

# QuayStreet KiwiSaver Scheme

## Withdrawal Request - Permanent Emigration

### 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](mailto: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 preceeding 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

*At any time, but no earlier than one year after permanently emigrating from New Zealand you may request the withdrawal of your KiwiSaver Contributions (including the kick-start contribution, but excluding Government Contributions).*

### 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;
- 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;
- Evidence that you have permanently left New Zealand (e.g. stamp in passport, copy of airline ticket, boarding pass, or any other evidence of confirmed travel arrangements); and
- Evidence that you are residing at an overseas address (copy of a utility bill in your name, rental agreement etc).



## 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 Payment Details

I request that proceeds of my withdrawal be credited to the following bank account:

### NEW ZEALAND BANK ACCOUNT DETAILS

Name of bank

Name of account

Account details

BANK BRANCH ACCOUNT NUMBER SUFFIX

OR

## OVERSEAS BANK ACCOUNT DETAILS

Name of account \_\_\_\_\_

Account number \_\_\_\_\_

Name of bank \_\_\_\_\_

Bank address \_\_\_\_\_

\_\_\_\_\_ **Post code** | | | | |

Country \_\_\_\_\_

BSB number  
(if applicable) \_\_\_\_\_

SWIFT Code \_\_\_\_\_

(Please provide a pre-encoded deposit slip, copy of bank statement or certified verification of your bank account).

## **C** Statutory Declaration

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, *mailing address*

\_\_\_\_\_

\_\_\_\_\_ **Post code** | | | | |

**Occupation**

\_\_\_\_\_

solemnly and sincerely declare that I permanently emigrated from New Zealand

On | D | D | | M | M | | Y | Y | Y | Y | | and have been a resident of \_\_\_\_\_

Since | D | D | | M | M | | Y | Y | Y | Y | |

### **Solemnly and sincerely declare that:**

1. To the best of my knowledge and belief all information provided is 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. That this withdrawal and any subsequent withdrawals are, at the discretion of the Manager and/or Supervisor 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.
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 agree that additional information may be sought from my solicitor. I understand that I may request to see, and if necessary, request the correction of my personal information.
7. I understand that I am not entitled to the Government Contributions when permanently emigrating and these will be returned to Inland Revenue.

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

Signature

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Declared at *location*

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

#### CERTIFIER

Must provide full name, occupation and an original signature.

A certifier must be 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.

#### Statutory Declaration of the Certifier

**Before me** *please print your name and occupation, being an authorised person under the Oaths and Declarations Act 1957*

Name

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Occupation

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Signature

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