

How to transfer your Child Care Super account to a KiwiSaver scheme



If you are planning on moving permanently to New Zealand, you may be able to transfer your superannuation savings from Child Care Super to a New Zealand KiwiSaver scheme. Below you will find information about what you need to do to transfer your Child Care Super account to a KiwiSaver account. Please follow the instructions below to complete your application.

What you need to do

Check your eligibility

To transfer your Child Care Super account to your KiwiSaver scheme, you must:

- have an active KiwiSaver account and your provider must be able to accept transfers from Australia, and
- have permanently emigrated to New Zealand, and
- transfer your entire Child Care Super balance to your KiwiSaver account.

Payment of part of your super benefit to a KiwiSaver account is not permitted under any circumstances. It is recommended that you seek independent professional financial advice before proceeding.

Apply to transfer your account

1. Complete the application form

Complete the attached Request to transfer whole balance of superannuation benefits to KiwiSaver Scheme form.

2. Provide Supporting Documents

To transfer your Child Care Super account to KiwiSaver scheme, you must provide:

a) Proof of your identity (ID).

Include certified proof of identity documents in accordance with the instructions under the Completing Proof of Identity section.

b) Letter of Compliance from your KiwiSaver scheme.

Include a Letter of Compliance from your KiwiSaver scheme confirming that they will accept the transfer and the bank details containing: Bank SWIFT code, Bank name and address, Beneficiary name, Beneficiary address and Beneficiary account number.

c) **Proof of residence in New Zealand.** If the document you used to provide proof of your ID doesn't have your current New Zealand address, you will need to provide us with another document e.g. utility bill, council rate notice or bank statements that are less than 12 months old.

d) **A signed Statutory Declaration stating you have permanently emigrated to New Zealand.** You must complete an Australian or New Zealand statutory declaration stating you have permanently emigrated to New Zealand. Different rules apply for Australian and New Zealand statutory declarations.

Witness for a New Zealand statutory declaration

A list of people who can be witnesses is set out in Section 9 to the New Zealand Oaths and Declarations Act 1957 which can be accessed via the following link: <http://www.legislation.govt.nz/act/public/1957/0088/latest/DLM314553.html>.

Witness for an Australian Commonwealth Statutory Declaration

A list of people who can be witnesses is set out in Schedule 2 to the Statutory Declarations Regulations 1993 which can be accessed via the following link: www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx.

To make a Commonwealth statutory declaration overseas, you should be able to contact a person listed under Schedule 2 as an authorised witness at the nearest Australian Embassy, High Commission or Consulate. You may be charged a fee for this service. For details of an Australian Consulate close to you, go to www.dfat.gov.au/missions.

Send it back to us

If you meet the eligibility criteria, complete the Request to transfer whole balance of superannuation benefits to KiwiSaver Scheme form. Make sure you complete all mandatory fields. If you don't, we may not be able to process your request. All completed forms and documentation can be mailed to: **Child Care Super, GPO Box 2788, Melbourne VIC 3001**

Need more help?

If you need help or don't know if your proof of ID is acceptable, give us a call before you get started. Call us on +61-3-8687 1823, 8.00am to 7.00pm (AEST) Monday to Friday.

For more information on transfers to a KiwiSaver scheme visit www.ato.gov.au.

Continued over...



Request to transfer whole balance of superannuation benefits to KiwiSaver Scheme



Completing this form

- Refer to instructions where indicated with a ➔
- This form is only for whole (not part) balance transfers.

➔ Returning this form is easy

Sign and date the authorisation and mail it back to us along with all supporting documents.

Personal details (please provide your current details)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	(please specify): <input type="text"/>	Gender M/F* <input type="text"/>	Date of birth* <input type="text"/>
Surname*						Given name(s)*	
Other/previous names							
Tax file number				IRD Number*			
<small>Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences</small>							
CURRENT ADDRESS IN NEW ZEALAND (residential, no P.O. Boxes)							
Address*						Postcode	
Country	NEW ZEALAND		Contact phone number*			Email*	
PREVIOUS ADDRESS ➔ Last known address in Australia (the address held by Child Care Super)							
Address*						State	Postcode

Fund details

FROM	TO
Fund name	KiwiSaver Scheme name*
Child Care Super	
GPO Box 2788, Melbourne Vic 3001	KiwiSaver registration number*
Fund phone number	KiwiSaver phone number*
+61-3-8687 1823	
Membership or account number	KiwiSaver Membership number*
Australian business number (ABN)	KiwiSaver Scheme Address*
22 599 554 834	
Superannuation Product Identification Number (SPIN)	
INN0002AU	

❗ If you have multiple account numbers with Child Care Super, you must complete a separate form for each account you wish to transfer.

