guardian Trust Co Ltd as Supervisor of OneAnswer KiwiSaver A/C

Beneficiary address: Level 17, ANZ Centre, 23-29 Albert Street, Auckland, 1010

Beneficiary account number: 218460AUD00001

Remittance instructions: Investor name and KiwiSaver scheme investor number

**2c. ANZ Default KIWISAVER SCHEME DETAILS**

KiwiSaver scheme name: ANZ Default KiwiSaver Scheme

KiwiSaver scheme registration number

Issuer and manager: ANZ New Zealand Investments Limited

KiwiSaver scheme postal address: PO Box 7149, Wellesley Street, Auckland 1141

KiwiSaver scheme email address: [service@anzinvestments.co.nz](mailto:service@anzinvestments.co.nz)

Phone number: +64 9 356 4000

**Please pay funds into the following bank account:**

Bank SWIFT: ANZBNZ22

Bank name and address: ANZ Bank New Zealand Limited, Wellington

Beneficiary name: The NZ Guardian Trust Co Ltd as Supervisor of ANZ Default KiwiSaver A/C

Beneficiary address: Level 17, ANZ Centre, 23-29 Albert Street, Auckland, 1010

Beneficiary account number: 218409AUD00001

Remittance instructions: Investor name and KiwiSaver scheme investor number

# ANZ SMART CHOICE SUPER

## TRANS-TASMAN APPLICATION FORM FOR WHOLE BALANCE TRANSFERS - AUSTRALIA TO NEW ZEALAND

### 2d. Other KiwiSaver scheme details

KiwiSaver scheme name

KiwiSaver scheme name registration number

Issuer and/or manager

KiwiSaver scheme postal address

Suburb/Town

Postcode

KiwiSaver scheme email address

Phone number (including country and area code)

Bank SWIFT

Bank name and address

Beneficiary name

Beneficiary address

Suburb/Town

Postcode

Beneficiary account number

Remittance instructions

### 3. PERSONAL SUPER CONTRIBUTIONS

Do you intend to claim a tax deduction on personal contributions made during the financial year?

Yes. You must complete the Notice of Intent to Claim or vary a Deduction for Personal Super Contributions attached to this form.

No. Please proceed to section 4.

### 4. STATUTORY DECLARATION

#### Persons before whom a statutory declaration can be made

This statutory declaration can be made before a person who can take a statutory declaration under New Zealand law. This includes the following people in New Zealand:

- person enrolled as a barrister and solicitor of the High Court of New Zealand
- Justice of the Peace
- notary public
- Registrar or Deputy Registrar of the Supreme Court, High Court, a District Court or Court of Appeal
- any other person authorised to take a statutory declaration under New Zealand law.

We can also accept an Australian law statutory declaration. Contact us for more information if you cannot provide a New Zealand statutory declaration.

I (Full name of the person making the declaration)

Of (Address)

and (Occupation)

#### Solemnly and sincerely declare that:

1. I emigrated permanently to New Zealand as noted in section 1 above.
2. My current place of residence in New Zealand is the address noted in section 1 above.
3. I have opened a KiwiSaver scheme account in the KiwiSaver scheme named in section 2.
4. I request and consent to the payment of the whole of my withdrawal benefit to my account in the KiwiSaver scheme named in section 2.
5. I discharge OnePath Custodians Pty Limited as trustee of the Retirement Portfolio Service of all further liability in respect of the benefits paid and transferred to my KiwiSaver scheme account.
6. I understand that the benefit paid to my account in the KiwiSaver scheme will be in Australian dollars.
7. The KiwiSaver scheme provider listed in section 2 will accept the withdrawal amount to be transferred to my account in the KiwiSaver scheme.

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8. I declare that I am aware I may ask my Australian complying superannuation fund for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the *Oaths and Declarations Act 1957* (New Zealand).

Signature of the person **making** the declaration

Declared at  this  day of  20

**Before me:** (signature, name, qualifications and address of the person on front of whom the declaration is made)

Full name

Address

Suburb/Town  Postcode

Contact number

Qualification

Signature of the person **taking** the declaration

Date

The following documentation is required before your request can be assessed, however we may request further information.

(Please check you have enclosed evidence of the following (if appropriate), then tick the relevant boxes to confirm).

