## MAS KiwiSaver Scheme

# Authority to transfer Superannuation Funds into the MAS KiwiSaver Scheme Form



Please forward completed documents to:

masinvest@linkmarketservices.com

#### Or post to:

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

Account/reference number

#### For assistance:

Phone 0800 627 738 Email masinvest@linkmarketservices.com

## (i) Important information

The MAS KiwiSaver Scheme is registered under the Financial Markets Conduct Act 2013.

Name: MAS KiwiSaver Scheme, SCH10705

If you are transferring from an Australian complying superannuation scheme you will need to complete a different form. You can find more information on our website at <a href="mas.co.nz/superannuation-transfer-australia">mas.co.nz/superannuation-transfer-australia</a>

full name	Title	First names (s)		Surname
Member number	(if known)		Date of birt	h dd-mm-yyyy
Postal Address				
			City	Postcode
Phone number	Home		Work	Mobile
Email				
Prescribed investo		10.5%	17.5%	28% PIR.
Prescribed investo Please refer to <u>ird.</u>	g <u>ovt.nz/pir</u> for n	nore information on h	ow to determine your I	PIR.
Prescribed investor Please refer to ird.  2. Details of Please provide a control of the provide	govt.nz/pir for r	nore information on h	ow to determine your I me you wish to ondence from the com	PIR.
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Prescribed investor Please refer to ird.  2. Details of Please provide a country, so we can ge	govt.nz/pir for r	nore information on h  nnuation sche	ow to determine your I me you wish to ondence from the com	transfer from

### 3. Authority to act on your behalf

I the undersigned wish to arrange for my superannuation scheme with you to be transferred as soon as possible to the MAS KiwiSaver Scheme, a registered superannuation scheme.

I hereby authorise the Manager, Medical Funds Management Limited, and its 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 <a href="mas.co.nz/privacy-statement">mas.co.nz/privacy-statement</a>. You can contact us in relation to your privacy by emailing privacyofficer@mas.co.nz or calling us on 0800 800 627.

Signature of Member	Date	dd-mm-yy

