

Fisher Funds KiwiSaver Plan NZ Superannuation Scheme Transfer (non-KiwiSaver)

If you would like help in completing this form, please email enquiries@fisherfunds.co.nz or phone us on **0508 347 437**.

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 KiwiSaver Plan, Private Bag 93502, Takapuna, Auckland 0622** or email to enquiries@fisherfunds.co.nz.

Section 1 – Your details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact phone	Email address	
<input type="text"/>	<input type="text"/>	
KiwiSaver account 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"/>	

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

Section 3 – Declaration

I,

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

Signature

Date