

If you would like help in completing this form, please phone SBS on 0800 502 442

### Investor Details

Title     First Names

Surname  Date of Birth  /  /

New Zealand IRD Number

Lifestages KiwiSaver Member Number  K  S

Australian Tax File Number\*

If you do not know your Tax File Number, please call the Australian Fax Office on +61 2 6216 1111 and ask to be transferred to personal tax enquiries. They will ask you for your name, date of birth and a last known address in Australia.

Phone  Email Address

Last Known Australian Address

### Details of the Australian Superannuation Scheme you wish to transfer from

Name of Australian Superannuation Scheme

Name of Provider

Provider Address

Account/Membership/Policy Number

Additional Information

### Please attach with this Form

- A copy of a recent statement from your Australian Superannuation Scheme or
- A copy of your Australian Superannuation Scheme Membership Certificate

I, (Full name)  hereby authorise:

- any Officer of SBS Bank to use my personal information to make enquiries on my behalf regarding any superannuation money I may be entitled to. I understand that my personal information may be passed on to the Australian Tax Office, AusFund and providers of superannuation or other entities that may assist in finding any Australian superannuation balances and assisting with withdrawal; and I also authorise
- any entity that SBS Bank contacts regarding my superannuation to release all information about me and my superannuation to SBS Bank as my agent and to take instructions from SBS Bank

Signature  Date  /  /

### Return Form

Please return the completed form and supporting documents to us by mail, email or fax:

Mail: SBS Bank, PO Box 835, Invercargill

Email: funds@sbs.net.nz

Fax: (03) 963 4915

Please call us on 0800 502 442 if you need any help.