



Authority to Transfer Cook Islands National Superannuation Fund KiwiSaver Scheme

Please complete this form if you wish to transfer your Cook Islands National Superannuation Fund to a regulated **KiwiSaver Scheme**. Complete this form and provide the necessary documents listed in Part 4 of this Form.

For more information on the transfer process, please contact us on +682 255 15 between Monday - Friday 9am to 3pm

1. Member details – Cook Islands National Superannuation Fund

RMD Number	<input type="text"/>	CINSF Member Number	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other	<input type="text"/>	
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Residential Address	<input type="text"/>		
Phone Numbers	Home Phone <input type="text"/>	Mobile Phone	<input type="text"/>
Email Address	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Final contribution date	<input type="text"/> / <input type="text"/> / <input type="text"/>

2. Details of a KIWISAVER SCHEME or Complying Superannuation Scheme

Your Member Membership Number (if known)	<input type="text"/>
Your New Zealand IRD Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of scheme	<input type="text"/>
Scheme Bank Account	<input type="text"/>
Scheme address	<input type="text"/>



3. Authorisation and Acknowledgement - Cook Islands National Superannuation Fund transfer to The Sunsuper Superannuation Fund or Complying Superannuation Scheme acknowledgement.

Please arrange for the transfer of funds from my Cook Islands National Superannuation Fund scheme to the KiwiSaver Scheme or Complying Superannuation Scheme set out in Part 2 of this Authority Form. I understand that this application is subject to the approval of the provider of the KiwiSaver Scheme or Complying Superannuation Scheme and the office of the Cook Islands National Superannuation Fund.

I authorise the KiwiSaver Scheme or Complying Superannuation Scheme provider to act on my behalf if required for the purpose of actioning the transfer. This includes obtaining documents and other information from the Cook Islands National Superannuation Fund that as required to complete the transfer.

I have / will provide the KiwiSaver Scheme or Complying Superannuation Scheme provider with any information it may require to complete the transfer. I understand that any information I give to the Cook Islands National Superannuation Fund may be passed on to my KiwiSaver Scheme or Complying Superannuation Scheme provider as reasonably required and I authorise the Cook Islands

National Superannuation Fund to give such information in relation to this transfer as requested by my chosen KiwiSaver Scheme or Complying Superannuation Scheme provider. This information may also be provided to the Supervisor and related entities of KiwiSaver Scheme or Complying Superannuation Scheme provider (and those who provide services to those entities).

I acknowledge that there may be tax consequences when transferring my Cook Islands National Superannuation Fund scheme to the KiwiSaver Scheme or Complying Superannuation Scheme, and that I am liable for any such tax consequences.

I acknowledge that the KiwiSaver Scheme or Complying Superannuation Scheme provider has recommended that I seek independent and professional Cook Islands and New Zealand tax and financial advice regarding my circumstances in relation to the proposed transfer. I am a New Zealand citizen and entitled to live in New Zealand indefinitely and I am below the age of eligibility for NZ Super (currently 65) and I have permanently emigrated from Cook Islands to New Zealand and do not intend to return to Cook Islands to live.

I do not intend to transfer to another KiwiSaver scheme or Complying Superannuation Scheme before the transfer of my savings from the Cook Islands National Superannuation Fund takes place. I understand that once my Cook Islands National Superannuation Fund funds have been transferred to the KiwiSaver Scheme or Complying Superannuation Scheme they will become subject to the rules and regulations governing the KiwiSaver Scheme or Complying Superannuation Scheme.

I understand that the savings in my KiwiSaver Scheme or Complying Superannuation Scheme that are transferred from the Cook Islands National Superannuation Fund may be accessed at age 65 or after 5 years membership, whichever is the later.

I understand that following a transfer of my Cook Islands National Superannuation Fund scheme funds to the KiwiSaver Scheme or Complying Superannuation Scheme I will not be able to transfer them to a third country (being a country other than New Zealand or Australia)

I understand that the bank fees incurred for the transfer of funds from the Cook Islands National Superannuation Fund to my selected KiwiSaver Scheme or Complying Superannuation Scheme will be met from my Cook Islands National Superannuation Fund funds.

Signature

Date



4. Checklist

The following documentation must be submitted after completing your 6 month waiting period. The 6 month period starts after your departure from the cook islands:

- Fully complete and signed authority to transfer form
- Attach a copy of your passport
- Letter from Cook Islands employer (confirming commencement & end date) or copy of contract of employment
- Confirmation of departure (e-ticket or immigration departure stamp)
- Letter from your KIWISAVER SCHEME confirming the bank account details to transfer your Cook Islands National Superannuation Fund (CINSF).

Once you have completed this form please post:

Cook Islands National Superannuation Fund
 PO Box 3076
 Avarua
 Rarotonga
 Cook Islands
 Email: enquiry@superfund.gov.ck

CINSF Office Use Only			
Received by			
Processed by			
<input type="checkbox"/>	Check that all fields on form are complete before accepting this Registration Form and required documents		
<input type="checkbox"/>	Register on Te Roro		
<input type="checkbox"/>	Scan and attach to Te Roro		
<input type="checkbox"/>	Submit to Manager for approval		
Approved by		Date	/ /
<input type="checkbox"/>	Remove from CODA file		