

Authority To Transfer Form

Please complete this form if you wish to transfer funds from another superannuation scheme into the Gareth Morgan KiwiSaver Scheme. For more information on the transfer process please visit our website www.gmk.co.nz or call us on 0800 GMK 015.

1. Personal Details:

Please fill out your details so we can identify you on our records:

IRD Number					Date of Birth											
Surname																
First Name(s)																
Daytime Phone																

2. Details Of The Scheme You Wish To Transfer From:

Name Of Provider																
Provider Address																
Member Number*																

Please also provide a copy of your membership certificate or a recent statement from the scheme for reference

Please arrange for the transfer of funds from my other superannuation scheme to the Gareth Morgan KiwiSaver Scheme.

I authorise Gareth Morgan KiwiSaver and its staff to act on my behalf for the purpose of actioning the transfer. Please provide them with any information they may require to complete the transfer.

3. Checklist:

(please tick)

Have you attached a copy of your membership certification or recent statement from the scheme you wish to transfer from?

Have you signed this form?

Once you have completed this form please post to:

*Freepost 210729
Gareth Morgan KiwiSaver
PO Box 10068
Wellington*

Or fax to (04) 473 0643

Member's signature: _____

Date: _____