

Court order withdrawal form

Summer
My Plan

The Summer KiwiSaver scheme needs to be supplied a certified copy of the Court Order to enable us to act on it. Complete this form and return it (along with supporting documentation) to **Salt Investment Funds Limited** via email: **info@summer.co.nz**. Or by mail to **PO Box 2673, Auckland 1140**.

Member details

Full name:														
Date of Birth:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Day</td><td></td><td>Month</td><td></td><td>Year</td><td></td></tr></table>							Day		Month		Year		
Day		Month		Year										
Email:														
Primary contact number:														
Residential address:														
Street No./Name:														
Suburb/RD No.:														
Town/City:		Postcode:												
Country:	New Zealand	Other (please state):												

Withdrawal Details

What can be withdrawn?

The withdrawal amount must match the value stated in the court order.

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. If you wish the funds to be deducted proportionally from each Fund that you have invested in please leave this table blank.

Please tick the applicable option:

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

Account to be credited

Please select the option below that corresponds with the court order.

Solicitor's trust account:

Please enclose a bank encoded deposit slip for the solicitor's trust account.

Solicitors trust account

Solicitor Details

Solicitor name:

Solicitor's company name:

Mailing address:

Street no./Name/PO Box:

Suburb/RD no.:

Town/City:

Postcode:

Country: **New Zealand**

Email:

OR

KiwiSaver scheme

Name of the KiwiSaver Scheme the funds are to be transferred to:

Member's full name

Member's IRD number:

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Membership number:

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 this 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.**

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:

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Driver licence version:

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Vehicle registration number:

NZ Passport number:

Passport issue date:

Day		Month		Year					

Passport expiry date:

Day		Month		Year					

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:

- the information, confirmations, and acknowledgements that I have provided in this withdrawal form are true and correct;
- I understand that I am liable for any tax penalties and/or interest that may apply to this withdrawal;
- I am not currently a bankrupt as defined in the Insolvency Act 2006;
- 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):

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- I understand that in the event that a clawback of Government contributions is required, and having received these as part of my withdrawal, my member accumulation remaining in the Scheme will be adjusted to the extent necessary to cover any overpayment of Government contributions;
- I understand that in relation to UK transfers the Manager reports payments from the Scheme unless the member has been a non-UK Tax Resident for five consecutive UK tax years prior to the payment and a period of 10 years from the date of the member's original transfer from the UK Scheme has passed; and
- 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/>
- 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:	this	day of	20	
	place	date	month	year

Please turn over

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.

Name:

Occupation:

Address:

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)

A bank encoded deposit slip for the solicitors trust account or details of the applicable other KiwiSaver scheme member

Certified copy of the court order

What is 'an original certified copy' of a document?

An 'original certified copy' of a document is one where a trusted referee has viewed the original document and compared it with a scanned or photocopied version.

The trusted referee provides a written statement on the copy to the effect that the copy provided is a true and correct copy and represents your identity. The trusted referee's written statement must include their name, occupation, and signature and the date of confirmation.

Please note: This confirmation is only valid for three months.

Who is a Trusted Referee?

He or she is someone who:

- is at least 16 years old
- is not your spouse or partner
- is not related to you
- does not live at the same address as you
- is not involved in the business or transaction requiring the certification

They must be a:

- Commonwealth representative
- New Zealand Police Constable
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- Minister of Religion
- Lawyer
- Notary Public
- New Zealand Honorary Consul
- Member of Parliament
- Chartered Accountant
- Kaumatua

For Office Use Only:

Account number:

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Member records updated where applicable for new contact details

Withdrawal amount on the form matches the amount stated on the court order

If applicable, Government Contribution clawback to be processed now (e.g. full withdrawal)

Name:

Title

Date:

Day		Month		Year			