Checklist

I have attached:

- ☐ a certified copy of my proof of identity
- ☐ a letter of compliance from my KiwiSaver Scheme confirming they will accept the transfer along with bank details.
- ☐ proof of my residence in NZ showing address e.g utility bill, council rates etc.
- ☐ an Australian or New Zealand Statutory Declaration stating I have permanently emigrated to New Zealand

Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider 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 discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred to my **TO** fund.
- I wish to transfer my entire benefit to my Kiwi Saver Account.
- I have permanently emigrated to New Zealand.
- My KiwiSaver provider has confirmed they can accept this transfer.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

Name*	Signature*	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>

* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.



EPS BARCODE NEEDED

New Zealand Statutory Declaration – Transfer to Kiwisaver



Complete this form if you wish to make a New Zealand statutory declaration.

This form must be signed in New Zealand by a Deputy Registrar/Registrar of the High Court or any District Court, Justice of the Peace, or Solicitors or Notary Public or Officer authorised to take and receive Statutory Declarations.

For more information on who can witness a Statutory Declaration visit: www.legislation.govt.nz/act/public/1957/0088/latest/whole.html#DLM316165

For further information visit www.justice.govt.nz/tribunals

Declaration

First name	Surname
I, <input type="text"/>	<input type="text"/>
Address in full	
OF <input type="text"/>	
Occupation	
<input type="text"/>	

do solemnly and sincerely declare that (please state the facts of your declaration):

1. I permanently emigrated from Australia to New Zealand on (Date – DD/MM/YYYY)
2. All supporting documents provided with this application are true and correct

And make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Act 1957.
I am aware that if I deliberately provide false information in this Declaration I could be charged with an offence and sentenced in court.

Signature declarant

Signature of person making the declaration	Name of Signatory		
<input type="text"/>	<input type="text"/>		
Place	Date	Month	Year
Declared at <input type="text"/>	on the <input type="text"/> day of <input type="text"/> in the year <input type="text"/>		

Before me

Signature of person witnessing the declaration	Name of Signatory (Please use BLOCK letters)
<input type="text"/>	<input type="text"/>
Qualification of Signatory	<input type="text"/>
Contact Address of Signatory (Please use BLOCK letters)	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>

Please send completed form to **Child Care Super, GPO Box 2788, Melbourne VIC 3001**



EPS BARCODE NEEDED

Australian Statutory Declaration – Transfer to Kiwisaver



Complete this form if you wish to make an Australian statutory declaration.

To transfer your Australian superannuation monies to a KiwiSaver Scheme, you must complete a statutory declaration stating that you have permanently emigrated to New Zealand. For more information on who can witness your Statutory Declaration please visit: www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx.

New Zealand Justices of the Peace, solicitors etc. cannot witness an Australian statutory declaration.

Declaration

First name	Surname
I, <input type="text"/>	<input type="text"/>
Address in New Zealand	
OF <input type="text"/>	
make the following declaration under the Statutory Declaration Act 1959:	
1. I permanently emigrated from Australia to New Zealand on <input type="text"/> (Date – DD/MM/YYYY)	
2. All supporting documents provided with this application are true and correct	
I understand that a person who intentionally makes a false declaration in a statutory declaration is guilty of an offence under section 11 of the Statutory	

Person making this declaration

Signature of person making the declaration	Name of Signatory		
<input type="text"/>	<input type="text"/>		
Place	Date	Month	Year
Declared at <input type="text"/>	on the <input type="text"/> day of <input type="text"/>	in the year <input type="text"/>	

Declared before me

Signature of person witnessing the declaration	Name of Signatory (Please use BLOCK letters)		
<input type="text"/>	<input type="text"/>		
Qualification of Signatory	<input type="text"/>		
Contact Address of Signatory (Please use BLOCK letters)	<input type="text"/>		
Date (DD/MM/YYYY)	<input type="text"/>		

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.

Please send completed form to **Child Care Super, GPO Box 2788, Melbourne VIC 3001**



EPS BARCODE NEEDED