NZ Funds KiwiSaver Scheme

Permanent Emigration
Excluding Australia

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

1. Your statutory declaration

I apply to the Manager of the Scheme to withdraw the balance of my KiwiSaver account (excluding government contributions which will be refunded to Inland Revenue and any amount that was transferred from an Australian complying superannuation scheme).

I understand I may only apply for a withdrawal one year after the date of my permanent emigration from New Zealand.

I understand that before my application is approved I am required to:

- provide proof of the date I left New Zealand (e.g. copies of airline tickets, passport or other documentation showing departure); and
- provide evidence of my overseas residential address (e.g. utility bill, banks statements, etc).

Name

I,

Title	First name	Middle name(s)	Surname

of

Street (not PO Box)

Suburb	Town / City	Country	Postcode

Occupation

being a member of NZ Funds KiwiSaver Scheme

NZ Funds KiwiSaver Scheme Member number

N	Z	F							

having emigrated from New Zealand on

Day Month Year

and have been a resident in

Country

since

Day Month Year

do solemnly and sincerely declare that I have permanently emigrated from New Zealand.

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

Signature

Signature of member

Day Month Year

Declared at (location)

Justice of the Peace, Solicitor, or other person authorised to take a statutory declaration under the Oaths and Declarations Act 1957.

Insert stamp here

2. Payment details

If your application is approved, any withdrawal payments will only be paid to a 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

Residential address (not PO Box)

Street

Suburb | Town / City | Country | Postcode

Bank account number / IBAN

Swift code / BIC

Bank details

Bank | Branch

Bank street address

Suburb | Town / City | Country | Postcode

3. Identity verification

NZ Funds is required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act) to collect identity and address information on its clients.

Please complete section 3A and take your original documents along to a Trusted Referee to certify your documents and complete section 3B.

Please send this form and original certified copies to: NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142, or by email to nzfkiwi@cm.mpms.mufg.com.

3A. Documentary identity verification

Identity verification

To verify your identity, select **ONE** of the ID combinations and tick which document(s) you are providing below:

ID Combination 1

- ☐ Passport OR
- ☐ NZ firearms licence

ID Combination 2

- ☐ NZ driver licence

And **ONE** of the documents listed below:

- ☐ Credit, debit or eftpos card (including name and signature)
- ☐ Bank statement
- ☐ Government agency document (e.g. IRD correspondence)

ID Combination 3

- ☐ NZ driver licence OR
- ☐ 18+ card/Kiwi Access Card

And **ONE** of the documents listed below:

- ☐ Full birth certificate
- ☐ Citizenship certificate

Residential address verification

To verify your residential address, select **ONE** of the options below. This document must be no more than six months old.

- ☐ Bank or financial institution statement
- ☐ Utility document (e.g. electricity, gas, water, landline telephone or Sky TV)
- ☐ Rates or house insurance document
- ☐ Government agency document (e.g. IRD correspondence)

For persons under 18 years of age

If none of the identity options are available, please provide:

- ☐ Birth certificate OR

If none of the identity options are available, please provide:

- ☐ Proof of the parent's or guardian's address (where the minor resides)

3B. Certification by a Trusted Referee

This section is to be completed by a Trusted Referee to certify your documents. This is a person authorised to take a statutory declaration under the Oaths and Declarations Act 1957.

Name

I _____ confirm that

- I have seen the original documents selected above, each of which represents the identity (i.e. name, date of birth and residential address) of the applicant.
- I have signed copies of those documents and attached these to this form.
- The copies of those documents attached are true copies of the original documents of the applicant seen by me today.
- I am a (tick **ONE** of the following):

- ☐ Justice of the Peace
- ☐ Notary Public
- ☐ Registered medical doctor
- ☐ Lawyer
- ☐ Chartered Accountant
- ☐ Registered teacher

Trusted Referee signature _____

Day Month Year

Office use only

Verification by an NZ Funds employee*

I have verified the documents which have been certified by a Trusted Referee and have verified the identity information of the applicant in accordance with the AML/CFT Act. Copies of the certified documents are attached to this form.

Signature

Name of NZ Funds employee*

Signature of NZ Funds employee*

Day Month Year

* To complete verification, the adviser, employee or other authorised person must be listed on NZ Funds 'Register of Individuals Authorised to Perform CDD'.