SUBSEQUENT RETIREMENT WITHDRAWAL

APPLICATION FORM



Use this form if you have **previously made a retirement or life-shortening congenital conditions withdrawal**. If you've never made a retirement or life-shortening congenital conditions withdrawal before, please complete the either the <u>first retirement withdrawal form</u> or the <u>life-shortening congenital conditions withdrawal form</u>.

You can email this form and all required supporting documents to **withdrawals@anzinvestments.co.nz**. Alternatively, you can take them to any **ANZ branch**, or post them to **ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland 1142.**

	NZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland 1142.									
1. YOUR INFORMATION										
First name(s)										
Surname										
ANZ customer (or investor) number										
Date of birth	D D M M Y Y Y Y									
Country of birth										
Contact number	Email									
RD number										
Prescribed investor rate	10.5% 17.5% 28% (see <u>anz.co.nz/pirupdate</u> for help)									
2.1 Setting up a withdrawal would like to make: a withdrawal of my full available ba										
If I withdraw my full balance, my Kiw	iSaver account will be closed, and I will no longer be a member of a KiwiSaver scheme.									
a partial withdrawal of \$										
The minimum amount you can with	draw is \$1,000.									
a regular withdrawal of \$	starting D D M M 2 0 Y Y									
and at the following frequency:	fortnightly anonthly quarterly									
Minimum of \$200 a fortnight, \$400 a	month or \$1,000 a quarter.									
	choosing a partial or regular withdrawal, the withdrawal will be deducted proportionately across each fund ise. If you have a specific withdrawal request, please specify the fund name(s) and dollar amount(s) below .									
2.2 Amending an existing regular wi										
a regular withdrawal of \$	starting D D M M Z O Y Y									
and at the following frequency:	fortnightly quarterly									
Minimum of \$200 a fortnight, \$400 a	month or \$1,000 a quarter.									
	an existing regular withdrawal, the withdrawal has been deducted proportionately across each fund you invest ave a specific withdrawal amendment request, please specify the fund name(s) and dollar amount(s) below.									

PTO Page 1 of 2

SUBSEQUENT RETIREMENT WITHDRAWAL

APPLICATION FORM

3. BANK ACCO	DUNT [DETA	ILS														
We can only pay	your with	ndrawa	al amo	ount 1	o you; v	ve cai	n't pay	to a th	nird p	arty.							
Please pay my with	drawal ar	nount	into	my N	ew Zeal	and b	ank ac	count	belo	W:							
	Bank	Brancl	n		Accou	nt nun	nber			Suffi	X						
Payment account																	
Name of bank acco	ount hold	der															
f you have change	d your ba	ınk acc	ount	detai	ls since	your	previo	us with	ndrav	val, v	ve m	ay req	uire (evidence	e that you	ı're	the account holder.
If you have listed	a non-Al	NZ bar	ık acc	count	please	provi	de us v	vith a p	ore-p	rinte	ed de	posit :	slip c	r bank s	tatement	dat	ted within the last six months.
f you'd like your wit at <u>anz.co.nz/kiwisav</u>		amoui	nt pai	id to a	n overs	eas b	ank ac	count,	pleas	se co	ompl	ete an	Inte	rnationa	l Money∃	Γran	nsfer (IMT) form available
invest in, unless s	funds, ar pecified a withdr	nd have otherw awal ap	vise. pplica	ation i	n the las	st 12 n	nonths	, ANZ I	nvest	mer	nts m	ay reqi	uest v	/erified/	certified c	opi	tionately across each fund I es of my ID and proof of address. processed.
• if applicable, I co	nfirm I ha	ive per	sonal	lly affi	xed my	digita	al signa	ature to	o this	doc	ume	nt.					
Signature																	
									Dat	ie _	D	D	М	M 2	0	Y	Y
5. WHAT TO E	XPECT	NE)	(T														
documents have If we require any Once we have all If your applicatio We aim to pay your all the information The payment show If the value of your Once we have all If your application We aim to pay your All the information The payment show If the value of your All	been pro additional the documents appro- bur withdoution we no build be an ur investrational cealand Lines and 0800	ovided al infor ument: oved w rawal a need. It vailable ment re se and d imited'	I. matic s require will and should be a considered with the second of th	on or uired I senow i I se	docume we'll be I you a t t in you o ask fo ccount v o at any ur infor oe found at any	ents w gin pr ext/e r Kiwis r mor withir time, matio d at a	we'll co rocessi mail w Saver a e infor a three your ac n to pi nz.co.n	ntact y ng you ith a co ccount busine ccount rocess z/prive	vou u ur app onfirr at in A this sess da t will your your acy. If	sing blicat matic s may s may s pe cl app f you	the littion. Interriby cau of the llosec	mobile net Ba ise del appro I and y on in a fer a pi	e, em nking ays ii oval. vou v	ail and/o g and go n the pro vill no lo dance w ersion, in	or postal and one pos	vith of y a me	ress you have provided us. in 10 business days if you give our withdrawal. ember of a KiwiSaver scheme. cy Statement, which is the same to download as a PDF or from ccess or correct your personal we have about you.
NIERNAL US	E - AN	2 51	AFF	ON	LY												
														(staff fu	ull name)		Branch Stamp
nereby verify that th	nis is the	origina	al doc	umei	nt.												
Date D D I	м м	2	0	Υ	Υ												
Signature																	
Staff job role																	
Branch name																	
Once completed –	staff mu	st scan	this t	form	and all r	eauire	ed sun	portin	a doc	cume	ents	in the	chec	klist to v	withdraw	also	@anzinvestments.co.nz