

Withdrawal of Australian sourced funds form

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.

My details

Full name:																	
Date of Birth:	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Day</td><td>Month</td><td colspan="2">Year</td><td colspan="4"></td></tr></table>	<input type="text"/>	Day	Month	Year												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Day	Month	Year															
Email:																	
Primary contact number:	Phone home:																
Phone mobile:	Phone work:																
Residential address:																	
Street No./Name:																	
Suburb/RD No.:																	
Town/City:	Postcode:																
Country: <input type="checkbox"/> New Zealand <input type="checkbox"/>	Other (please state):																

Please turn over

Withdrawal Details

Please tick the applicable option:

I wish to make a **full** withdrawal of my Australian sourced funds (please proceed to *Account to be credited*)

I wish to make a **partial** withdrawal of my Australian sourced funds

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	<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%)	%	\$

I wish to make a **regular** withdrawal of my Australian sourced funds

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.

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 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:

1. the information, confirmations, and acknowledgements that I have provided in this withdrawal form are true and correct;
2. I am not currently bankrupt as defined in the Insolvency Act 2006;
3. I am 60 or over, am no longer employed; and
 - I ended my employment after reaching the age of 60; or
 - I have retired and do not intend on entering full time or part time employment again
4. 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.
5. 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:																
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Day	Month	Year															
Declared at:	this	day of	20														
place	date	month	year														

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:																
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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.

- | | |
|---|--|
| <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 | |

For Office Use Only:

Account number:

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Member records updated where applicable for new contact details

Member contact made and withdrawal verified

Name:

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Title:

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Signature:

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Date:

Day		Month				Year	