

APPLICATION TO TRANSFER TO RETIRED STATUS

Retired membership status is available to Accounting Technician, Associate Chartered Accountant and Chartered Accountant full members of the Institute of Chartered Accountants of New Zealand.

This application form is for the purpose of requesting retired membership status with the Institute. The Information Notes attached to this form will assist you in completing this application. Please read them carefully.

1 PERSONAL DETAILS – please use capital letters (See Information Note 1)

Institute ID: _____

First / Given Name _____ Preferred First Name (if different to formal) _____

Surname / Family Name _____ Title (Mr/Mrs/Ms/other) _____

Previous name (if applicable) _____ Date of Birth _____

Home Address _____ (tick if this is your preferred mailing address) (tick if this is your preferred billing address)

Postcode _____

City / Town _____ Country (other than New Zealand) _____

Telephone _____ Cellphone _____

Email _____ Fax _____

Alternative Address _____ (tick if this is your preferred mailing address) (tick if this is your preferred billing address)

Postcode _____

City / Town _____ Country (other than New Zealand) _____

Telephone _____ Cellphone _____

Email _____ Fax _____

2 ELIGIBILITY (See Information Note 2)

I have permanently withdrawn from the paid workforce and have a total gross income from accounting and accounting-related work of less than \$5,500 per annum. Yes No

3 DESIGNATION (See Information Note 3)

My designation, which includes the "(Retired)" suffix, should be displayed Yes No

4 DECLARATION (See Information Note 4)

I _____ declare that

1. The information provided in this application is true and correct.
2. I have permanently withdrawn from the paid workforce and have a taxable income from accounting and accounting-related work of less than \$5,500 gross per annum.
3. I undertake to immediately advise the Institute of any changes in my circumstances that may effect my retired status.
4. I will be bound by the Rules now in force or hereafter voted in existence and by the Code of Ethics now in force or amended from time to time by the Council of the New Zealand Institute of Chartered Accountants.
5. I authorise the New Zealand Institute of Chartered Accountants to lawfully obtain at any time, from any person or entity, any information about me that the New Zealand Institute of Chartered Accountants considers necessary or desirable to obtain in order to process this application and to service and maintain my membership, and I authorise any such person or entity to release this information to the New Zealand Institute of Chartered Accountants.

Signed: _____ Date: ____/____/____

APPLICATION PROCESS

This application form is for full members of the Institute who wish to transfer to retired status. Retired status is reserved for members who have permanently withdrawn from the paid workforce. Retired members are not expected to return to active membership. However, should their circumstances change and they wish to do so, they will be expected to meet the standard transfer requirements. For further information on retired membership status please read the Information Sheet available on the Institute's website – www.nzica.com

If you are wanting to transfer to career break or low income concessionary status, you should complete the form "Application to transfer to concessionary membership categories". This form is available on the Institute's website .

Consideration of your application may take up to four weeks. Please complete all sections of the application form. An incomplete application will not be considered until all the required information has been received.

PRIVACY ACT

The information provided on this form will be used by the New Zealand Institute of Chartered Accountants to:

1. Process and assess this application
2. Maintain the membership database
3. Enable the New Zealand Institute of Chartered Accountants to carry out its various functions under the Institute of Chartered Accountants of New Zealand Act 1996 and the Rules of the Institute of Chartered Accountants, which may involve disclosure to other agencies for those purposes
4. Keep you informed about products and services that may be of interest to you, which may involve disclosure to selected agencies authorised by the New Zealand Institute of Chartered Accountants
5. Communicate with you and target professional development initiatives.

NOTE 1 – PERSONAL DETAILS

Please provide both postal and street addresses if they differ. If any of these details change, you should advise Registry Services Helpdesk immediately to avoid any delay in receiving information and goods.

NOTE 2 – ELIGIBILITY

Retired status is reserved for members who have permanently withdrawn from the paid workforce and have a total gross income from accounting and accounting-related work of less than \$5,500 per annum. For this purpose, total gross income includes, where a member utilises a company or other structure for conducting such work, the total gross income earned by that entity from accounting and accounting-related work. Income such as superannuation income, personal investment income, and nominal or token honorariums is excluded from the income assessed for eligibility purposes.

Retired members will not be required to undertake CPD. However, the Institute recommends that retired members undertaking voluntary or honorary work maintain their professional competence through relevant structured and unstructured CPD.

NOTE 3 – DESIGNATION

Members with retired status are required to indicate their retired status when using their designatory letters – for example, CA (Retired). However retired members who do not wish their retired status to be indicated on mailing labels and correspondence generated by the Institute may request that their designatory letters which includes the "(Retired)" suffix be removed.

NOTE 4 – DECLARATION

The information you give in the application form is covered by the declaration. The Code of Ethics is enforced by disciplinary powers based on the Institute of Chartered Accountants of New Zealand Act 1996 and the Rules of the New Zealand Institute of Chartered Accountants.

NOTE 5

All retired members receive the electronic members' handbook online, the electronic journal and electronic library services.

RETURN ADDRESS

Please send your completed application to:

Registry Services Helpdesk
New Zealand Institute of Chartered Accountants
7th Floor, Tower Building
50 Customhouse Quay
PO Box 11342
Wellington 6142

FURTHER INFORMATION

Membership applications and enquiries are dealt with by Registry Services Helpdesk at the Institute.

Contact details are:

Registry Services Helpdesk
Tel: 00 64 4-474 7840
Fax: 00 64 4-473 6303
Email: registry@nzica.com
Website: www.nzica.com