

## Welcome to the Garrison Bridge Superannuation Scheme Application Form

### Registered in Australia and New Zealand

Garrison Bridge Superannuation Scheme is a New Zealand Superannuation Scheme, regulated by the Financial Markets Authority in New Zealand and registered with Australian Securities and Investments Commission. Garrison Bridge is Qualifying Registered Pension Scheme (**QROPS**) and offers non-New Zealand residents a zero personal investment rate for tax on income.

We recommend you seek professional advice from a Financial Advisor and or tax advice before completing the application.

By completing this application form you warrant that all information you provide to the Manager (including in this application form) is true and correct and that you will notify the Manager immediately if any such information changes. You may have additional tax liabilities if the information provided to the Manager is incorrect. This includes any instructions regarding your Assessable Withdrawal Amount that may incur Transfer Scheme Withholding Tax. If you are outside the 4-year transition period exemption, taxes can be material in value.

### Terms

- If you are transferring your pension after you been a New Zealand tax resident for more than four years you must pay tax in New Zealand. This amount is based on calculating the time between when you transfer your pension to New Zealand and when you became a New Zealand tax resident. This is called your Assessable Withdrawal Amount.
- Once we know this we can estimate the tax payable on this amount which is taxed at 28%. This is called the Transfer Scheme Withholding Tax.

**All disclosed information is reportable by the Garrison Bridge Superannuation Scheme to the New Zealand Inland Revenue. Inland Revenue may provide information within this application to tax authorities of the countries/ jurisdictions in which you are tax resident.**

### 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](http://www.garrisonbridge.co.nz)

**Email:** [super@garrisonbridge.co.nz](mailto:super@garrisonbridge.co.nz)

**Phone:** 0800 254 338

## Section One: Applicant Details

Mr

Mrs

Ms

Miss

Dr

Other

Full Name

Date of Birth (DD/MM/YYYY)

Phone Number

Residential Address

City

Country

Postcode

Postal Address (if different from above)

City

Country

Postcode

Email Address

### What is your Prescribed Investor Rate (PIR)?

If you are unsure how to determine your PIR please go to

[ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate](http://ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate)

10.5%

17.5%

28%

0% (Notified Foreign Investor)

**0% (NZ Transitional Tax Resident\* Only valid for AUD or GBP denominated funds.)**

### \*Transitional tax resident

If you are new or returning to New Zealand, you may qualify for a 4-year exemption from tax on most foreign income.

IRD: [ird.govt.nz/topics/tax-residency/temporary-tax-exemption](http://ird.govt.nz/topics/tax-residency/temporary-tax-exemption). If you are unsure, please seek financial advice.

**What is your primary country of residence for tax purposes?**

**Are you a New Zealand tax resident? If yes, please provide your New Zealand IRD Number**

Yes No IRD

**If you are a New Zealand tax resident, what is the date you became a New Zealand tax resident?**

DD/MM/YYYY

*If you are unsure how to determine this, please go to [ird.govt.nz/international-tax/individuals/tax-residency-status-for-individuals](http://ird.govt.nz/international-tax/individuals/tax-residency-status-for-individuals)*

**Are you an Australian tax resident? If yes, please provide your Australian Tax File Number (TFN)**

Yes No TFN

**Are you a US citizen / US tax resident? If yes, please provide your US Taxpayer Identification Number (TIN)**

Yes No TIN

**Are you a tax resident of countries / jurisdictions, other than New Zealand, Australia, or the United States of America?**

Yes No

**If you selected yes, please list below all countries / jurisdictions in which you are a resident for tax purposes, and your corresponding TIN:**

Country/Jurisdiction of residence – other than NZ, AU or USA TIN

Country/Jurisdiction of residence – other than NZ, AU or USA TIN

If there is any change in my tax residency disclosed to the Manager, I will advise the Manager within 30 days, and provide a new self-certification with any new TIN.

**What are your Source(s) of Funds (e.g. Business earnings, pension transfer, property sale)?**

**In the previous 12 months, have you, any member of your immediate family, or any close business associate, been engaged in a role overseas that was, or is, related to political office or foreign public service?**

Yes No

## Section Two: Pension Transfer Information

If applicable, please provide the details of your pension transfer

### Pension Scheme A

#### Type of Scheme (E.g. Defined Benefit\*)

#### Pension Value

\*An independent report is mandatory for all Defined Benefit schemes that exceed £30,000.

