NZFUNDS MANAG

MANAGED SUPERANNUATION SERVICE



Authority to transfer

 $Complete \ and \ send \ to \ FreePost \ NZ \ Funds \ Managed \ Superannuation \ Service, Private \ Bag \ 92226, Auckland \ 1142, or \ by \ email \ to \ registry@nzfunds.co.nz$

Member details					
Name					
tle (Mr/Mrs/Miss/Ms/Dr) First name			ldle name(s)		
Surname					
Address					
Street/P0 Box					
Suburb	City		Po	ostcode	
Phone number(s)					
	()		()		
Mobile	Home		Business		
New Zealand IRD number		Date of birth DD / MM /	YYYY		
		, ,			
Details of the scheme I wish	to transfer from				
	i to transfer from				
Name of superannuation scheme					
Scheme provider					
Scheme provider address					
Street/P0 Box					
Suburb	City		Po	ostcode	
Scheme account number					

Details of the scheme I wish to transfer to

Name of superannuation scheme

NZ Funds Managed Superannuation Service

Provider name

 $New\,Zeal and\,Funds\,Management\,Limited$

Scheme provider address

NZ Funds Managed Superannuation Service Private Bag 92226 Victoria Street West Auckland 1142 New Zealand

Scheme registration number

SCH11205

Declaration and authorisation

- I agree to the transfer of funds from my superannuation scheme to the NZ Funds Managed Superannuation Service and authorise New Zealand Funds Management Limited (NZ Funds) to act on my behalf and arrange the transfer.
- I authorise the manager and/or supervisor of my superannuation scheme to provide NZ Funds and The New Zealand Guardian Trust Company Limited with any personal information they may require to complete the transfer.
- I understand that once the funds are received by NZ Funds, they will be subject to the terms and conditions of the NZ Funds Managed Superannuation Service.

Signature of member			Date						
			/	MM	/				