Retirement withdrawal form

Summer
My Plan

Complete this form and return it to **Salt Investment Funds Limited via email: info@summer.co.nz. Or by mail to PO Box 2673, Auckland 1140.** Your withdrawal will be paid to the bank account you nominate on this form generally within ten business days of us approving the request.

Member details

Full name:

Date of Birth: Day Month Year

Email:

Primary contact number:

Residential address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

Country: ☐ New Zealand ☐ Other (please state):

Enduring Power of attorney: If you are completing this form on behalf of a Summer member under an Enduring Power of Attorney, an original certified copy of the Enduring Power of Attorney must be provided, and a signed and completed copy of a Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney must accompany this form.

Withdrawal Details

Please tick the applicable option:

☐ I wish to make a **full** withdrawal (please proceed to *Account to be credited)*

☐ I wish to make a **partial** withdrawal Partial withdrawal amount: $

If you are invested in more than one fund, please indicate how you wish your withdrawal to be processed across the different funds that you hold.

Fund	**Percentage or**	**Withdrawal amount $**
Summer New Zealand Cash	%	$
Summer New Zealand Fixed Interest	%	$
Summer Global Fixed Interest	%	$
Summer New Zealand Equities	%	$
Summer Australian Equities	%	$
Summer Listed Property	%	$
Summer Global Equities	%	$
Summer Conservative Selection	%	$
Summer Balanced Selection	%	$
Summer Growth Selection	%	$
Total (must add up to 100%)	**%**	**$**

Please turn over

Withdrawal Details (continued)

☐ I wish to make a **regular** withdrawal | Regular withdrawal amount: $

Withdrawal frequency: Weekly Fortnightly Monthly Quarterly

Date of first withdrawal: Please note your withdrawal will be processed on the second business day following the date you specify above and you should allow 10 business days for the amount to be credited to your bank account.

Date of first withdrawal: ☐☐ ☐☐ ☐☐☐☐
Day Month Year

If you are invested in more than one fund, please indicate how you wish your withdrawal to be processed across the different funds that you hold.

Fund	Percentage or	Withdrawal amount $
Summer New Zealand Cash	%	$
Summer New Zealand Fixed Interest	%	$
Summer Global Fixed Interest	%	$
Summer New Zealand Equities	%	$
Summer Australian Equities	%	$
Summer Listed Property	%	$
Summer Global Equities	%	$
Summer Conservative Selection	%	$
Summer Balanced Selection	%	$
Summer Growth Selection	%	$
Total (must add up to 100%)	**%**	**$**

Account to be credited

I wish to have my monies credited to my: ☐ Bank Account

Bank account

Please indicate the bank account you wish to have your monies credited to. **Please provide supporting bank account evidence.**

Bank account: Payments are only payable to a New Zealand bank account.

We can only accept bank accounts in your name or a joint account that includes your name. No trust, estate or other entities will be accepted.

This form must be accompanied by bank account documentation, matching the bank account details provided in the form. For example: a bank encoded deposit slip with pre-printed details of bank account name and number; a bank statement; a verification letter or other document of confirmation provided by the bank.

Bank: | Branch:

Account name:

Bank Account: ☐☐ ☐☐☐ ☐☐☐☐ ☐☐☐☐☐ ☐☐☐
Bank Branch Account Number Suffix

Verification of member's identity

To get your Summer KiwiSaver scheme withdrawal underway we need to verify your identity. To help us do this, in the following section, please provide as much information as possible. It is necessary to complete at least one of the two options.

NZ Driver licence number: ☐☐☐☐☐☐☐☐ Driver licence version: ☐☐☐

Vehicle registration number:

NZ Passport number:

Passport issue date: ☐☐ ☐☐ ☐☐☐☐
Day Month Year

Passport expiry date: ☐☐ ☐☐ ☐☐☐☐
Day Month Year

Verification of identity: We share this information securely and confidentially with our identification providers to verify your identity (as required by law). Please see our privacy policy for more detail. You can view these online at www.summer.co.nz/privacy-policy or call us on 0800 11 55 66 to request a copy. **If you do not have New Zealand Identity documents, please provide a certified copy of your overseas passport or call us on 09 243 1020.**

Were you **under 65** when you joined KiwiSaver?
Please complete the following section *Agreement and Statutory declaration* below, then go to the checklist on page 4.

Agreement and Statutory declaration

Declarations: Please ensure you print your name in full along with recording your current address and occupation.

