



Subsequent retirement withdrawal form

Summer
KiwiSaver Scheme
My Plan

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

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:

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

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

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 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:
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.

- 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 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:

Signature:

Date:
Day Month Year