

QuayStreet KiwiSaver Scheme

Withdrawal Request - Age of Entitlement

WHERE TO SEND YOUR COMPLETED WITHDRAWAL FORM

Please either deliver your completed withdrawal form to the nearest Craigs Investment Partners branch, or post it to:

QuayStreet KiwiSaver Support
PO Box 13155, Tauranga 3141.
Phone: 0800 878 278
Email: clientservices@craigsip.com

CERTIFIED COPY

All identity documents must be certified by either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand Police Constable or a Member of Parliament.

Certified documents must include the full name, occupation and an original signature of the certifier and the date of certification. Certification must have been carried out in the three months preceding presentation of the certified documents. The certifier must sight the original documents and make a statement that the documents provided are a true copy.

Alternatively, documents can be verified by your Craigs Investment Partners Adviser.

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

ENTITLEMENT DATE

You are eligible to withdraw your KiwiSaver funds if you meet the following criteria:

- > You are 65 years of age or older; or
- > You have been a member of KiwiSaver for at least five years; whichever is later.

If New Zealand has not been your principal place of residence during your KiwiSaver membership then you will not be entitled to Government Contributions for the period you have been a non-resident.

Your withdrawal request may take up to 20 working days to process.

Form Checklist

Please check that you have provided the following:



- This form with all sections completed, including the statutory declaration;
- A **certified copy** of your driver's licence or passport; and
- If you have selected Direct Credit as your payment option, please provide a pre printed deposit slip, a bank statement or a certified verification of your bank account.

A Your Details

Scheme Account Number

Title *please select one*

 Mr Mrs Miss Ms Dr Other

Full Name *first, middle and last name*

Mailing Address

Post code

 Contact Phone Email

Date of Birth

IRD Number

B Withdrawal Request

- Full withdrawal
- Partial withdrawal* *state amount required* \$
- Regular withdrawal* *state frequency and amount required* \$
 - Monthly
 - Quarterly
 - Annually

* Funds will be deducted proportionally from all holdings unless otherwise specified

C Payment Details

Direct to my bank account

Payment will only be made to a bank account in your name (held individually or jointly) and will be to the bank account you have supplied with this form.

Name of bank _____

Name of account _____

Account details | | | | | | | | | | | | | | | | | | | | | |

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

D Contributions

DIRECT

If your KiwiSaver contributions are currently paid direct to your Scheme account (i.e they are not paid via the Inland Revenue) please indicate below how any regular contributions are to be treated.

Suspend all contributions

Contributions are to continue

EMPLOYEE

If your KiwiSaver contributions are deducted from your wage/salary please indicate below how these contributions are to be treated.

I have instructed my employer to cease KiwiSaver deductions

I will continue to have my contributions deducted from my wage/salary

E Statutory Declaration

Please do not complete this section prior to your entitlement date.

This section must be completed and signed in front of a Justice of the Peace, Solicitor, Notary Public, or a person authorised to take a statutory declaration such as a Registrar or Deputy Registrar of the High Court or of any District Court or a member of Parliament.

I, *full name*

of, *address*

Occupation

Solemnly and sincerely declare that:

1. All information provided in this form is complete, true and accurate.
2. I am not an undischarged bankrupt or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to the Withdrawal Application and that no other person has any claim against it.
3. I understand this withdrawal and any subsequent withdrawals are, subject to the Manager and/or Supervisor being satisfied I am eligible and that a withdrawal fee may be charged.
4. I indemnify the Supervisor, the Manager and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability in respect of my KiwiSaver account and any withdrawal application.
5. My QuayStreet KiwiSaver Scheme does not contain any funds that were transferred either directly or indirectly (including via another New Zealand Superannuation or KiwiSaver Scheme) from a UK registered pension scheme.

Continued on next page.

6. I understand that the information supplied in this withdrawal request will be used to process my redemption and will be held by QuayStreet Asset Management Limited (and any companies in its group). I consent to my personal information being disclosed to my Investment Adviser, and administrator, auditor, tax adviser, the supervisor, custodian, adviser or agent, and the IRD or third parties as required to process my redemption or in accordance with the law. I understand that I may request to see, and if necessary, request the correction of my personal information.
7. I understand that if I withdraw my total balance and have not indicated otherwise, my account will be closed and I will be ineligible to open a KiwiSaver account in the future.
8. I understand that where my principal place of residence has not been in New Zealand, I am not entitled to the Government Contributions during that period and these will be returned to the Inland Revenue.
9. I understand that my withdrawal value will be based on the unit/share price on the day my request is processed and may fluctuate.

Please tick the statement that applies:

During my entire KiwiSaver membership, my principal place of residence was New Zealand.

OR

During my KiwiSaver membership, for a period of time I was living/working outside New Zealand.

I was a government employee who was serving outside of New Zealand for the below period. ***Provide evidence with this withdrawal form and specify the dates below.***



I was working as a volunteer, or for a token payment, for a charitable organisation which is named and meets the requirements set out in the Student Loan Schemes Act 1992.

Provide proof that your voluntary work was one of the following reasons and specify the dates below:



To relieve poverty, hunger, sickness or the ravages of war or a natural disaster; **or**

To improve the economy of a country that is listed on the Organisation for Economic Co-operation and Development's list of countries receiving development assistance; **or**

To raise the education standards of a country that is listed on the Organisation for Economic Co-operation and Development's list of countries receiving development assistance.

Other _____

Please specify below the period you were living/working outside New Zealand:

Period from | D | D | M | M | Y | Y | Y | Y | To | D | D | M | M | Y | Y | Y | Y |

Period from | D | D | M | M | Y | Y | Y | Y | To | D | D | M | M | Y | Y | Y | Y |

Period from | D | D | M | M | Y | Y | Y | Y | To | D | D | M | M | Y | Y | Y | Y |

Continued on next page.

POWER OF ATTORNEY

If this form is signed under Power of Attorney, please contact Craigs Investment Partners before you sign it. We will send you the appropriate Certificate of Non-Revocation of Power of Attorney that must be signed by you when you sign the Withdrawal Request form.

I confirm that for all other periods my principal place of residence was in New Zealand.
And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature

Declared at *location*

On | D | D | | M | M | | Y | Y | Y | Y | |

Before me please print your name and occupation, being a person authorised to take a statutory declaration under the Oaths and Declarations Act 1957

Name

Occupation

Signature

Date | D | D | | M | M | | Y | Y | Y | Y | |