NZ Funds KiwiSaver Scheme

Application for Subsequent Withdrawal
Retirement

Use this form if you have previously made a retirement withdrawal from the NZ Funds KiwiSaver Scheme.

If you have never made a retirement withdrawal before, please complete the First Retirement Withdrawal form.

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.

Send by standard post to: NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142, or by email to nzfkiwi@cm.mpms.mufg.com.

Send by courier mail to: PWC Tower, Level 30, 15 Customs Street West, Auckland 1010.

1. Your personal details

Member number

N	Z	F							

IRD number

Name

Title	First name	Middle name(s)	Surname

Residential address (not PO Box)

Street

Suburb	Town / City	Postcode

Phone number(s)

Mobile	Home	Business

Email

If you supply an email address, we will send you information relating to your investment by electronic means.
We suggest using your personal rather than work email address as this is less likely to change over time.

2. Withdrawal request

I would like to make a (please tick):

☐ **Regular withdrawal** (minimum $100) Amount $ ☐ **Weekly*** ☐ **Fortnightly*** ☐ **Monthly***

☐ **Amendment of regular withdrawal** (no minimum) Amount $

☐ **Partial withdrawal** (minimum $500) Amount $

☐ **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 account name

Bank | Branch

Bank | Branch | Account | Suffix

4. Your declaration

Signature

Signature of member | Day | Month | Year

Declared at (location)

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
- ☐ a copy of ID document

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).