

KiwiSaver scheme payment statement

Complying Australian super funds (other than defined benefit funds, unfunded public sector schemes and self-managed superannuation funds) should complete this statement (or a similar paper form that collects the same information) when they pay a member's superannuation benefits to a KiwiSaver scheme in New Zealand.

You must send a copy of the completed statement to the member. Members should keep their copy of this completed statement **indefinitely** for their records.

WHEN COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black or blue pen.
 - Place |X| in all applicable boxes.

Se	ection A: Receiving KiwiSaver scheme details
1	Name
2	Postal address
	Suburb/town Postcode
3а	KiwiSaver registration number
b	Member Inland Revenue Department (IRD) number
С	Member KiwiSaver account number
_ Se	ection B: Member details
4	Full name Title: Mr Mrs Miss Ms Other Family name
	First given name Other given names
5	Last known Australian address
	Suburb/town State/territory Postcode

6	New Zealand address			
	Suburb/town Postcode			
7	Date of birth Day / Month / Year			
8	Daytime phone number (include country and area codes)			
9	Email address (if known)			
Section C: Payment details				
10	Source component			
	Australian sourced amount			
а	Taxable component (Taxed element) \$			
b	Tax-free component \$,			
	Restricted non-preserved amount, if applicable* (This is an amount which could only have been accrued by members before 1 July 1999.) \$			
	Unrestricted non-preserved amount, if applicable* (This is an amount which may be paid by an Australian fund when requested by the member.) \$			
	* Details of restricted non-preserved and unrestricted non-preserved amounts (if held by the member) are to be recorded. If the member later returns to Australia, any returning non-preserved Australian amounts that are not identified here will be treated as preserved benefits.			
С	Returning New Zealand sourced amount (Only applicable for members who previously moved KiwiSaver amounts to Australia and are returning to New Zealand.)			
11	Total payment A\$,			

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The total at label 11 must equal a + b + c in label 10. Amounts must be recorded in Australian dollars and cents.

13 Fund name 14 Contact name	Se	ection D: Australian superannuation fund
14 Contact name Title: Mr	12	Fund ABN
14 Contact name Title: Mr		
Title: Mr Mrs Miss Miss Ms Other Family name Prest given name Other given names 15 Email address (if applicable) 16 Daytime phone number (include country and area codes) Complete the declaration that applies to you. Print your full name then sign and date declaration. Despite the declaration that applies to you. Print your full name then sign and date declaration. Penalties may be imposed for giving false or misleading information. TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section D. I declare that the information contained in the statement is true and correct. Name (Print in BLOCK LETTERS) Trustee, director or authorised officer signature Date Date	13	Fund name
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Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section D.		THORISED REPRESENTATIVE DECLARATION nplete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section D.
I declare that:		
 I have prepared the statement with the information supplied by the superannuation provider I have received a declaration made by the superannuation provider that the information provided to me for the preparation of 		
this statement is true and correct	th	is statement is true and correct
■ I am authorised by the superannuation provider to give the information in the statement to the receiving fund.		
Name (Print in BLOCK LETTERS)	INan	ne (Mint in Block Letters)
Authorised representative signature	Aut	horised representative signature
Date		Date
Day Month Year		

Where to send the completed statement



Do not send the completed statement to the ATO.

You must:

- send this statement to the receiving KiwiSaver scheme in section A within 7 days of paying the benefit amount
- provide a copy of this statement to the member identified in section B within 30 days of paying the benefits to their KiwiSaver scheme.
- keep a copy in your records for five years.

Privacy

The ATO does not collect the information on this form. Your super fund is authorised to collect all relevant information for the completion of this form. The ATO provides the format for this form under the *Taxation Administration Act 1953*. Where authorised by law, the information on this form may be given to a foreign super fund, as well as foreign government agencies. For more details regarding your privacy rights you should contact your superannuation fund.