- You have completed all sections of the application form and completed the Statutory Declaration in section 4.
- You have attached evidence of your residence at a New Zealand address, for example, a certified copy of your utility bill and your driver's licence or passport (including a copy of the signature page of the holder of the driver's licence or passport). The utility bill, driver's licence or passport can be certified by the person witnessing your Statutory Declaration in section 4.

Send this application form to the address on page 1.

# ANZ SMART CHOICE SUPER

## NOTICE OF INTENT TO CLAIM OR VARY A DEDUCTION FOR PERSONAL SUPER CONTRIBUTIONS



1 October 2022

### Customer Services

Phone 13 12 87 (International +61 2 8366 1500)

Email [smartchoice@insigniafinancial.com.au](mailto:smartchoice@insigniafinancial.com.au)

Website [anz.com/smartchoice](http://anz.com/smartchoice)

Complete and sign the form if you intend to claim or vary a deduction for personal contributions and return to:

ANZ Smart Choice Super  
GPO Box 5107  
Sydney NSW 2001

### 1. MEMBER ACCOUNT NUMBER

Member number

### 2. MEMBER DETAILS

Date of birth

First name(s)  Last name

Residential address

Suburb/Town  State  Postcode

Home phone  Business phone

Mobile phone

Tax file number (TFN)

**Note:** You don't have to provide your TFN to us. However, if we do not have your TFN, we may not be able to accept your contributions. Providing your TFN will also assist us in correctly identifying you.

### 3. CONTRIBUTION DETAILS

You must complete and return this notice to ANZ if you intend to claim a taxation deduction for part or all of your personal superannuation contributions.

Financial year ended 30 June

My personal contributions to this Fund in the above financial year:

\$

The amount of these personal contributions I will be claiming as a tax deduction

\$

Is this notice varying an earlier notice  Yes  No

**Please note:** A tax deduction for personal superannuation contributions may only be claimed by people in certain circumstances. Please refer to the Australian Taxation Office (ATO) or your tax adviser to determine if you are eligible to claim a personal tax deduction.

### 4. DECLARATIONS

In signing one of the declarations on this form, you should be aware that the law has changed to expand the administrative penalty provisions to include penalties for making false or misleading statements that do not result in a shortfall amount.

This may include making false or misleading statements to an entity other than the ATO if the statement is required or allowed to be made under tax law, for example, a notice of intent to deduct super contributions given to a super fund.

For more information about these penalties, refer to Superannuation and false or misleading statements which do not result in a shortfall amount at [ato.gov.au](http://ato.gov.au)

# ANZ SMART CHOICE SUPER

## NOTICE OF INTENT TO CLAIM OR VARY A DEDUCTION FOR PERSONAL SUPER CONTRIBUTIONS

### 4A. DECLARATION

#### Intention to claim a tax deduction

Use this declaration if you have not previously lodged a notice with the Fund for these contributions.

I am lodging this notice before both of the following dates:

- the day that I lodged my income tax return for the year stated in section 3, and
- the end of the financial year after the year stated in section 3.

At the time of completing this notice:

- I intend to claim the personal contributions in section 3 above as a tax deduction.
- I am a member of Retirement Portfolio Service.
- Retirement Portfolio Service currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions.
- I have not included these contributions in an earlier valid notice.

The information given on this form is correct and complete.

Name of member

Signature of member

Date

D	D	M	M	2	0	Y	Y
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or

### 4B. DECLARATION

#### Variation of previous valid deduction notice

Use this declaration if you have already lodged a valid notice with the Fund for these contributions and you wish to reduce the amount stated in that notice.

I confirm that:

- I intend to claim the personal contributions in section 3 above as a tax deduction.
- I am a member of the Retirement Portfolio Service.
- Retirement Portfolio Service currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions.
- I wish to vary my previous valid notice for these contributions by reducing the amount I advised in my previous notice.

I confirm that either:

- I have lodged my income tax return for the year in which the contribution was made, prior to the end of the following financial year and this variation notice is being lodged before the end of the day on which the return was lodged, or
- I have not yet lodged my income tax return for the relevant financial year and this variation notice is being lodged on or before the 30 June in the financial year following the year the contribution was made, or
- the Australian Tax Office has disallowed my claim for a deduction for the relevant year and this notice reduces the amount stated in my previous valid notice by the amount that has been disallowed.

The information given on this form is correct and complete.

Name of member

Signature of member

Date

D	D	M	M	2	0	Y	Y
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