Subsequent retirement withdrawal form

Summer
My Plan

Complete this form if you have previously made a retirement withdrawal from your Summer KiwiSaver scheme account 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.

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.

Member details

Full name:

Date of Birth: Day Month Year

Residential address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

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

Email:

Primary contact number:

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: $

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: 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 account

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

Bank: | Branch:

Account name:

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

Please turn over

Agreement and Signature

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 *https://disclose-register.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.

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 your bank.

- ☐ Proof of bank account
- ☐ 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

For Office Use Only:

Account number:

- ☐ Member contact made and withdrawal verified
- ☐ Member advised how to cease employee contributions if applicable
- ☐ 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
- ☐ Power of Attorney and Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney sent to Compliance if applicable
- ☐ Member records updated where applicable for new contact details

Name:

Title

Date: Day Month Year

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