

**Please forward completed documents to:**  
 masinvest@linkmarketservices.com

**Or post to:**  
 MAS Superannuation  
 FREEPOST 884  
 PO Box 91976  
 Victoria Street West, Auckland 1142

**For assistance:**  
 Phone 0800 627 738  
 Email masinvest@linkmarketservices.com

**Important information**

**UK pension transfers**

If your account includes money transferred from a UK pension this amount cannot be transferred to a superannuation scheme. There may also be significant adverse UK tax consequences of making a transfer. You should seek specialist tax advice.

For more information about transferring funds to another superannuation scheme, please read the MAS Retirement Savings Scheme Product Disclosure Statement available on our website at [mas.co.nz/retirement-savings](https://mas.co.nz/retirement-savings)

### 1. Your information

Full name	<input type="text" value="Title"/> <input type="text" value="First names (s)"/> <input type="text" value="Surname"/>		
Member number	<input type="text" value="(if known)"/>	Date of birth	<input type="text" value="dd-mm-yyyy"/>
Postal Address	<input type="text" value="Address line 1"/> <input type="text" value="City"/> <input type="text" value="Postcode"/>		
Phone number	<input type="text" value="Home"/>	<input type="text" value="Work"/>	<input type="text" value="Mobile"/>
Email	<input type="text"/>		
Prescribed investor rate (PIR)	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5%	<input type="checkbox"/> 28%

Please refer to [ird.govt.nz/pir](https://ird.govt.nz/pir) for more information on how to determine your PIR.

### 2. Details of the superannuation scheme you wish to transfer to

Name of scheme

Account/reference number

### 3. Authority to act on your behalf

I, the undersigned, wish to apply for my account balance to be transferred from the MAS Retirement Savings Scheme, to my nominated superannuation scheme.

If my application is approved, I hereby authorise Medical Funds Management Limited as Manager of the MAS Retirement Saving Scheme and their agents, including Medical Assurance Society New Zealand Limited and Link Market Services Limited to act as my agent for the purposes of actioning this transfer. Please provide them with all the information they require to carry out this instruction.

I acknowledge that my application may be approved at the Manager's discretion.

Signature of Member

Date