



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.

WHEN COMPLETING THIS STATEMENT

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

! 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.

Section A: Receiving KiwiSaver scheme details

1 Name

2 Postal address

Suburb/town

Postcode

3a KiwiSaver registration number

b Member Inland Revenue Department (IRD) number

c Member KiwiSaver account number

Section 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

Section D: Australian superannuation fund

12 Fund ABN

□□	□□□	□□□	□□□
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13 Fund name

14 Contact name

Title: Mr Mrs Miss Ms Other

Family name

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First given name

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Other given names

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15 Email address (if applicable)

16 Daytime phone number (include country and area codes)

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Section E: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

 Before you sign the declaration, check that you have provided true and correct information. 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)

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Trustee, director or authorised officer signature

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Date

Day	Month	Year
□□	□□	□□□□
/	/	

OR

AUTHORISED REPRESENTATIVE DECLARATION

Complete 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
- I am authorised by the superannuation provider to give the information in the statement to the receiving fund.

Name (Print in BLOCK LETTERS)

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Authorised representative signature

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Date

Day	Month	Year
□□	□□	□□□□
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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.