I:
(full name of person making declaration)

Of:
(address of person making declaration)

Occupation:
(occupation of person making declaration)

solemnly and sincerely declare that:

1. the information, confirmations, and acknowledgements that I have provided in this withdrawal form are true and correct;
2. for the period for which I was a member of a KiwiSaver scheme and/or a 'complying superannuation fund', my principal place of residence was in New Zealand, except for the periods outlined below (if any):

From:	Day Month Year	To:	Day Month Year
From:	Day Month Year	To:	Day Month Year
From:	Day Month Year	To:	Day Month Year
From:	Day Month Year	To:	Day Month Year

3. I am not currently a bankrupt as defined in the Insolvency Act 2006;
4. I acknowledge that once my interest in the Summer KiwiSaver scheme reaches a nil balance, my membership of the Summer KiwiSaver scheme will be terminated.
5. Where this form is being completed under a Power of Attorney, I am making declarations 2-4 above in relation to the relevant Summer member (and not myself).
6. I understand that any information I give to Salt Investment Funds Limited or its affiliates may be passed on to an entity that is involved in the administration or management of the Summer KiwiSaver scheme (including the Inland Revenue) and I authorise Salt Investment Funds Limited or its affiliates to give such information in relation to this withdrawal. For details on the entities involved in the management or administration of the Summer KiwiSaver scheme see the Summer Other Material Information document on the register of offers of financial products at *https://disclose-register.companiesoffice.govt.nz/*
7. I authorise Salt Investment Funds Limited to update my Summer KiwiSaver scheme account details in accordance with the information provided on this form, where they differ from that which are currently held, and in accordance with the terms and conditions of my account.

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

Date: Day Month Year

Declared at: (place) this (date) day of (month) 20 (year)

Please proceed to and complete the Witness section on the next page

Witness: A statutory declaration must be made before a person entitled to witness a statutory declaration under the Oaths and Declarations Act 1957. This includes a barrister and solicitor of the High Court, a Justice of the Peace, a notary public, the Registrar or Deputy Registrar of the High Court or of any District Court and a Member of Parliament. Please contact us if you require further information.

Witness

Witness to complete (being a person authorised under the Oaths and Declarations Act 1957):

Name:

Occupation:

Address:

Date: Day Month Year

Agreement and Signature

Please only complete this section if you were **over 65** at the time of joining KiwiSaver.

Agreement: Please ensure you print your name in full along with recording your current address.

I:

(full name of person)

Of:

(address of person)

solemnly and sincerely declare that:

1. the information, confirmations, and acknowledgements that I have provided in this withdrawal form are true and correct;
2. I am not currently a bankrupt as defined in the Insolvency Act 2006;
3. I acknowledge that once my interest in the Summer KiwiSaver scheme reaches a nil balance, my membership of the Summer KiwiSaver scheme will be terminated.
4. Where this form is being completed under a Power of Attorney, I am making declarations 2-3 above in relation to the relevant Summer member (and not myself).
5. I understand that any information I give to Salt Investment Funds Limited or its affiliates may be passed on to an entity that is involved in the administration or management of the Summer KiwiSaver scheme (including the Inland Revenue) and I authorise Salt Investment Funds Limited or its affiliates to give such information in relation to this withdrawal. For details on the entities involved in the management or administration of the Summer KiwiSaver scheme see the Summer Other Material Information document on the register of offers of financial products at *www.discloseregister.companiesoffice.govt.nz/*
6. I authorise Salt Investment Funds Limited to update my Summer KiwiSaver scheme account details in accordance with the information provided on this form, where they differ from that which are currently held, and in accordance with the terms and conditions of my account.

Date: Day Month Year

Checklist

Please check that you have included the below with your application prior to returning the form (and supporting documentation) to Salt Investment Funds Limited via email: *info@summer.co.nz*. Or by mail to PO Box 2673, Auckland 1140.

- ☐ Current New Zealand identification, entered in the verification of identity section (if you don't have any New Zealand issued identification, please provide a certified copy of a foreign passport)
- ☐ Proof of bank account: A bank encoded deposit slip with pre-printed details of bank account name and number; a bank statement; or a bank account verification letter or other document of confirmation provided by the bank.
- ☐ Certified copy of the power of attorney and Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney (where an attorney signs on behalf of the Summer member), if applicable
- ☐ Signed and witnessed statutory declaration if you joined KiwiSaver before the age of 65 (see the Witness section for more information on persons authorised to witness statutory declarations)

For Office Use Only:

Account number: | | | | | | | |

Date joined KiwiSaver: | | | | | | | | Day Month Year

- ☐ Member contact made and withdrawal verified
- ☐ Member has completed the correct agreement section in line with the date they joined KiwiSaver and age at joining
- ☐ Power of Attorney and Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney sent to Compliance if applicable
- ☐ Member advised how to cease employee contributions if applicable
- ☐ Member is opting out of five year membership requirement
- ☐ Member informed as to Government Contribution claim process if applicable
- ☐ If applicable, Government Contribution claim to be processed now OR...
- ☐ ...during annual Government Contribution claim process
- ☐ Member records updated where applicable for new contact details

Name:

Title

Date: | | | | | | | | Day Month Year

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