

NZ Funds KiwiSaver Scheme

Application for Withdrawal Retirement

Use this form to apply for a retirement withdrawal from the NZ Funds KiwiSaver Scheme. You can make a retirement withdrawal when you have reached the age of entitlement for New Zealand Superannuation (currently 65).

Before drawing down your retirement funds, we recommend discussing the options with your financial adviser. Alternatively, contact our Client Services team on 0800 377 2277, and they can arrange for one of our advisers to call you. You can find tips on drawing down your retirement funds at https:// sorted.org.nz/guides/retirement/manage-your-money-in-retirement.

We will also require you to complete an identity verification form, AML Form for an Individual (Form 1), which is available on our website www.nzfunds.co.nz > KiwiSaver > Documents > Member Forms.

Return to NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142, or by email to nzfkiwi@linkmarketservices.com.

1. Your personal details

Member number		IRD number								
N Z F										
lame										
Title First name	Middle name(s)	Surname								
Residential address (not PO E	Sox)									
itreet										
		101								
Suburb	Towr	n / City	Postcode							
Phone number(s)										
lobile	Home	Business								
Email										
f you supply an email address, we will	send you information relating to you	ir investment by electronic means.								
Ve suggest using your personal rathe	r than work email address as this is I	ess likely to change over time.								
Withdrawal request										

I would like to make a (please tick): **Regular withdrawal** Amount \$ Weekly* Fortnightly* Monthly* (minimum \$100) Partial withdrawal Amount \$ (minimum \$500) Full withdrawal of all available funds** All partial withdrawals will be deducted proportionately across each Strategy you are invested in. * Weekly and fortnightly withdrawals will be paid on a Tuesday. Monthly withdrawals will be paid on the 15th of each month or the prior working day if this falls on a weekend or public holiday. ** Please allow up to one month for this process to take place as we have to make a final Government contribution claim from Inland Revenue.

3. Payment details

Any withdrawal payments will only be paid to a New Zealand bank account in your name (held individually or jointly). Please attach a deposit slip or other confirmation of your bank account details.

Bank Branch Account Suffix	Bank acco	unt name		
Bank Branch Account Suffix	Bank			Branch
Bank Branch Account Suffix				
	Bank	Branch	Account	Suffix

4. Your statutory declaration

Please complete this section if this is your first retirement withdrawal from the NZ Funds KiwiSaver Scheme. If you have transferred funds to the NZ Funds KiwiSaver Scheme from an Australian superannuation scheme (Australian sourced retirement savings) and wish to withdraw some or all of these funds, please also complete the relevant box below.

I solemnly and sincerely declare that:

I have had my principal residence in New Zealand for the entire period that I have been a member of KiwiSaver.

I was living overseas for the following dates:

Day	Month	Year			Day	Month	Year		
				and					

and I understand I do not qualify to be paid the KiwiSaver Government Contribution for this period.

I understand that personal information provided in this form will be used by the Manager, the Administration Manager and the Supervisor (including their related entities) to process my withdrawal request and to administer my membership of the NZ Funds KiwiSaver Scheme including satisfying the requirements of the AML/CFT Act (this may include using my personal information for the purposes of electronic identity verification using various third party databases including the Department of Internal Affairs database, and may be disclosed for these purposes to third parties where relevant, including my authorised financial adviser, Inland Revenue, or other government agency). I acknowledge I have the right to access and correct this information.

I would like to withdraw some or all of my Australian sourced retirement savings and solemnly and sincerely declare that:

I am aged between 60-64, retired, and do not intend to be gainfully employed again on either a full-time or part-time basis.

I am aged 65 or over.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature

olghataro						
Signature of member	Day	Month	Year			
Declared at (location)						
Before me				Insert stam	p here	
(Justice of the Peace, Solicitor, Notary Public or other person author under the Oaths and Declarations Act 1957)	ised to take a	statutory decl	aration			
Name						
Signature						
Occupation						

Checklist

I have: completed sections 1, 2, 3 and 4 signed section 4 (in the presence of a person authorised to take a statutory declaration) I have attached: a bank deposit slip or bank statement showing the account name and number for payment of the requested withdrawal an AML Form for an Individual (Form 1), along with the appropriate identification and proof of address documentation

Note: if you have already previously completed an AML Form and provided the required AML documentation, then please just provide a copy of photo ID (e.g. driver licence, passport).