



Transfer to ANZ First Home Saver Account under Family Law Obligation

Use this form to transfer funds from an existing First Home Saver Account (ANZ or non-ANZ) to an ANZ First Home Saver Account under a Family Law Obligation.

If the receiving party does not already hold an ANZ FHSA, they can open one using the Account Opening form, and include it with this application.

Evidence of a court order or financial agreement must be included with this application.

Your Personal details

Title	<input type="text"/>		
Given name(s)	<input type="text"/>		
Surname	<input type="text"/>		

Your FHSA provider details

Name of FHSA provider	<input type="text"/>		
Account details	<input type="text"/>	BSB	<input type="text"/>
		Account number	<input type="text"/>

Receiving party's details

Title	<input type="text"/>		
Given name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Address	<input type="text"/>		
Suburb/City	<input type="text"/>		
State	<input type="text"/>	postcode	<input type="text"/>

- Receiving party already holds a First Home Saver Account and the details have been included below
- Please open a new ANZ First Home Saver Account. An account opening form has been included with this form

Payment details

Name of FHSA provider	<input type="text"/>		
Transfer funds to First Home Saver Account:		BSB	<input type="text"/>
		Account number	<input type="text"/>
<input type="checkbox"/> Transfer the balance of account (account will then be closed)			
<input type="checkbox"/> Transfer a partial amount		\$	<input type="text"/>

Authority to transfer

I authorise the account provider to arrange for the payment amount, as per the family law obligation orders to be transferred to the above account:

Full name:	<input type="text"/>		
Signature:	<input type="text"/>		
Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Office use only

ANZ to complete the following information, and send on to transferring provider:

Transfer funds to:

BSB

Account number

Transferring FHSA provider to send updated form to:

ANZ First Home Saver Account

Private Bag 5

Collins Street

West Melbourne

VIC 8007

Australia and New Zealand Banking Group Limited (ANZ)

ABN 11 005 357 522

Transferring FHSA provider to complete:

FHSA provider Australian business number (ABN):

FHSA provider name:

FHSA provider contact name:

FHSA provider contact phone number:

FHSA provider contact fax number:

FHSA holder reference number:

Closing/payment reason code:

FHSA holder payment amount:

FHSA holder payment date: