

Request To Transfer Out From The SuperLife UK Pension Transfer Scheme Form

Please supply accurate responses. Any incorrect or falsely declared information may result in the rejection of this transfer application.

Part A - To Be Completed By The Member

Full Name

SuperLife UK Pension Member Number

National Insurance Number

Date of Birth (DD/MM/YYYY)

Current Address

City

Country

Postcode

Email Address

If your principal address is not in the UK, please confirm the date you left the UK (DD/MM/YYYY):

Please tick below, where applicable, to confirm you have read and understood the following:

I hereby request that the Trustee of the SuperLife UK Pension Transfer Scheme (Scheme) consider my application for a*

Full transfer

or

Partial transfer

\$

(please tick to complete)

of my disinvested funds in the Scheme to the:

(receiving scheme name).

Please disinvest all my direct investments prior to transfer.

I understand that Lifetime Asset Management Limited (Manager) has sole discretion to approve or reject this application, which will be based on certified and verifiable information that I supply, or which is supplied by the scheme into which I am requesting the transfer and the adviser who is providing advice, regarding this transfer request.

I understand that I can transfer out my account balance only to an HMRC-listed Recognised Overseas Pension Scheme (ROPS) or a registered UK pension scheme (that has been approved by the Manager)

I acknowledge that if my request is approved and the balance of my account (less fees, if any) is transferred in full from the Scheme, the Manager will be discharged from any obligation to provide me or any dependants with any further entitlement under the Scheme.

I confirm that none of my account balance is subject to an earmarking, pension sharing order, bankruptcy or other impediment.

If yes, provide details:

I confirm that I have taken independent financial advice regarding this transfer request and have received a Statement of Advice from that adviser, including all fees and charges associated with this transfer, and it has been explained to my satisfaction.

I have actively sought qualified financial advice regarding pension tax for the individual and the availability of flexi-access.

I have fully considered the reasons and rationale for this transfer request and I am clear about the advantages and disadvantages of transferring my invested funds.

I confirm that I am aware that:

- In some circumstances a transfer of funds might not be a recognised transfer and may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK.
- In some circumstances a future payment made or treated as made by the scheme into which I am requesting a transfer may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK.
- I fully understand that transfers out of the Scheme made within 10 years of the date that the money is contributed to the Scheme are required to be reported to the HMRC, and I approve you doing so if required.

I include a completed and signed HMRC APSS263 form.

What prompted your transfer request at this time? Please tick where applicable.

☐ I was contacted by my existing financial adviser

☐ I understand that the new scheme's investment is more suited to my future investment needs.

☐ I was told I could borrow on these funds

☐ I received a (cold) call, text, email or letter

☐ I was told I will be taxed less

☐ I was offered benefits before age 55

☐ I have been promised guaranteed returns

☐ I understand I will incur no/lower fees

Other:

Evidence Of Member's Identity

I enclose copies of evidence of following documents* acceptable to confirm my identity.

☐ Current passport; or

☐ Drivers licence PLUS any one of the following:

- Credit card issued by a Registered Bank (your name and signature must be on the card); or
- Bank statement dated within the previous 12 months; or
- Government Tax Dept. statement dated within the previous 12 months; or
- Birth certificate; or
- Citizenship certificate

☐ And I confirm my address with one of the following documents (dated within the last 12 months)*:

- Power or home phone bill
- Rates bill
- Bank statement
- Government Tax Dept. statement
- Citizenship certificate

*Where documents are supplied in a language other than English then a translation must also be provided.

Approved Or Trusted Referees As Certifiers

You need to have copies of your documents **certified or verified** by an Approved Person (see the list below) as being a true copy of the original document and that they represent your identity.

Documentation **must be certified** where the client and adviser relationship has not been Face to Face (i.e. remote):

Approved persons who are able to certify:

Commonwealth representative (as defined in the Oaths and Declarations Act 1957);
Member of the Police;
Justice of the peace;
Registered medical doctor;
Kaumâtua (as verified through a reputable source);
Registered teacher;
Minister of religion;
Notary public;

Lawyers (as defined in the Lawyers and Conveyancers Act 2006);
New Zealand honorary consul;
Member of parliament;
Chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996); and
A person who has the legal authority to take statutory declarations or the equivalent in New Zealand.

