



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](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 nzkiwi@linkmarketservices.com.

1. Your personal details

Member number				IRD number			
N	Z	F					
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*

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

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Bank

Branch

Account

Suffix

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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

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and

Day

Month

Year

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and I understand does not qualify to be paid the member tax credits 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 60 or over, am retired, and I do not intend to be gainfully employed again on either a full-time or part-time basis.

And 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

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Declared at (location)

Before me

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

Name

Signature

Occupation

Insert stamp here

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).