NZFUNDS 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) and you have been a member of a KiwiSaver scheme for at least 5 years.

We may also require you to complete an identity verification form, AML Form for an Individual (Form 1), which is available on our website at www.nzfunds.co.nz (please see the Checklist at the end of this form for more details).

 $Please\ return\ completed\ form\ to: Freepost\ NZ\ Funds\ KiwiSaver\ Scheme, Private\ Bag\ 92050,\ Auckland\ 1142,\ or\ email:\ nzfkiwi@linkmarketservices.com$

1ember number		IRD number	
N Z F			
lame			
itle First name	Middle name(s)	Surname	
esidential address (not PO box) treet			
uburb	Town/city		Postcode
hone number(s) 1obile	Home ()	Business ()	
	Home ()	Business ()	
2 Withdrawal request	Home ()	Business ()	
1obile	()		rtnightly* Monthly*
2 Withdrawal request would like to make a (please tick):	()		rtnightly* Monthly*
Would like to make a (please tick): Regular withdrawal (minimum \$100)	Amount \$ Amount \$		rtnightly* Monthly*
Withdrawal request would like to make a (please tick): Regular withdrawal (minimum \$100) Partial withdrawal (minimum \$500)	Amount \$ Amount \$ Amount \$ oportionately across each Strategy be paid on a Tuesday. Monthly with	Weekly* Fo	

3 Payment details			
Any withdrawal payments will only be paid to a New Zealand bank account Please attach a deposit slip or other confirmation of your bank account de Bank account name		ndividually or jointly).	
Bank B	ranch		
Bank Branch Account number	Suffix		
4 Your statutory declaration			
to the NZ Funds KiwiSaver Scheme from an Australian superannuation withdraw some or all of these funds, please also complete the relevant I solemnly and sincerely declare that: I have had my principal residence in New Zealand for the entire peri	box below.		wish to
I was living overseas for the following dates:			
Day Month Year Day	Month	'ear	
and			
and I understand does not qualify to be paid the member tax credits	s for this period.		
I understand that personal information provided in this form will be used (including their related entities) to process my withdrawal request and to including satisfying the requirements of the AML/CFT Act (this may incluidentity verification using various third party databases including the Depurposes to third parties where relevant, including my authorised financial lacknowledge I have the right to access and correct this information.	administer my mem de using my persona partment of Internal	bership of the NZ Funds KiwiSave I information for the purposes of Affairs database) and may be disc	er Scheme electronic closed for these
I would like to withdraw some or all of my Australian sourced retirement s	savings and solemnly	and sincerely declare that:	
I am aged 60 or over, am retired, and I do not intend to be gainfully e		·	
And I make this solemn declaration conscientiously believing the same to \ensuremath{L}	be true and by virtu	of the Oaths and Declarations A	ct 1957.
Signature			
Signature of member		Day Month Year	
Declared at		Insert stamp here	
Sector de de		miser e stamp here	
Before me (Justice of the Peace, Solicitor, Notary Public or other person a	authorised		
to take a statutory declaration under the Oaths and declarations $\mbox{Act}195$			
Name			
Signature			
Occupation			
Occupation			

Continued over..

hecklist	
nave:	1.2.214
completed section	
signed section 5 (ir	the presence of a person authorised to take a statutory declaration)
nave attached:	
	or bank statement showing the account name and number for payment of the requested withdrawal
an AML Form for a	n Individual (Form 1), along with the appropriate identification and proof of address documentation
	lready previously completed an AML Form and provided the required AML documentation, then please just provide e.g. driver licence, passport)