

MERCER SUPER TRUST IN-SERVICE TRANSFER FORM



Privacy Statement

Information in this form and any requested documents are being collected to enable administration of this account. The Privacy Act entitles the account holder to access and to request correction of any personal information.

Please print in black or blue pen, in uppercase, one character per box and all that apply.

STEP 1 - IDENTITY

Member number

IRD number

Title: Mr Mrs Ms Miss Other

Date of birth / /

First name

Middle name(s)

Surname

Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Mailing address (if different from residential address)

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Telephone

Mobile

Home phone

Email

STEP 2 - TRANSFER OPTIONS

I wish my benefit to be:

Transferred to the Mercer KiwiSaver scheme (a complete application form is attached)*.

OR

Transferred to the following registered KiwiSaver Scheme*:

Name of Provider

Name of Scheme

*Membership Number

* If you are not a member of this scheme already, you will need to complete an application to join the scheme.



Membership number

STEP 3 – CONFIRM YOUR IDENTITY

! Copies of your documents can be certified by one of the following: Justice of the Peace, Solicitor, Notary Public or Member of Parliament.
For a full list of certifiers and acceptable documents and how these can be certified please read Confirmation of Identity Guide available on mercersupertrust.co.nz website.

📄 **To the certifier:** The certifier must view the original document(s) (not a fax, photocopy or scan) before writing their **Full Name, Occupation, Date and Signature** and make a statement to the effect that the document(s) provided are a true copy and represent the identity of the named individual. Certification is valid for 3 months.

PROVIDE A CERTIFIED PHOTOCOPY OF CURRENT AND VALID DOCUMENTS.

A Confirm your identity by providing:

OPTION 1 – A certified photocopy of ONE of:

- A NZ / overseas passport A NZ firearms licence An overseas government national identity card.

OR OPTION 2 – A certified photocopy of ONE of: + ONE of:

- A NZ / international driver's licence; or A NZ / overseas birth certificate; or
 An 18+ card. A NZ / overseas citizenship certificate.

OR OPTION 3: A certified photocopy of: + ONE of:

- A New Zealand driver's licence A credit card, debit or EFTPOS card issued by a NZ bank with the name and signature on the card; or
 A SuperGold card or Community Services card.

B Confirm your residential address by providing an original or a copy of one of the following (can't be more than 6 months old):

- Bank statement OR Utility bill OR Inland Revenue statement

STEP 4 – SIGN THE FORM

Your membership will be terminated when all relevant information has been provided and your final contributions to the plan have been received and allocated to your account.

Member Signature

Date / /



Membership number

EMPLOYER SECTION

The information requested from the Employer on this form is required to be provided to the Scheme Trustee in terms of sections 32A and 32B of the Taxation Administration Act 1994.

STEP 1 – CONTRIBUTIONS



Please provide details of total contributions paid for this member since the start of the current review year (1 April). This information will be used to reconcile the contributions received before the termination is processed to ensure the member receives their full and correct entitlement.

	Already paid	Still to be paid
Total Member Contributions from 1 April this Year	\$ <input type="text"/>	\$ <input type="text"/>
Total Net Employer Contributions from 1 April this Year	\$ <input type="text"/>	\$ <input type="text"/>
Final contributions will be paid (or have been) paid on	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of cessation of membership	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

STEP 2 – EMPLOYER AUTHORISATION



This section must be completed by an authorised signatory of the Plan. Please contact Mercer for a full list of authorised signatories for your plan.

I certify the information given above is true and correct.

Employer's Signature

Date

/ /

Full name

Designation



Please return completed form to:
Mercer (N.Z.) Limited
PO Box 1849
Wellington 6140
New Zealand

