

Subsequent retirement withdrawal form



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

Total (must add up to 100%)

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.

Full name:										
Date of Birth:										
Day Month Residential address:	Year									
Street No./Name:										
Suburb/RD No.:										
Town/City: Postcode:										
Country: New Zealand Other	r (please state):									
Email:										
Primary contact number:										
Please tick the applicable option: I wish to make a full withdrawal (please I wish to make a partial withdrawal	proceed to <i>Account to be credited</i> Partial withdrawal amount: \$	d)								
I Wish to make a partial withdrawar	r artial witharawar amount.									
Fund	Percentage or	Withdrawal amount \$								
-		Withdrawal amount \$								
Fund	Percentage or									
Fund Summer New Zealand Cash	Percentage or %	\$								
Fund Summer New Zealand Cash Summer New Zealand Fixed Interest	Percentage or %	\$								
Fund Summer New Zealand Cash Summer New Zealand Fixed Interest Summer Global Fixed Interest	Percentage or % % %	\$ \$ \$								
Fund Summer New Zealand Cash Summer New Zealand Fixed Interest Summer Global Fixed Interest Summer New Zealand Equities	Percentage or % % % % % % %	\$ \$ \$ \$								
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Fund 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	Percentage or % % % % % % % % %	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$								

\$

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 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. Percentage or Withdrawal amount \$ **Fund** 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** Please indicate the bank account you wish to have your monies credited to. Please enclose a bank encoded deposit slip. Branch: Bank: Account name: Bank Account: Bank Branch Account Number Suffix

Bank account:

Date of first withdrawal: Please note your withdrawal will be

processed on the first business day following

the date you specify

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.

Cash Management account

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

Agreement and Signature

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

B.
(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 have reached the age of 65; and
- 4. If I joined KiwiSaver at age 60 or over prior to 1 July 2019, I have been a member of a KiwiSaver scheme and/or a 'complying superannuation fund' for five years or more, or have opted out of the five year membership requirement.
- 5. 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.
- 6. Where this form is being completed under a Power of Attorney, I am making declarations 2-5 above in relation to the relevant Summer member (and not myself).
- 7. 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.
- 8. 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:								
		Da	ay	Mont	th	Year			
Checklist									
Please check that you have included the below with your appli supporting documentation) to Forsyth Barr Investment Manag									
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									
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 pro	Member informed as to Government Contribution claim process if applicable								
If applicable, Government Contribution claim to be processe	ed now OR								
during annual Government Contribution claim process									
Power of Attorney and Certificate of Non-Revocation and No Compliance if applicable	n-Suspensi	on of	Endu	ring Pc	ower of At	torney ser	nt to		
Member records updated where applicable for new cont	act details								
Name:	Title								
Signature:	Date:								

Day

Month

Year