#### Transfer Scheme Withholding Tax

Please select one of the following options (If you are unsure which statement reflects your situation, please talk to either your Financial Adviser and / or Tax Adviser before filling out this section of the form.)

##### Option 1: NZ Transitional tax resident

I am a NZ Transitional tax resident so owe no Transfer Scheme Withholding Tax.

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##### Option 2: Notified Foreign Investor

I am a Notified Foreign Investor so owe no Transfer Scheme Withholding Tax.

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##### Option 3: Scheme Pays

I elect the scheme pays the Transfer Scheme Withholding Tax at 28% - Please fill out Section Three.

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##### Option 4: Individual Pays

I elect individual pays.

(By electing individual pays it is your obligation to calculate and pay Income Tax to the New Zealand Inland Revenue.)

The estimated Assessable Withdrawal Amount (used to calculate Income Tax) is: **\$NZD**

I understand that I must provide the Manager with my final Assessable Withdrawal Amount for individual pays (used to calculate my Income Tax) within 10 working days of the Garrison Bridge Superannuation Scheme receiving UK pension proceeds, and acknowledge that if I don't, the Manager will report a nil amount to the New Zealand Inland Revenue.

**Applicant Signature - Individual Pays Only**

**Date (DD/MM/YYYY)**

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## Pension Scheme B

### Type of Scheme (E.g. Defined Benefit\*)

### Pension Value

\*An independent report is mandatory for all Defined Benefit schemes that exceed £30,000.

### Transfer Scheme Withholding Tax

Please select one of the following options (If you are unsure which statement reflects your situation, please talk to either your Financial Adviser and / or Tax Adviser before filling out this section of the form.)

#### Option 1: NZ Transitional tax resident

I am a NZ Transitional tax resident so owe no Transfer Scheme Withholding Tax.

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#### Option 2: Notified Foreign Investor

I am a Notified Foreign Investor so owe no Transfer Scheme Withholding Tax.

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#### Option 3: Scheme Pays

I elect the scheme pays the Transfer Scheme Withholding Tax at 28% - Please fill out Section Three.

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#### Option 4: Individual Pays

I elect individual pays.

(By electing individual pays it is your obligation to calculate and pay Income Tax to the New Zealand Inland Revenue.)

The estimated Assessable Withdrawal Amount (used to calculate Income Tax) is: **\$NZD**

I understand that I must provide the Manager with my final Assessable Withdrawal Amount for individual pays (used to calculate my Income Tax) within 10 working days of the Garrison Bridge Superannuation Scheme receiving UK pension proceeds, and acknowledge that if I don't, the Manager will report a nil amount to the New Zealand Inland Revenue.

**Applicant Signature - Individual Pays Only**

**Date (DD/MM/YYYY)**

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## Section Three: Scheme Pays

Only fill this section out if elected Scheme Pays in Section 2. All other options can skip to Section 4.

I have had continuous New Zealand tax residency since my Transitional Investor exemption period commenced and the date my UK Pension monies will be received by the Manager in New Zealand.

Yes

No

In order to pay your Transfer Scheme Withholding Tax, a calculation of the Assessable Withdrawal Amount is required.

**We offer Option 1: Manager Calculates, or Option 2: I will calculate.**

*If you select no, I have not been a continuous New Zealand tax residency since my Transitional tax resident exemption period, you can only select Option 2 with regards to the Scheme Pay options and we recommend you seek tax advice to help you calculate the appropriate Assessable Withdrawal Amount.*

