



Transfer non-ANZ First Home Saver Account to ANZ

Use this form to transfer your First Home Saver Account balance that is currently held with another institution, to ANZ. You will also need to complete an account opening form.

Customer to complete:

Personal details

Title	<input type="text"/>
Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Tax file number (TFN)	<input type="text"/>
Gender	<input type="text"/>

Current FHSA (the provider you want to transfer from)

The name of your current FHSA provider, that you want to transfer from	<input type="text"/>
Your account number with your current FHSA provider	<input type="text"/>
BSB	<input type="text"/>

Authority to Transfer

I authorise my FHSA provider to arrange for the balance of my existing account to be transferred to the new account, and for my previous FHSA provider to close my account once the transfer is completed:

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

Office use only

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

Receiving provider Australian business number (ABN)	<input type="text"/>
Receiving provider name	<input type="text"/>
Receiving provider BSB	<input type="text"/>
Receiving provider Account number	<input type="text"/>
Receiving provider full address	<input type="text"/>
Receiving provider contact name	<input type="text"/>
Receiving provider contact phone number	<input type="text"/>
Receiving provider contact fax number	<input type="text"/>



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Office use only (cont.)

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 contact name	
FHSA provider contact phone number	
FHSA provider contact fax number	
FHSA holder reference number	
Date original FHSA opened	
Closing/payment reason code	
FHSA holder payment amount	
FHSA holder payment date	
FHSA holder current financial year personal contributions made before transfer	
FHSA holder number of financial years with personal contributions >=\$1000 made before transfer	
FHSA holder personal account balance cap	