

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:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Day</td><td>Month</td><td>Year</td><td></td><td></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: <input type="checkbox"/> New Zealand <input type="checkbox"/>	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

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	<input type="checkbox"/> Percentage or	<input type="checkbox"/> 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

Witness

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

Name:																									
Occupation:																									
Address:																								
Signature of witness:	Date: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>Day</td><td>Month</td><td></td><td>Year</td><td></td><td></td><td></td></tr></table>																		Day	Month		Year			
	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 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. 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 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: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>Day</td><td>Month</td><td></td><td>Year</td><td></td><td></td><td></td></tr></table>																		Day	Month		Year			
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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.

- | | |
|---|---|
| <input type="checkbox"/> 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) | <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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. | <input type="checkbox"/> 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) |
| | <input type="checkbox"/> Completed Agreement and Signature section, if you joined KiwiSaver after the age of 65 |

For Office Use Only:

Account number:

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Date joined KiwiSaver:

Day		Month		Year			

Member contact made and withdrawal verified

Member is opting out of five year membership requirement

Member has completed the correct agreement section in line with the date they joined KiwiSaver and age at joining

Member informed as to Government Contribution claim process if applicable

Power of Attorney and Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney sent to Compliance if applicable

If applicable, Government Contribution claim to be processed now OR...

...during annual Government Contribution claim process

Member advised how to cease employee contributions if applicable

Member records updated where applicable for new contact details

Name:

Title:

Signature:

Date:

Day		Month		Year			