Approved persons who are able to verify (face-to-face):

- Any employee or agent of the Scheme (including advisers engaged to be our agent for this purpose)

Approved Persons must be over the age of 16 and cannot be:

- your spouse or partner; or
- a person who lives at the same address as you; or
- related to you, e.g. a parent, brother, sister, child, aunt, uncle or cousin.

The original form of identification must be viewed by the Approved Person who then compares it with a photocopied or scanned version.

The Approved Person then **signs** and **dates** the copy and **prints their name and occupation** alongside the following statement:

a) "I certify this to be a true copy of the original which I have sighted, the photo represents a true likeness of the person presenting the document for certification."

Member Name

Date (DD/MM/YYYY)

Specify which type of trusted referee

Member Signature

b) "I certify this to be a true copy of the original which I have sighted and represents the identity of the person presenting the document to me for certification."

Member Name

Date (DD/MM/YYYY)

Specify Which Type of Trusted Referee

Member Signature

Certification or verification must have been carried out in the 3 months prior to the presentation of the copied documents.

To the best of my knowledge and belief the information given in this form is correct and complete.

Member Signature

Date (DD/MM/YYYY)

Part B - To Be Completed By The Receiving Scheme

Note: Transfers will be made only to an HMRC-listed ROPS (which is listed on the published list on the day of the physical transfer out of your account balance), or to a registered UK pension scheme.

Member

Full Name

SuperLife UK Pension Member Number

National Insurance Number

Date of Birth (DD/MM/YYYY)

These funds include crystallised benefits as a result of the above member previously receiving a lump sum payment and/or income drawdown:

Yes

No

1. Receiving Scheme Details

Full Name of Scheme (This must be exactly the same as the name shown on the letter issued by HMRC confirming that the overseas scheme is a ROPS. If the name of the overseas pension scheme has changed, evidence of the change of name must also be supplied).

Scheme Manager

Address for correspondence

City

Country

Postcode

Country of Establishment & Regulation

QROPS Number (if applicable)

Date Issued (DD/MM/YYYY)

Local Scheme Registration Ref No

Registration Date (DD/MM/YYYY)

HMRC QSM ID

We enclose a letter of authority in our favour, signed/completed by the member,

We confirm that the Receiving Scheme can accept and hold all of the assets that are included in the proposed transfer,

The Receiving Scheme is a UK registered pension scheme, of which we include full certified details, OR

The Receiving Scheme is currently registered with HM Revenue & Customs as a Recognised Overseas Pension Scheme (ROPS) and continues to meet the requirements to remain a ROPS. We enclose a copy of HMRC's approval letter issued after 1st July 2015 as evidence of the current registration of the Scheme to comply with UK Pension Rule 1 S165 regulations relating to overseas transfers,

Either the law of the country or territory that the Receiving Scheme is established in;

and/or the rules of the Receiving Scheme; do not allow the payment of any benefits before age 55 (except on grounds of ill health or death) from funds received as part of any UK pension transfer since 6 April 2015 (copy attached).

We enclose our current Trust Deed – certified copy,

Where crystallised pension rights (such as a "capped Drawdown" pension fund) are being transferred to a ROPS, the transferred fund will be treated as if it were still within the transferring scheme, OR

We confirm that the member is currently eligible to receive benefits under the flexi-access regime from the Receiving Scheme.

Full Name of Contact Person

Phone

Email Address

2. Scheme Manager Details

Please complete the following information in full.

If the receiving scheme manager is an individual:

Individual Receiving Scheme Manager’s Name

Title

Address

City

Country

Postcode

If the receiving scheme manager is an organisation:

Organisation Name

Legal Status

Registered Address

City

Country

Postcode

Address for Correspondence

City

Country

Postcode

Senior Contact Full Name

Title

Phone Number

Email Address

Administrator Contact Name

Title

Phone Number

Email Address

Authorisation

We confirm we are authorised to make this declaration and understand that giving false or forged evidence may result in legal action and may be reported to both UK authorities and local regulators having jurisdiction over the Receiving Scheme.

We confirm the accuracy and completeness of the information supplied, and agree to supply additional information if requested.

