



Application to Transfer from SSRSS to a KiwiSaver Scheme

^{v1} You need to complete sections 1-4. Your employer/payroll contact needs to complete section 5 of this form.

If you want to transfer your total credit in the SSRSS to a KiwiSaver scheme you must first join a KiwiSaver scheme otherwise the Trustees cannot action your request. Please note on transferring your total credit to a KiwiSaver scheme, your membership of the SSRSS will cease and cannot be reactivated.

1. EMPLOYER DETAILS

Employer name:

2. MEMBER DETAILS

Member name:

Employee No:

Bus. Phone:

Portfolio Investor Rate (PIR): 17.5% 28% (Please see www.ird.govt.nz for information on how to calculate your PIR)

3. TRANSFER REQUEST

| Please transfer from my current SSRSS Scheme with this Provider: <i>(Please tick one box only)</i> | Please transfer to my KiwiSaver Scheme: |
|---|---|
| AMP New Zealand <input type="checkbox"/> | Name of KiwiSaver Scheme Provider (please attach a copy of confirmation of membership) |
| ASB Group Investments Ltd <input type="checkbox"/> | |
| AXA New Zealand <input type="checkbox"/> | KiwiSaver Membership No. / IRD No. |

I wish to stop contributions to my SSRSS account and to transfer my total credit from my SSRSS scheme to my KiwiSaver scheme.

I acknowledge that:

- ◆ my total credit will be transferred
- ◆ membership of my current SSRSS Scheme will be closed (and cannot be reactivated).
- ◆ on transferring to a KiwiSaver scheme my funds will be subject to the benefit rules of KiwiSaver.

4. MEMBER AUTHORISATION

I confirm that the above information is correct, that my employer is authorised to stop my SSRSS contributions, and that the Trustee of my SSRSS scheme is authorised to transfer my total credit to the Trustee of the KiwiSaver scheme. I acknowledge that the transfer amount will be allocated to accounts in the KiwiSaver scheme as determined by the Trustee.

Member signature: _____

Date: / /

5. EMPLOYER AUTHORISATION

I confirm that the Member's request to stop SSRSS contributions has been processed and that all final contributions for this Member have been paid to the SSRSS scheme.

Authorised signature: _____

Date: / /

PLEASE NOTE: Send this form to your SSRSS Scheme Provider. They will contact your KiwiSaver Scheme Provider to organise the transfer.