

Scan and email the completed form to **withdrawals@anzinvestments.co.nz**. Alternatively, you can bring it to any **ANZ branch**, or post it to **ANZ Investments, Freepost 324, PO Box 7149, Wellesley Street, Auckland 1141**.

1. THIS WITHDRAWAL REQUEST RELATES TO MY/OUR INVESTMENT IN THE FOLLOWING (PLEASE TICK ONE):

- ANZ Investment Funds OneAnswer Multi-Asset-Class Funds OneAnswer Single-Asset-Class Funds

2. INVESTOR INFORMATION

First name(s)	Surname
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First name(s)	Surname
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or Company/Partnership/Trust/Estate name

ANZ customer (or investor) number

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3. TAX INFORMATION

(Visit anz.co.nz/pirupdate for help)

Name of taxpayer

Taxpayer's IRD number

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Taxpayer's prescribed investor rate 0% 10.5% 17.5% 28%

If any of the tax payment details differ from what we currently have on record, they will be updated based on the information on this form before processing this withdrawal.

If you haven't notified both your IRD number and prescribed investor rate, you will be taxed on income allocated to you at the default rate of 28%.

4. SETTING UP OR AMENDING A WITHDRAWAL

4.1 Set up a new withdrawal

I/We request (please tick one):

- a withdrawal of my/our **full** balance (please refer to section 5)
- a **partial** withdrawal of \$ (minimum \$500)
- a **regular** withdrawal of \$ (minimum \$100)

Frequency for regular withdrawal (please tick one of the available choices):

- monthly quarterly six-monthly annually

Start date

D	D	M	M	2	0	Y	Y
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or **4.2 Amend an existing regular withdrawal**

I/We request to amend our existing regular withdrawal instructions to:

- a **regular** withdrawal of \$ (minimum \$100)

Frequency for regular withdrawal (please tick one of the available choices):

- monthly quarterly six-monthly annually

Start date

D	D	M	M	2	0	Y	Y
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FORM 7

5. SOURCE OF WITHDRAWAL

ANZ Investment Funds and OneAnswer Multi-Asset-Class Funds

I/We request that the partial or regular withdrawal as indicated above be deducted from my/our fund/s as follows:

Conservative Fund	\$ <input type="text"/>
Conservative Balanced Fund	\$ <input type="text"/>
Balanced Fund	\$ <input type="text"/>
Balanced Growth Fund	\$ <input type="text"/>
Growth Fund	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>

OneAnswer Single-Asset-Class Funds

I/We request that the partial or regular withdrawal as indicated above be deducted from my/our fund/s as follows:

New Zealand Fixed Interest Fund	\$ <input type="text"/>	Australian Share Fund	\$ <input type="text"/>
International Fixed Interest Fund	\$ <input type="text"/>	International Share Fund	\$ <input type="text"/>
Property Securities Fund	\$ <input type="text"/>	Balanced Growth Fund	\$ <input type="text"/>
International Property Fund	\$ <input type="text"/>	TOTAL	\$ <input type="text"/>
New Zealand Share Fund	\$ <input type="text"/>		
Equity Selection Fund	\$ <input type="text"/>		

6. PAYMENT INFORMATION

Please note the proceeds of this withdrawal can only be paid to the investor's New Zealand bank account; we are not able to make payments to third parties.

(leave blank if a bank-encoded deposit slip is attached)

Payment account

Bank	Branch	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FORM 7

7. IDENTIFICATION

If you believe you have already given us proof of your identity and address, continue to section 8. If not, as part of your withdrawal request, you must provide certified copies of your ID and proof of address. All photocopied documents must be verified or certified by an authorised person, such as a Justice of the Peace, before sending them to us.

Note for trusts: each trustee will need to ensure that we have a copy of their identification and proof of residential address.

If we need to ask you for further information, this will delay the processing of your withdrawal request.

Please provide us with either:

- a certified/verified copy of your current passport (page showing your name, date of birth, photograph and signature), **OR**
- a certified/verified copy of your current driver licence showing your name, signature and expiry date and a bank account statement issued **to you** by a registered bank (excluding ANZ), **OR**
- a certified/verified copy of your current firearms licence.

AND one of the following:

- a certified/verified copy of a bank statement issued to you by a registered bank (excluding ANZ) (which can't be more than six months old), **OR**
- a certified/verified copy of your utility bill (which can't be more than six months old), **OR**
- a certified/verified copy of an insurance policy document issued to you (which can't be more than six months old), **OR**
- a certified/verified copy of a Government agency document issued to you (which can't be more than six months old).

Who can certify your documents?

The following people can certify photocopies of original documents as true and correct copies:

- Notary Public
- Justice of the Peace
- Member of the Police
- New Zealand lawyer
- New Zealand Chartered Accountant
- A person who has legal authority to take statutory declarations (or equivalent) in New Zealand.

If you are overseas: a person who has the authority to take statutory declarations or equivalent in your country.

Please note that the certifier must be at least 16 years of age and cannot be:

- a person involved in the transaction requiring the certification
- related to you
- your spouse or partner
- a person who lives at the same address as you.

Here is an example of what your ID should look like when it's been certified correctly. Ensure the 'true likeness' wording is included



See anz.co.nz/myid for a full list of acceptable documents and ways documents can be certified or verified. Alternatively, talk to an ANZ staff member or your financial adviser. Remember to include your certified/verified ID and proof of address with your withdrawal request. Any information missing from your withdrawal request will cause delays.

Note for trusts: You may need to provide a copy of your trust deed, along with source of wealth information, if we have not already received this. If the signatories have changed on your trust deed since your application, you must provide us a copy of any deed of appointments and/or removals.

FORM 7

8. SIGNATURE(S)

I/We request to withdraw my/our investment as indicated on this form.

Joint investments – all investors must sign

Trusts – all trustees must sign, unless you have specified otherwise in your application form

Partnerships – all partners must sign, unless you have specified otherwise in your application form

Companies – at least one director or one authorised signatory must sign

If signed under power of attorney, the attorney confirms that he/she has not received notice of revocation of that power.

Name
Signature
Date

D	D	M	M	2	0	Y	Y
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Name
Signature
Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Name
Signature
Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Name
Signature
Date

D	D	M	M	2	0	Y	Y
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Important notes

- All emailed withdrawal requests must be from the email address that we have recorded for you. If you have not provided us with your email address, please call us on 0800 736 034 (+64 9 356 4000 if overseas).
- In some circumstances, we may contact you about your request for withdrawal by text, email, letter or telephone.
- Information displayed on ANZ Internet Banking or goMoney is two business days behind the current date. As a result, the available balance might be different to the balance viewed on ANZ Internet Banking or goMoney at the time of submitting your request.
- Once the correct documentation is received (if any), we usually process withdrawals and make payment to your bank account within five business days of receiving your request.
- It is not possible to time your request for a specific unit price, the unit price received for your withdrawal request will be a unit price that is available within five business days of receiving your request.

INTERNAL USE - ANZ STAFF ONLY

I <input type="text"/> (staff full name)	Branch Stamp
hereby verify that this is the original document.	
Date <input type="text"/>	
Signature <input type="text"/>	
Staff job role <input type="text"/>	
Branch name <input type="text"/>	

Once completed – staff must scan this form and all required supporting documents in the checklist to withdrawals@anzinvestments.co.nz