

Election to transfer to another registered scheme

(Defined Benefit)

PLEASE USE BLOCK LETTERS

Please complete this form if you wish to transfer from your current defined benefit scheme to another registered superannuation scheme

This section is to be completed by the member

Your contract number	<input type="text"/>	Name of current National Provident Fund Scheme	<input type="text"/>
Surname	<input type="text"/>	Given names	<input type="text"/>
Address	<input type="text"/>		
Email	<input type="text"/>		
Contact phone number	<input type="text"/>	Date of birth	<input type="text" value="DD / MM / YYYY"/>

I elect to transfer from the above scheme to *(new scheme name)*

I understand that the Transfer Value from this scheme will have earnings if applicable and reserves applied at rates determined by the Board of Trustees of the National Provident Fund. I also understand that this election is irrevocable.

Your signature	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>
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This section is to be completed by the employer

Employer identity number	<input type="text"/>	Employer's name	<input type="text"/>
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IMPORTANT: The following information about contributions made by the member and the employer up to the date of cessation is required by the Board in order to determine the member's benefit correctly. This information must be certified at the top of page 2 by a person authorised by the employer.

Previous financial year	<input type="text" value="01 / 04 / YYYY"/>	to	<input type="text" value="31 / 03 / YYYY"/>	Employee	<input type="text" value="\$"/>	Employer	<input type="text" value="\$"/>	<i>(Net of ESCT)</i>
Current financial year	<input type="text" value="01 / 04 / YYYY"/>	to	<input type="text" value="DD / MM / YYYY"/>	Employee	<input type="text" value="\$"/>	Employer	<input type="text" value="\$"/>	<i>(Net of ESCT)</i>
<i>(Date contributions ceased)</i>								

Salary rates and their effective dates over the last five years up to the date contributions ceased:

FROM DATE	SALARY	FROM DATE	SALARY
<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="\$"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="\$"/>
<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="\$"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="\$"/>
<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="\$"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="\$"/>
<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="\$"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="\$"/>
<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="\$"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="\$"/>

Election to transfer to another registered scheme

(Defined Benefit)

This section is to be completed by the employer (continued)

Name Designation Contact Phone Number

Signature Date

This section to be completed by a person authorised by the Trustee(s) of the Transferee scheme

Name of authorised person completing this section

Surname Given names

Designation Contact phone number

Name of scheme

I certify that the

is a registered superannuation scheme under the Financial Markets Act 2013 and that the trustee(s) of this scheme are prepared to accept this transfer into the scheme and confirm that the Transfer Value will be fully vested to the member immediately on payment of the Transfer Value to this scheme.

Scheme registration number Member's policy number

Name of transferee scheme bank account

BANK		BRANCH			ACCOUNT NUMBER								SUFFIX		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Scheme address
(for correspondence purposes)

A copy of the Trustee Deed is attached (please tick) Yes ☐ No ☐

Signature Date

Please return completed form to:
NPF Schemes Administration, Datacom Connect Limited, Freepost 1060, PO Box 1036, Wellington 6140

This section is to be completed on behalf of the Board of Trustees of the National Provident Fund by a person authorised by Datacom Connect Limited

Signature Date

Name

Privacy Statement

Privacy Act Statement

The personal information you have supplied is being collected by Datacom on behalf of the Board of Trustees of the National Provident Fund (**Board**), as administrator of your current National Provident Fund Scheme (**Scheme**). The information collected in this form will be held by Datacom and will be stored electronically within New Zealand. It will be used to process your application to join the Scheme under this form. It may also be used to contact you in the future.

The information may be exchanged between the Board and Datacom. It may be disclosed to third parties, such as Annuitas Management Limited (provider of executive office/secretariat services to the Board), agents of or advisers to the Board or Datacom or other government departments in accordance with the Privacy Act 1993 for the purposes of the ongoing management and administration of the Board, the National Provident Fund schemes and to enable the Board to fulfil its statutory or legal obligations, such as for tax reporting or anti-money laundering requirements. If you do not provide the information requested, we may not be able to process any election and/or update your member record, as set out in this form.

Under the Privacy Act 1993, you have the right to request any personal information which the Board holds about you; you may request correction of the information; you may request that there be attached to the information a statement of any correction sought but not made. The Board may charge you a fee for the reasonable costs of responding to any of these requests.

By providing your email address you consent to Datacom and the Board contacting you by email regarding your entitlements in the Scheme and other information about services, as appropriate. You agree, pursuant to the unsolicited Electronic Messages Act 2007, that the person sending any message need not include a functional unsubscribe facility in the message

Board of Trustees of the National Provident Fund

Level 12, The Todd Building
95 Customhouse Quay
Wellington 6011

NPF Schemes Administration

Datacom Connect Limited
PO Box 1036
Wellington 6140

Verification of Identity

Under the Anti-money Laundering and Financing of Terrorism Act 2009 we are required to verify the identity and address of all members. We may contact you to request more information, or we may require additional information before you are able to make a further withdrawal from the Scheme. If we consider that you have not provided all required information, or we have not been able to verify it to our satisfaction, you may not be able to make a withdrawal from the Scheme until such information has been provided by you.



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