### Option 1: I authorise the Manager to calculate

#### Acknowledgements

- I authorise the Manager to calculate the Assessable Withdrawal Amount on the commencement of my behalf using the Schedule Method.
- I understand this calculation is my responsibility and I accept the Manager's calculation at my own risk.
- I acknowledge the Manager makes this calculation based on information provided by me (including in this application form) and the Manager is not a tax adviser.
- I will undertake to provide any information reasonably requested by the Manager for the purpose of calculating my Assessable Withdrawal Amount.
- I acknowledge the New Zealand Inland Revenue may make an alternate assessment that may include fees, interest, and penalties, and this will be payable by me. I undertake to fully indemnify the Manager against any liability the Manager incurs as a result of it calculating my Assessable Withdrawal Amount.
- I will review and approve an estimate Assessable Withdrawal Amount provided by the Manager post my application
- Within 10 working days of my UK Pension proceeds being received by the Manager, I will review and approve a final Assessable Withdrawal Amount provided by the Manager
- I understand that failure to review and approve Assessable Withdrawal Amount calculations provided by the Manager within requested time frames may result in my application becoming individual pays, and the responsibility to pay any Income Tax will be my responsibility, removing all responsibility from the Manager or the Garrison Bridge Superannuation Scheme.
- If you have elected for the Garrison Bridge Superannuation Scheme to pay your Transfer Scheme Withholding Tax, your pension transfer proceeds will not be invested until either, you have advised the Assessable Withdrawal Amount, or the 10 working days have passed and the tax liability has moved to be paid by you.

**Applicant Signature**

**Date (DD/MM/YYYY)**

## Option 2: I will calculate

I will calculate and advise the Assessable Withdrawal Amount (used to calculate Transfer Scheme Withholding Tax) to the Manager

The estimated Assessable Withdrawal Amount (used to calculate Transfer Scheme Withholding Tax) is: **\$NZD**

### Acknowledgements

- I agree to provide the Manager with my final Assessable Withdrawal Amount (used to calculate Transfer Scheme Withholding Tax) within 10 working days of the Garrison Bridge Superannuation Scheme receiving UK pension proceeds.
- If I don't, I accept that my application will become individual pays, and the responsibility to pay any Income Tax will be with me, removing all responsibility from the Manager or the Garrison Bridge Superannuation Scheme.
- I understand that by electing for the Garrison Bridge Superannuation Scheme to pay the Transfer Scheme Withholding Tax, my pension transfer proceeds will not be invested until either, I have advised the Assessable Withdrawal Amount, or the 10 working days have passed and the tax liability has moved to be paid by me.

**Applicant Signature**

**Date (DD/MM/YYYY)**

## Section Four: Investment Details

Please select which fund you would like to invest in below. Investments can be allocated across the funds providing the **total allocation is 100%**. e.g. 50% in two funds, totalling 100% overall.

**Note:** A zero tax rate only applies to investments in the AUD & GBP denominated funds.

Please **indicate a % or a currency amount (\$/£)** to invest in an individual fund.

NZD Cash Fund	%	or	\$NZD
NZD Conservative Fund	%	or	\$NZD
NZD Growth Fund	%	or	\$NZD
GBP Conservative Fund	%	or	£
GBP Balanced Fund	%	or	£
GBP Growth Fund	%	or	£
AUD Balanced Fund	%	or	\$AUD

## Section Five: Adviser Information

Please provide the details for your adviser and the fee structure agreed

Adviser Name

Adviser Company

Adviser Postal Address

City

Country

Postcode

Adviser Email Address

Initial Transfer Fee

Annual Fee

FCA Report Fee

%

%

Amount to be deducted (\$)

Adviser Signature

## Section Six: Checklist

The below outlines the personal identification documents we require in order to process the application.

These documents must either be certified by a trusted referee or verified by the adviser.

### 1. Identification

To comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we need to verify the identity of all our clients.

### 2. Proof of Address

To comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we need to collect address information of all our clients.

### 3. Proof of Bank Account

This bank account must be in your name.

### 4. HMRC APSS263 Form

We use this form to confirm with your current scheme administrator that you wish to transfer your current investments to us as a registered Qualifying Recognised Overseas Pension Scheme (**QROPS**).

### 5. Completed Pension Transfer Forms

Completed His Majesty's Revenue and Customs (**HMRC**) member information forms and supporting declaration confirming you understand, and agree to the Pension Transfer.

### 6. Life Allowance Questionnaire

Depending on the nature of your transfer, you may be required to provide further details on the total pension benefits you have received during your lifetime. Your Adviser and the Manager will work with you to complete this form should it be required.

