

31 March 2022

Customer Services

Phone +61 2 8366 1510

Email client@onepathsuperinvest.com.au Website anz.com

GPO BOX 4028 Sydney NSW 2001

INSTRUCTIONS

Please send your completed application and required documentation to us.

You will be eligible to transfer your withdrawal benefit from the product identified in section 1 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 as well as exit or withdrawal fees. Your receiving fund may also charge entry or deposit fees on transfer. Differences in the fees funds 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 and OnePath's Privacy Policy which is available at anz.com/privacy or by calling Customer Services. If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so.

I understand that ANZ and OnePath Custodians requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at anz.com/privacy

Australian product name (e.g. OneAnswer)			
nvestor number			
KiwiSaver scheme investor number			
RD number (Inland Revenue Department)			
Title Mr Mrs Ms Mi	ss Dr Other		
Given name(s) including middle name & Surname	2		
Date of birth DDMMMYYYYY	Gender Male Female		
New Zealand Address (residential)			
Suburb/Town		State	Postcode
Phone (including country and area code)	Home		
Business	Mobile		
Email			
Last known address in Australia			
C 1 1 T		State	Postcode
Suburb/Town			
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2. SCHEME DETAILS (CONTINUED)	
2B. OneAnswer KIWISAVER SCHEME DETAILS	
KiwiSaver scheme name:	OneAnswer KiwiSaver Scheme
KiwiSaver scheme registration number	K S S 1 0 0 2 4
KiwiSaver provider name:	ANZ New Zealand Investments Limited
KiwiSaver provider postal address:	PO Box 7149, Wellesley Street, Auckland 1141
KiwiSaver provider email address:	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	K S S 1 0 0 0 1
KiwiSaver provider name:	ANZ New Zealand Investments Limited
KiwiSaver provider postal address:	PO Box 7149, Wellesley Street, Auckland 1141
KiwiSaver provider email address:	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
2D. OTHER KIWISAVER SCHEME DETAILS	
KiwiSaver scheme name:	
KiwiSaver scheme registration number	
Issuer and/or manager:	
KiwiSaver scheme postal address:	
KiwiSaver provider email address:	
Phone number (including country and area code):	
Bank SWIFT:	
Bank name and address:	
Beneficiary name:	
Beneficiary address:	
Beneficiary account number:	
Remittance instructions:	

• I intend to claim the personal contributions in section 3 above as a tax deduction.

• I am a member of Retirement Portfolio Service.

• I have not included these contributions in an earlier valid notice.

The information given on this form is correct and complete.

part on these contributions.

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.							
NOTICE OF INTENT TO CLAIM OR VARY A DEDUCTIO	N FOR PER	RSONAL SUPER CO	ONTRIBUTIONS				
a. Member account number							
Member number							
b. Member details							
Surname							
Given name(s)							
Date of birth D D M M Y Y Y Y							
Residential address							
Suburb/Town		State	Postcode				
Home phone	Business pho	one					
Mobile phone		Tax file number (TFN)					
Note: You don't have to provide your TFN to us. However, if we do not hav	e your TFN, we	may not be able to acce	pt your contributions. Providing				
your TFN will also assist us in correctly identifying you.							
c. Contribution details							
You must complete and return this notice to ANZ if you intend to claim a tax	ation deductio	n for part or all of your per	sonal superannuation contributions.				
Financial year ended 30 June 2 0							
My personal contributions to the Retirement Portfolio Service		The amount of these pe					
covered by this notice and that I will be claiming as a tax deduction.		I will be claiming as a ta	x 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) individual tax return instructions, your financial adviser or tax adviser to determine if you are eligible to claim a personal tax deduction.							
d. 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 and misleading statements that do not result in a shortfall amount.							
This may include making false and 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.							
1. Declaration Intention to claim a tax deduction							
Use this declaration if you have not previously lodged a notice with the Re	etirement Portf	olio Service for these con	tributions.				
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	n 3, and						
the end of the financial year after the year stated in section 3.							
At the time of completing this notice:							

• Retirement Portfolio Service currently holds these contributions and has not begun to pay a superannuation income stream based in whole or

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NOTICE OF INTENT TO CLAIM OR VARY A DEDUCTION FOR PERSONAL SUPER CONTRIBUTIONS (CONTINUED)
Name of member
Signature of member
Date D D M M Z O Y Y
If you do not wish to claim a Tax Deduction, you do not have to complete section 3.
or
2. Declaration Variation of previous deduction notice Use this declaration if you have already lodged a valid notice with the Retirement Portfolio Service 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 Z O Y Y

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 (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.
- 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							
	Date D D	M M	2 0 Y Y				
Declared at	this		day of		2 (Y	Υ
Before me: (signature, name, qualifications and address of the person	on front of whom	the declarati	on is made)				
Full name							
Address							
Suburb/Town		State		Postcode			
Contact number	Qualification						
Signature of the person taking the declaration							
	Date D D	M M	2 0 Y Y				
The following documentation is required before your request can be a	issessed, however v	we may requ	uest further informa	ation.			
(Please check you have enclosed evidence of the following (if appropr	iate), then tick the	relevant box	es to confirm).				
☐ You have completed all sections of the application form and comp	leted the statutory	declaration	in section 4.				
You have attached evidence of your residence at a New Zealand ac	ddress, for example	, a certified	copy of your utility	bill and your	driver'	s lice	nce

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.