IVCM (NZ) PIE SUPERANNUATION FUND MEMBER TRANSFER OUT FORM

Please read this form carefully and complete Sections 1 & 2 (Personal Information and Member Declaration), and have
Sections 3 & 4 (Receiving Scheme Information and Payment Details) completed by the receiving scheme.

Along with the completed transfer discharge form, we request that you and the receiving scheme provide the following
documentation.

1. Certified proof of identification[1] – certified copy of one form of the following photographic identification:
   - Current Passport
   - National Identity Card
2. Certified proof of residential address[1] – For example, a utility bill which should not be more than 3 months old.
3. HMRC letter/registration letter from the receiving scheme – This is a letter from the HMRC or the relevant registration authority to the receiving scheme manager stating that the receiving scheme is a valid and registered scheme, is on the QROPS list and has notified HMRC that they meet the criteria to become a QROPS.
4. Receiving Scheme Manager's License – A copy of the scheme manager's license to confirm that they are regulated by the relevant regulatory authority of the country in which the scheme is registered.
5. HMRC APSS255 Form – A completed HMRC APSS255 form, if you are transferring to another QROPS scheme. Page 1 and 3 to be completed by yourself and page 2 is to be completed by the receiving scheme.

Please send completed documentation to the below address using your preferred method of postage.

Registered Post – IVCM (Aust) Pty Ltd, Level 5, 20 Bond Street, Sydney, NSW 2000, Australia

(1) For more information relating to persons authorised to certify documents, please refer to Part 2 of our Document Certification Guide, available on our website at www.ivcm.com

Transfer Out Form

Member No:	Date Approved:

Official Use

This form is to transfer out of the IVCM (NZ) PIE Superannuation Fund. Please complete this form using BLOCK CAPITALS. Do not use correction fluid if you make any mistake while completing the form.

Section 1 – Personal Information *(to be completed by transferring member)*	
Title:	
Surname:	
First Name:	
Date of Birth:	
Member Number:	
Permanent Residential Address:	
Phone Number:	
Email Address:	
National Insurance Number:	
Reason for opting to Transfer Out:	

Section 2 – Member Declaration
(please check the details provided by the receiving scheme before signing and dating the form)

I hereby confirm that:

a. I request and consent to the transfer of my member account proceeds from the IVCM (NZ) PIE Superannuation Fund to the Receiving Scheme noted in Section 3. I understand that after completion of such payment, neither I nor my spouse, civil partner or dependents will have any entitlement under the IVCM (NZ) PIE Superannuation Fund.

b. I consent to the receiving scheme being provided with information pertaining to my member account with the IVCM (NZ) PIE Superannuation Fund. This information includes the current value of my member account, details regarding the transfer received by the IVCM (NZ) PIE Superannuation Fund on my behalf and any lump sum or annual withdrawals made by me.

c. I indemnify Hive Funds Limited as the Manager of the Scheme, against any action taken in respect of the information I have provided and also against any losses, liabilities or expenses resulting from the transfer of my member account proceeds from the IVCM (NZ) PIE Superannuation Fund to the Receiving Scheme or from the information being incorrect or incomplete.

d. I acknowledge that my transfer may result in an Overseas Transfer Charge liability. Should one arise, I authorise IVCM (NZ) PIE Superannuation Fund to deduct this tax from my member account balance before making the transfer to the receiving scheme, and to pay it to HMRC on my behalf.

e. I have read and understood this document.

Member Signature:	
Member Name:	
Date [dd/mm/yyyy]	

Section 3 – Receiving Scheme Information *(to be completed by the receiving scheme)*	
Name of the receiving scheme:	
Receiving scheme registration/ certification number:	
QROPS Number:	
Address of the receiving scheme:	

Section 4 – Payment Details *(to be completed by the receiving scheme)*	
Kindly note that the scheme will make all transfer payments in British Pounds Sterling (GBP)	
Account Name:	
Bank Name:	
Bank Address:	
Account Number:	
Sort Code:	
Swift Code:	
IBAN number (*if applicable*):	
Payment reference:	

The Receiving Scheme Manager hereby:

a. confirms that the Receiving Scheme is registered as a Qualifying Recognised Overseas Pension Scheme (QROPS) with HMRC or the relevant governing authority in the country in which the scheme is registered.
b. confirms that the Receiving Scheme will accept and is capable of accepting the member's transfer from the IVCM (NZ) PIE Superannuation Fund.
c. confirms that the Receiving Scheme Manager has given an undertaking to HMRC that it will operate and is liable for the Overseas Transfer Charge when it arises.
d. confirms that the Receiving Scheme Manager and transferring member are liable and responsible for the transferring members Overseas Transfer Charge liability should one arise following the completion of the transfer to the receiving scheme.
e. encloses a signed and dated copy of form APSS240 Overseas Scheme Manager Undertaking sent to the HMRC.
f. encloses the most recent copy of form APSS251 Recognised overseas pension scheme notification sent to the HMRC.

This document is signed for and on behalf of the Receiving Scheme Manager.

Signature:			
Name:			
Position:		Date [dd/mm/yyyy]	

T. +64 (0) 4 888 1430
F. +61 (0) 8 8178 0257
E. newzealand@ivcm.com
www.ivcm.com

IVCM (Aust) Pty Ltd
Level 5, 20 Bond Street,
Sydney, NSW 2000, Australia

When complete email this form to; newzealand@ivcm.com and post the original to the address shown.