

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

**Or post to:**

MAS Superannuation  
 Free Post 884  
 PO Box 91976  
 Victoria Street West, Auckland 1142

**For assistance:**

Phone 0800 627 738  
 Email masinvest@linkmarketservices.com

**i Important information**

Funds transferred from your MAS Retirement Savings Scheme account to a KiwiSaver scheme cannot be transferred back if you are under age 65.

Once funds have been released from your account to another provider it may take up to two weeks (or longer) for the other provider to complete the transfer of funds. You should consider this timeframe if you are planning to make a KiwiSaver first home withdrawal.

If your account includes money transferred from a UK pension you cannot generally transfer any of your account to a KiwiSaver 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 a KiwiSaver scheme, please read the MAS Retirement Savings Scheme Product Disclosure Statement available on our website at [mas.co.nz/retirement-savings](http://mas.co.nz/retirement-savings)

### 1. Your information

Full name 

Title	First names (s)	Surname
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Member number 

(if known)	Date of birth <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">dd</td><td style="width: 15%;">-mm</td><td style="width: 20%;">-yyyy</td></tr></table>	dd	-mm	-yyyy
dd	-mm	-yyyy		

Postal Address 

	City	Postcode
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Phone number 

Home	Work	Mobile
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Email

Prescribed investor rate (PIR) 

	10.5%	17.5%	28%
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Please refer to [ird.govt.nz/pir](http://ird.govt.nz/pir) for more information on how to determine your PIR.

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

Name of scheme

Account/reference number

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### 3. Transfer instructions

Please note that once funds have been released from your account to another provider it may take up to two weeks (or longer) for the other provider to complete the transfer of funds. You should consider this timeframe if you are planning to make a KiwiSaver first home withdrawal.

Select one of the following options:

I wish to transfer my full available balance and leave my account open. I understand that I must leave a minimum of \$5,000 in my account unless I continue to contribute.

I wish to transfer my full available balance and close my account immediately.

*You will need to instruct your employer to stop making contributions to your account. If any contributions are made after your account is closed, these will be returned to your employer.*

I wish to transfer my full available balance and close my account, and MAS will wait to confirm that no further contributions will be made into my account.

*You will need to instruct your employer to stop making contributions to your account. We will contact you as soon as this process is completed and the funds are released.*

I wish to make a partial transfer of

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### 4. 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 KiwiSaver scheme.

I acknowledge that once funds have been released from my account to another provider it may take up to two weeks (or longer) for the other provider to complete the transfer of funds.

If my application is approved, I hereby authorise Medical Funds Management Limited as Manager of the MAS Retirement Savings 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.

#### Privacy Statement

We collect, store, use, and disclose your personal information in accordance with our Privacy Statement which is available on our website at [mas.co.nz/privacy-statement](https://mas.co.nz/privacy-statement). You can contact us in relation to your privacy by emailing [privacyofficer@mas.co.nz](mailto:privacyofficer@mas.co.nz) or calling us on 0800 800 627.

Signature of Member

Date