## Section Seven: Acknowledgements – Your Agreement

- I have read and understood the Product Disclosure Statement for Passively Managed Fund Options dated **13 February 2026** to which this application form is attached and understand that the terms and conditions of the Trust Deed and any amendments there to will be binding on me. I agree to accept the Units issued to me by Lifetime Asset Management Limited (Manager) as a Unit holder under the Trust Deed and any amendments there to for those Units. I agree to be bound by the provisions of the Trust Deed (as duly amended from time to time).
- The information is being collected by the Manager, whose addresses are in the Product Disclosure Statement for Passively Managed Fund Options, and will be held by the Manager and its agents.
- I understand I will not be given advance notice of any product changes that are not materially adverse.
- I acknowledge that the Manager and its agents are subject to anti-money laundering, countering financing of terrorism and sanctions laws (AML Laws) in New Zealand. I agree not to do anything that could cause any director or employee of the Manager or its agents to breach the AML Laws. I agree to provide the Manager with all information and other assistance it reasonably requires to comply with the AML Laws. I agree to indemnify the Manager against any loss each of them suffers as a result of me/us providing incorrect or incomplete information.
- I agree the Manager shall not be liable to me or anyone else for any refusal to process or delay in processing a transaction I have requested or a suspension of my accounts with the Manager in accordance with the AML Laws. I represent and warrant that I have no cause to believe the funds used to purchase Units in the Fund are the proceeds of crime or will be used to finance terrorism.
- I authorise the correction, use and disclosure of my personal information for the purpose of the assessment of my application and, if accepted, the management and administration of my investment in the Fund. I understand that unless I consent to the correction, use and disclosure of my information, the Manager will not be able to process my application or deliver the relevant products or services.
- I agree that all information about me disclosed in this form may be used by the Manager or disclosed to and used by the Manager, and Public Trust (Supervisor) and any other entity that is involved in the administration and management of Garrison Bridge Superannuation Scheme (including Inland Revenue and any regulatory body) for the purpose of managing that scheme and my holding, including compliance with AML Laws.
- I agree that the Manager, Supervisor and their agents may collect and use the information for these purposes, and to promote other products issued by the Manager.
- I confirm that I have received a Product Disclosure Statement for Passively Managed Fund Options dated **13 February 2026** for the Garrison Bridge Superannuation Scheme.
- I acknowledge that the return of capital or the performance of any fund is not guaranteed by the Manager, or the Supervisor or any other person, unless otherwise stated.
- I acknowledge and consent to the Manager, and/or the Supervisor, should it be required, to process my personal information in pursuant with General Data Protection Regulation (**GDPR**). I understand all of the information about me will be stored as required for compliance with the Privacy Act 2020.
- I know that I can request such access to, correction, erasure or restriction of processing of any information held about me by the Manager or the Supervisor. I understand any request made is required to be compliant with the Privacy Act 2020 and, if applicable, the General Data Protection Regulation (**GDPR**). I acknowledge that I may be required to pay a fee to the Manager or an associated person in relation to this application.
- I accept that the Manager and/or its agents may send me information about its products or services from time to time. I understand that I may notify the Manager of my decision not to receive further information by contacting the Manager directly.
- I authorise my financial adviser and my adviser's company named in this application to receive and access my personal information for the purposes

of managing my investment. Where there is any change relating to my financial adviser, I will notify the Manager in writing.

- I understand that the benefits under Garrison Bridge Superannuation Scheme are subject to obligations as a QROPS.
- I authorise the initial transfer fee and annual fee to be paid to my adviser indicated in this application.
- I understand that any tax liability in New Zealand or elsewhere that arises as a result of my membership and the payment of a benefit shall be at my expense and my liability. I acknowledge that the Manager is not a tax adviser.
- I understand that all disclosed information is reportable by the Garrison Bridge Superannuation Scheme to the New Zealand Inland Revenue.  
**Inland Revenue may provide information within this application to tax authorities of the countries/jurisdictions in which I am tax resident.**

- By completing this application form I warrant that all information provided to the Manager (including in this application form) is true and correct and that I will notify the Manager immediately if any such information changes. You may have additional tax liabilities if the information provided to the Manager is incorrect. This includes any instructions regarding your Assessable Withdrawal Amount that may incur Transfer Scheme Withholding Tax. If you are outside the 4-year transition period exemptions, taxes can be material in value.
- I declare that the information completed on this forms is true and correct.

**Applicant Signature**

**Date (DD/MM/YYYY)**