

# NZ Superannuation Scheme Transfer (non-KiwiSaver)

If you would like help in completing this form, please email [kiwisavertwo@fisherfunds.co.nz](mailto:kiwisavertwo@fisherfunds.co.nz) or phone us on 0800 20 40 60.

You can complete this form on-screen by typing directly into each field. Once you have completed your details, please print, sign and post the form to Fisher Funds, Private Bag 93502, Takapuna, Auckland 0740, or email to [kiwisavertwo@fisherfunds.co.nz](mailto:kiwisavertwo@fisherfunds.co.nz).

## Section 1 – Your details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact phone	Email address	
<input type="text"/>	<input type="text"/>	
Fisher Funds TWO KiwiSaver member number	IRD number	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 2 – Details of the NZ Superannuation Scheme you wish to transfer from

Name of NZ Superannuation Scheme	
<input type="text"/>	
Name of provider	Account/Membership/Policy number
<input type="text"/>	<input type="text"/>
Provider address	
<input type="text"/>	
Additional information	
<input type="text"/>	

## Section 3 – Declaration

I,

hereby authorise the Fisher Funds TWO KiwiSaver Scheme and its staff to act on my behalf and arrange for the transfer of funds from my NZ Superannuation Scheme to the Fisher Funds TWO KiwiSaver Scheme. Please provide them with any information they may require to complete the transfer.

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

Please provide a copy of a recent statement from your NZ Superannuation Scheme with this form