



Permanent emigration withdrawal form

Summer
KiwiSaver Scheme
My Plan

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

My details

| | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|-------|--|------|--|--|--|--|--|--|--|-----|--|-------|--|------|--|--|--|--|--|
| Full name: | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Day</td><td colspan="2">Month</td><td colspan="6">Year</td></tr></table> | | | | | | | | | | | Day | | Month | | Year | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Day | | Month | | Year | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | | | | | | | |
| Street no./Name/PO Box: | | | | | | | | | | | | | | | | | | | | | |
| Suburb/RD no.: | | | | | | | | | | | | | | | | | | | | | |
| Town/City: | Postcode: | | | | | | | | | | | | | | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | |
| Primary contact number: | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | | | | |

Withdrawal request

I confirm that I have permanently emigrated from New Zealand and have been a resident in:

| |
|-----------------------|
| Country of residence: |
|-----------------------|

| | | | | | | | | | | | | | | | | | | | | | |
|---------------|--|-------|--|------|--|--|--|--|--|--|--|-----|--|-------|--|------|--|--|--|--|--|
| Since (date): | <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Day</td><td colspan="2">Month</td><td colspan="6">Year</td></tr></table> | | | | | | | | | | | Day | | Month | | Year | | | | | |
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| Day | | Month | | Year | | | | | | | | | | | | | | | | | |

We require the following proof that you have permanently emigrated:

- Proof of departure (e.g. evidence of confirmed travel arrangements, passport and any necessary visas).
- Proof that you have resided at an overseas address at some time during the year since departing New Zealand (e.g. utility bill, bank statement, or rental agreement).

Payment details

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: | <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Bank</td><td colspan="2">Branch</td><td colspan="10">Account Number</td><td colspan="2">Suffix</td></tr></table> | | | | | | | | | | | | | | | | | | | | | Bank | | Branch | | Account Number | | | | | | | | | | Suffix | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank | | Branch | | Account Number | | | | | | | | | | Suffix | | | | | | | | | | | | | | | | | | | | | | | |

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.

Please turn over

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.**

Verification of 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:

Driver licence version:

Vehicle registration number:

NZ Passport number:

Passport issue date:

| | | | | | | | | | |
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| | | | | | | | | | |
| Day | Month | | | | | Year | | | |

Passport expiry date:

| | | | | | | | | | |
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| | | | | | | | | | |
| Day | Month | | | | | Year | | | |

Minors: If the member is under the age of 18, one of the member's parents/guardians must also complete *Agreement and signature Parent/Guardian*.

Declarations: Please ensure you print your name in full along with recording your current address and occupation.

Agreement and statutory declaration

I:

(full name of person making declaration)

Of:

(address of person making declaration)

Occupation:

(occupation of person making declaration)

Solemnly and sincerely declare that:

- I am entitled to make this claim and that all the information provided in this form and in all included materials is true and correct.
- I have lived in New Zealand since opening my KiwiSaver account, or (if otherwise) I have detailed below the periods for which my principal place of residence was not in New Zealand since opening my KiwiSaver account. I verify that the completed withdrawal form and supporting documents attached are true and correct to the best of my knowledge.

I confirm that I have resided/will reside mainly in New Zealand for the period

1 July

| | | | |
|---|---|--|--|
| 2 | 0 | | |
|---|---|--|--|

to date:

| | | | | | |
|-----|-------|------|---|--|--|
| | | 2 | 0 | | |
| Day | Month | Year | | | |

OR

I confirm that I have not resided/will not reside mainly in New Zealand for the period

1 July

| | | | |
|---|---|--|--|
| 2 | 0 | | |
|---|---|--|--|

to 30 June

| | | | |
|---|---|--|--|
| 2 | 0 | | |
|---|---|--|--|

but I am/was an employee of the

State services under the State Sector Act 1988 serving outside New Zealand for this period. **OR**

I confirm that I have not resided/will not reside mainly in New Zealand for the period

1 July

| | | | |
|---|---|--|--|
| 2 | 0 | | |
|---|---|--|--|

to 30 June

| | | | |
|---|---|--|--|
| 2 | 0 | | |
|---|---|--|--|

but I worked/will work overseas as a

volunteer or for token payment for a charitable organisation named in regulations made under the Student Loan Scheme Act 1992 and the work meets 1 or more of the requirements in sections 38AEA(a)(i) to (iii) of that Act for this period. **OR**

I confirm that I have not resided/will not reside mainly in New Zealand for the period

1 July

| | | | |
|---|---|--|--|
| 2 | 0 | | |
|---|---|--|--|

to 30 June

| | | | |
|---|---|--|--|
| 2 | 0 | | |
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- 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.

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:

this day of

20

place

date

month

year

Agreement and signature Parent/Guardian

I/we authorise Forsyth Barr Investment Management limited to make the changes in accordance with the instructions on this form.

| | | | | | | | | | | | | | | | | | |
|--------------------------------|---|-------|--|------|--|--|--|--|--|-----|--|-------|--|------|--|--|--|
| Name of parent/legal guardian: | | | | | | | | | | | | | | | | | |
| Signature: | Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Day</td><td colspan="2">Month</td><td colspan="4">Year</td></tr></table> | | | | | | | | | Day | | Month | | Year | | | |
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| Day | | Month | | Year | | | | | | | | | | | | | |

Witness

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

| | | | | | | | | | | | | | | | | | |
|-----------------------|---|-------|--|------|--|--|--|--|--|-----|--|-------|--|------|--|--|--|
| Name: | Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Day</td><td colspan="2">Month</td><td colspan="4">Year</td></tr></table> | | | | | | | | | Day | | Month | | Year | | | |
| | | | | | | | | | | | | | | | | | |
| Day | | Month | | Year | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | |
| Signature of Witness: | Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Day</td><td colspan="2">Month</td><td colspan="4">Year</td></tr></table> | | | | | | | | | Day | | Month | | Year | | | |
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| Day | | Month | | Year | | | | | | | | | | | | | |

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.

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"/> Signed and witnessed statutory declaration (see the Witness section for more information on persons authorised to witness statutory declarations) |
| <input type="checkbox"/> A bank encoded deposit slip or bank account verification | <input type="checkbox"/> Proof of departure from New Zealand |
| | <input type="checkbox"/> Evidence of your residential address overseas |

For Office Use Only:

Account number:

| | | | | | | | | | |
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