Retirement withdrawal form

Summer
KiwiSaver Scheme
My Plan

Complete this form and return it to **Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin.** 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: Day Month Year

Date of first withdrawal: Please note your withdrawal will be processed on the first business day following the date you specify above.

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 ☐ Forsyth Barr Cash Management 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.

Bank account

Please indicate the bank account you wish to have your monies credited to. **Please enclose a bank encoded deposit slip.**

Bank: | Branch:

Account name:

Bank Account: Bank Branch Account Number Suffix

Cash Management account

Please indicate the Forsyth Barr Cash Management account you wish to have your monies credited to.

Account name:

Account number:

Verification of member's identity

Verification of identity: We share this information securely and confidentially only with our identification providers to verify your identity (as required by law). Please see our terms and conditions for more detail. You can view these online at www.summer.co.nz/account-terms 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 and visa details, or call us on 0800 11 55 66.**

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

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.

Were you **over 65** when you joined KiwiSaver?
Please proceed to the *Agreement and Signature section* 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:

Joining KiwiSaver at age 60 or over: If you joined KiwiSaver at aged 60 or over prior to 1 July 2019, the five-year membership requirement has now been removed. One important point to note is that, should you choose to make a withdrawal once you reach 65, you are no longer eligible for Government or compulsory employer contributions.

1. the information, confirmations, and acknowledgements that I have provided in this withdrawal form are true and correct;
2. I understand that, if I joined KiwiSaver at age 60 or over prior to 1 July 2019 and am applying for this withdrawal within five years of membership, by making this withdrawal, my employer is no longer obliged to make contributions to my KiwiSaver and I will no longer be eligible for the Government Contribution..
3. 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

4. I am not currently a bankrupt as defined in the Insolvency Act 2006;
5. I have reached the age of 65; and
6. 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.
7. Where this form is being completed under a Power of Attorney, I am making declarations 2-6 above in relation to the relevant Summer member (and not myself).
8. I understand that any information I give to Forsyth Barr Investment Management 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 Forsyth Barr Investment Management Limited or its affiliates to give such information in relation to this withdrawal.
9. I authorise Forsyth Barr Investment Management 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, including updating my Forsyth Barr investment account where applicable.

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

Signature:

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:

Signature of witness:

Date: Day Month Year

Agreement and Signature

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

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

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 Forsyth Barr Investment Management 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 Forsyth Barr Investment Management Limited or its affiliates to give such information in relation to this withdrawal.
6. I authorise Forsyth Barr Investment Management 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, including updating my Forsyth Barr investment account where applicable.

Signature:

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 Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin.

- ☐ 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 or bank account verification
- ☐ 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)
- ☐ Completed Agreement and Signature section, if you joined KiwiSaver after the age of 65

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

Signature:

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

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