



# Medical Assurance Society KiwiSaver Plan

Authority to transfer funds from a Superannuation Scheme into the Medical Assurance Society KiwiSaver Plan

Please send the completed form along with the evidence required to:  
MAS Superannuation,  
Freepost 884,  
PO Box 91976,  
Victoria Street West,  
Auckland 1142.  
Phone 0800 627 738.  
Email [masinvest@linkmarketservices.com](mailto:masinvest@linkmarketservices.com).

## MAS Member personal details

Full name	Title	First name(s)	Surname	
Address			City	Postcode
Member number				

## Details of the superannuation scheme you wish to transfer from

Name of company			
Company address	City	Postcode	
Scheme name			
Account number/reference			

## Authority for Medical Assurance Society to act on your behalf

I the undersigned wish to arrange for the transfer of my superannuation scheme with you to be transferred as soon as possible to the Medical Assurance Society KiwiSaver Plan, a registered KiwiSaver superannuation scheme (SCH10705).

I hereby authorise Medical Assurance Society New Zealand Limited and its staff/agents to act as my agent for the purposes of actioning this transfer. Please provide them with all the information they require to carry out this instruction.

Member signature  Date

If applicable for KiwiSaver transfers:

Parent/guardian name

Parent/guardian signature  Date

Call us today:

**0800 800 627**

Visit us online at [mas.co.nz](http://mas.co.nz)

KSAV18 04/17

