

# **Application for transfer of ATO-held USM to New Zealand**

#### When completing this form

- F
  - Read the below information carefully to avoid delays in processing of your application.

This may result in us not being able to process your application.

NAT 75399-04.2022

- Print clearly in BLOCK LETTERS using a black pen only
- Place **X** in the applicable boxes
- Sign and date the declaration at the end of the form
- Mail your completed form to the address shown on page 4
- Ensure all mandatory fields marked with an asterisk (\*) are completed
- The ATO may request supporting documents to process your application.
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For further information please go to ato.gov.au

Se	ection A: <b>Reason for application</b>
	Select one option from the below*
	Option 1 To have my ATO-held USM transferred to my KiwiSaver scheme provider.
	Option 2   I am aged 65 years or older, and I am applying for a direct payment of my ATO-held USM to my nominated bank account.
	Option 3 My ATO-held USM balance is less than \$200, and I am applying for a direct payment to my nominated bank account.
	Option 4 I am applying for BOTH Option 1 and Option 3.
Se	ection B: <b>Account holder's details</b>
1	Name
	Title:* Mr Mrs Miss Ms Other
	Family name*
	Tarrily Harte
	First given name*  Other given name
2	Previous name details
_	Provide details of all previous names and any names you are commonly known by
	Provide details of all previous names and any names you are commonly known by
3	Date of birth*
	Day / Month / Year
4	Australian tax file number
	Tax file number (TFN)
•	We are authorised by the <i>Taxation Administration Act 1953</i> to request your tax file number (TFN). It is not an offence not to quote your TFN. However, not providing it may lead to delays in processing your application or confirming your identity.

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Provide all available details			
Passport number (Use the passport number you used to enter Australia)			
Australian superannuation fund membership number			
-astralian superambation and membership humber			
Have you permanently emigrated to New Zealand*			
declare I am a permanent resident and/or citizen of New Zealand			
Yes No			
Current New Zealand residential address*			
Street address*			
Suburb/town/locality*			Postcoo
Current postal address*			
Street address*			
Suburb/town/locality*			Postcoo
Suburb/town/locality		State/territory	Postcoo
ii) Street address			
Suburb/town/locality		State/territory	Postcoo
Suburb/ town/riocality		State/territory	
Prior Australian postal address (this will assist the ATO to match your d	otaile)		
Street address	etalis)		
Suburb/town/locality		State/territory	Postcod
How can we contact you if we need more information?*			
If an email address is not provided it may be difficult for us to contact you.			
Email address			
Phone +64			

## Section C: Unclaimed USM details of KiwiSaver scheme provider

If you have selected either Option 1 or Option 4, in Section A: Reason for application: provide your KiwiSaver scheme provider account details in the boxes below (we will be unable to process your application without this information).\*

	Provide details of KiwiSaver scheme provider*				
	Name of KiwiSaver scheme provider*				
	NZ Business Number of the scheme provider (can be found at <a href="mailto:nzbn.govt.nz">nzbn.govt.nz</a> )*				
	KiwiSaver scheme name*				
	KiwiSaver scheme number*				
	KiwiSaver scheme membership number*				
_					
Se	ection D: Direct payment of USM to your bank account (if eligible)				
lf yo fina	ou have selected either Options 2, 3 or 4, in Section A: Reason for application: payment can be transferred directly to your				
	ncial institution in New Zealand. Complete the relevant section below.*				
13	ncial institution in New Zealand. Complete the relevant section below.*  Telegraphic transfer to your New Zealand financial institution*				
13	Telegraphic transfer to your New Zealand financial institution*  Provide your New Zealand financial institution details to have your USM paid directly to you. Confirm the details with your New Zealand financial institution and complete the following:				
13	Telegraphic transfer to your New Zealand financial institution*  Provide your New Zealand financial institution details to have your USM paid directly to you. Confirm the details with your				
13	Telegraphic transfer to your New Zealand financial institution*  Provide your New Zealand financial institution details to have your USM paid directly to you. Confirm the details with your New Zealand financial institution and complete the following:				
13	Telegraphic transfer to your New Zealand financial institution*  Provide your New Zealand financial institution details to have your USM paid directly to you. Confirm the details with your New Zealand financial institution and complete the following:  Bank name*  Bank address*				
13	Telegraphic transfer to your New Zealand financial institution*  Provide your New Zealand financial institution details to have your USM paid directly to you. Confirm the details with your New Zealand financial institution and complete the following:  Bank name*				
13	Telegraphic transfer to your New Zealand financial institution*  Provide your New Zealand financial institution details to have your USM paid directly to you. Confirm the details with your New Zealand financial institution and complete the following:  Bank name*  Bank address*				
13	Telegraphic transfer to your New Zealand financial institution*  Provide your New Zealand financial institution details to have your USM paid directly to you. Confirm the details with your New Zealand financial institution and complete the following:  Bank name*  Bank address*  Full account name – for example, John Q Citizen. Do not show the account type, such as cheque, savings, mortgage offset*				

It is important that you provide the correct bank account details as we may be unable to recover money paid to an incorrect account.

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### Section E: Declaration

#### Before you sign this form

Make sure you have answered all the relevant questions correctly and read the privacy statement below before you sign and date this page. An incomplete form may delay processing and we may ask you to complete a new form.

Heavy penalties may be imposed for providing false or misleading information.

#### **Privacy information**

The ATO is a government agency bound by the *Privacy Act 1988* in terms of collection and handling of personal information and tax file numbers (TFNs). For further information about privacy law notices please go to <a href="ato.gov.au/privacy">ato.gov.au/privacy</a>. We may check the supporting documents you supply with the agencies that issued them.

#### Declare that you have provided all relevant information\*

#### Account holder

- I declare that I am the account holder and the information given on this application is true and correct.
- I consent for my identity document(s) to be matched with the issuers or record holders for the purpose of confirming my identity.
- I authorise the ATO to disclose my information to my KiwiSaver Scheme Provider to allocate my ATO-held USM to my KiwiSaver scheme account

Name (Print in BLOCK LETTERS)*	
Signature*	Date*
	Day Month Year

## Lodging your application

Send your application to us at:

Australian Taxation Office PO Box 3578 ALBURY NSW 2640, AUSTRALIA