We therefore request that the Receiving Scheme be approved by the Manager of the Scheme as meeting the applicable requirements of the Manager before the Manager will accept the transfer of member funds from the Scheme to the ROPS or UK Registered Pension Scheme.

We understand and accept that the Manager of the Scheme may make enquiries of the manager and the Receiving Scheme manager's senior officials to verify any relevant matter and this may include, but is not limited to, contact with HMRC and other agencies which may regulate the Receiving Scheme.

We hereby release the Manager of the Scheme from any liability which could result from the disclosure of information by a third party in response to the Manager's enquiries.

We understand the Manager of the Scheme has discretion under the Trust Deed in relation to transfers, and consistent with the HMRC Guidance Note APPSS SA believes it should consider whether any scheme is appropriate to accept UK pension funds. We also understand that a transfer request will be granted only upon the satisfactory receipt of all information requested.

Signed On Behalf Of The Receiving Scheme

Date (DD/MM/YYYY)

Print Full Name

Signing Capacity (as trustee, scheme manager or administrator of the overseas pension scheme)

List Of Authorised Signatories Attached*

Company Stamp Or Seal

Payment Details

Note: **Payment can be made only to another ROPS or registered UK pension scheme.** If the scheme does not have a bank account in its own right please explain why, and provide written evidence of the account holder and relationship to the ROPS.

Name of Account

Bank Name and Branch

Account Number

International SWIFT Details (if applicable)

Bank Address

City

Country

Postcode

IBAN **

Sort Code/BSB/Transit/Fedwire***/Routing No***

Currency to Remit Funds in

Payment Reference

*Mandatory for ALL payments

** Mandatory for accounts in European countries

***Mandatory for accounts in the USA

We confirm that the trustee(s) of the Receiving Scheme is/are prepared to accept the transfer into the Receiving Scheme.

Signed on behalf of the Receiving Scheme

Date (DD/MM/YYYY)

Print Full Name

Signing Capacity (as trustee, scheme manager or administrator of the overseas pension scheme)

Company Stamp or Seal

Part C - To Be Completed By The Adviser Giving Advice Relating To This Transfer

Member

Full Name

SuperLife UK Pension Member Number

National Insurance Number

Date of Birth (DD/MM/YYYY)

1. Adviser Details

Adviser Full Name

Regulatory Authority

Regulatory Number

Adviser Company Name

Address

City

Country

Postcode

Phone number

Email

Adviser Qualifications

Are you a member of a professional body?

Yes - Provide Details

No

I am a member of a dispute resolution scheme, and have provided the member with details of this scheme and the process to lodge a complaint.

My statement of advice to the member includes a full disclosure of commission, product costs and terms and conditions that compare the current scheme to the proposed alternative to ensure the member is fully aware of the implications of any decision to transfer away from SuperLife UK Pension Transfer Scheme. This also includes the rationale for the transfer being appropriate to member circumstances.

New Zealand regulations require an adviser to supply a Statement of Advice (SOA) to his/her client when entering into a contract to supply financial services advice. The SOA must include the rationale behind the recommendation to invest monies or to change investment strategies currently in place. The SOA must also detail, but not limited to, all direct and indirect charges for completing the financial services advice. Please provide a copy of your SOA or a written statement explaining the reason(s) you are recommending the transfer of your client's funds from SuperLife UK Pension Transfer Scheme and the fees and charges involved.

Please tick whichever of the following statements apply:

Statement of Advice enclosed

Statement explaining reasons for recommending this transfer request, endorsed by member enclosed

I declare the above information to be true and correct and fully understand that incorrect or falsely supplied information may result in the immediate rejection of this transfer request. I also give my permission to the Trustee of the Scheme to make enquiry of my statements if the Trustee wishes to verify any information provided.

Signed by Adviser

Date (DD/MM/YYYY)

Print Full Name

Signed on behalf of the Adviser Group

Date (DD/MM/YYYY)

Print Name

Signing Capacity (as director)

Company Stamp or Seal

Sending Your Application

Please post or courier all original completed forms and supporting documents to our service centre:

Post: PO Box 10760, Wellington 6140, New Zealand

Courier: Level 5, 139 The Terrace,
Wellington 6011, New Zealand

Contact Details

Website: www.garrisonbridge.co.nz

Email: super@garrisonbridge.co.nz

Phone: 0800 254 338