

This completed form should be returned to your nearest Craigs Investment Partners branch or to:

Craigs Investment Partners Limited
 Superannuation Transfer Service
 Freepost 366
 PO Box 13155
 Tauranga 3141

Tel. 0800 878 278

Full Name

This includes your First Name, Middle Name(s), Surname – please do not use initials or abbreviations.

Please provide your personal contact details.

If address held by your scheme provider is different from above.

A2 To be completed if you are transferring from an overseas scheme provider.

A3 To be completed if this relates to a UK pension scheme.

Please provide details of your superannuation scheme provider.

CRAIGS INVESTMENT PARTNERS ADVISOR (if applicable)

CLIENT CODE

INTERMEDIARY

This form provides Craigs Investment Partners with authority to request information in respect of my scheme benefits from my existing scheme provider.

A Personal details

Mr Mrs Miss Ms Dr

Full Name |

Date of Birth |

DAY MONTH YEAR

I am a New Zealand citizen or have New Zealand tax residency Other |

IRD Number |

Please complete each section below and tick one box for your preferred method of contact:

Current Postal Address |

Postcode |

Previous Postal Address |

Postcode |

Telephone: Home |

Mobile |

Telephone: Work |

Facsimile |

E-mail Address |

A2 Unique overseas tax identification number* (if available)

* e.g. Your National Insurance Number in the UK.

A3 Date you left the UK

Date |

DAY MONTH YEAR

B Scheme details

Scheme Provider |

Postal Address |

Postcode |

Telephone |

Facsimile |

E-mail Address |

If you have more than one plan with your scheme provider please insert them in the Additional Plan Number field.

C2 To be completed if your scheme is linked to this employment.

C Your plan details

Plan Number	Value
Additional Plan Number 1	Value
Additional Plan Number 2	Value

Please attach a recent statement/communication from your scheme provider if available.

C2 Your employer/former employment details

Company Name	
Postal Address	
Postcode	
Telephone	Facsimile
E-mail Address	

D Authorisation to obtain information

I hereby authorise Craigs Investment Partners Limited to obtain any relevant information regarding my current superannuation benefits. I confirm that the details written on this form, to the best of my knowledge, are correct.

Name				
Signature	Date	DAY	MONTH	YEAR

If you have any additional information that could assist Craigs Investment Partners with this transfer information request, please enclose it with this form.

Please complete the Letter of Authority to enable Craigs Investment Partners to request information from your existing scheme provider.

Transfers will only be permitted subject to your existing superannuation scheme's rules and Craigs Investment Partners acceptance of your application into superSTART®.

If you agree to proceed with the transfer of your scheme benefits you will need to;

- provide your Craigs Investment Partners Advisor with your instruction to proceed.
- complete the discharge documentation for your existing scheme.
- complete an Application Form for the Craigs Investment Partners Superannuation Scheme (superSTART®).

Craigs Investment Partners will then issue your existing scheme provider with documentation relating to the transfer of your existing scheme benefits, including a request for remittance of funds.

Letter of Authority Release of Scheme information

Provider name & address |
.....
.....
.....
.....
.....

Date |

Dear Sir / Madam |

Re: Member name |

Date of birth |
DAY MONTH YEAR

Plan number |

Please accept this letter as my authority for you to release any information relevant to my scheme benefits to
Craigs Investment Partners Limited at the address below:

Superannuation Transfer Administrator
Craigs Investment Partners Limited
PO Box 13155
158 Cameron Rd
Tauranga 3141
New Zealand

I confirm that my contact details are:

Address |
.....
.....

Email |

Telephone |

Please do not hesitate to contact me if you require further information.

Yours sincerely,

Signature |

Full name |