# FIRST RETIREMENT WITHDRAWAL

#### APPLICATION FORM



Use this form to apply for your **first retirement withdrawal**. If you want to make a **subsequent** retirement withdrawal, or amend a regular withdrawal, please complete the <u>subsequent retirement withdrawal form</u>.

We accept applications a maximum of four weeks prior to you turning 65, however the processing of your application will not begin until that date has been reached.

The fastest way to provide us your form and supporting documents is to email them to withdrawals@anzinvestments.co.nz. Alternatively you can post them to ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland 1142 or drop them into an ANZ branch.

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				
IRD number Prescribed investor rate	10.5% 17.5% 28% (see anz.co.nz/pirupdate for help)				
a partial withdrawal of \$					
The minimum amount you can withdraw is \$1,000.					
a regular withdrawal of \$ and at the following frequency:	starting D D M M 2 0 Y Y  fortnightly monthly 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 vise. If you have a specific withdrawal request, please specify the <b>fund name(s) and dollar amount(s) below</b> .				

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3. BANK ACCOUNT DETAILS		
We can only pay your withdrawal amount to	you; we can't pay to a third party.	
	chdrawal amount into my New Zealand bank account	t below:
If you have listed a non-AN7 hank account in	ease provide us with a pre-printed deposit slip or bar	nk statement dated within the last six months
	overseas bank account, please complete an Internati	
4. IDENTIFICATION		
<ul> <li>Verified – An ANZ branch or an ANZ Investm submit your application at the same time.</li> <li>Certified – A Notary Public, Justice of the Pea</li> </ul>	ther verified <b>or</b> certified copies of your valid ID and prents approved financial adviser can check your origince, NZ lawyer, or any other person who has the legal	aal ID and proof of address documents. They can authority can certify a copy of your ID and proof
	inst the originals. You can then send in these certified	d copies with your application form.
See <u>anz.co.nz/myid</u> for more information.	is will delay the proceeding of your application	An example of correctly certified ID
If we need to ask you for further information, th  Identity documents  Please provide us with:	is will delay the processing of your application.	NEW ZEALAND DRIVER LICENCE DIVINERANTON SEAMOND ON SEAMOND SEAMOND ON SEAMOND ON SEAMOND ON SEAMOND ON SEAMOND ON SEAMOND
Option 1: ONE of these documents:  New Zealand passport Overseas passport (signed)	National ID card  New Zealand firearms licence	Lower ARTIZ-460 (Vester 453 ) Dave strikes Octool OCTO CSCA
Option 2: A New Zealand driver licence Al		NAW ZZALAND DEWERLICKEE
Option 3: ONE form of primary non-photo	of the original document which I have sighted, and it represents a true likeness of the individual.	
New Zealand full birth certificate Overseas birth certificate  AND	Certificate of New Zealand citizenship Overseas citizenship certificate	Dated the 15th day of <u>Sarwary 2016</u> Enrolled barrister and solicitor of the High Court of New Zealand
ONE form of secondary photo II  New Zealand driver licence  18+ card or Kiwi Access Card	New Zealand Defence or Police Photo ID	Ensure the 'true likeness' wording is included, that the image of you is clear, and the text can be clearly read.
<b>Proof of address</b> Please provide us with <b>ONE</b> of the below accept and current New Zealand address.	table forms of address. The document must be dated	within the last six months and show your name
Utility bill  Bank statement or bank document (including from ANZ)	Signed rental tenancy agreement, flatting or sub-letting agreement  Electoral roll papers	Short-term accommodation letter issued by the accommodation provider and include your name
Non-bank financial institution statement or document	Electronic White/Yellow Pages	Letter from employer on company letterhead confirming residential address
Central Government Agency document e.g. IRD, ACC	Insurance policy document  Car registration notification/demand  Educational Institution letter from education	Letter from a lawyer or accountant confirming your residential address
Local Council/Government letter	facility, must be on letterhead paper	Retirement home letter or invoice  Letter or invoice from your general practitioner (GP)

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5. CHECKLIST					
	ur application when we k	22/01			
Make sure you send us everything listed below, we can only process you Your completed application.	ır application when we r	lave:			
Certified/verified copies of your ID and proof of address.	lavo marcam avith arisa d	to tales statutane da			
Your completed statutory declaration, signed by you and witnessed months. (Note: if you were aged 65 years or over when you first enro					
monaid (note: n) ou more aged of years or over mierry ou more enve			ete the statutory declaration,		
6. WHAT TO EXPECT NEXT					
• Once you've submitted your withdrawal application, you'll receive a te	ext/email confirming it's	been received and t	hat we're checking all		
documents have been provided.					
If we require any additional information or documents we'll contact your conta	_	ail and/or postal add	dress you have provided us.		
Once we have all the documents required we'll begin processing your					
If your application is approved we will send you a text/email with a co					
• If the value of your investment reaches zero at anytime, your account	will be closed and you w	vill no longer be a m	ember of a KiwiSaver scheme.		
7. HOW LONG WILL IT TAKE					
Once we've received your application, we aim to pay your withdrawal w	rithin 15 business days. It	may take longer if t	here are public holidays, or		
we need to ask for additional information from you or Inland Revenue.	,	, 3	, , ,		
2 ACDEEMENT					
8. AGREEMENT Lunderstand that:					
	النبيا للمساولة المساولة المسا	ha dadustad prana	rtionatoly across each fund I		
<ul> <li>If I have multiple funds, and have chosen a partial or a regular withdra invest in, unless specified otherwise.</li> </ul>	wai, the withdrawai wiii	be deducted propo	rtionately across each fund i		
<ul> <li>My funds continue to be invested, and may rise and fall in value, until</li> </ul>	mv withdrawal is approv	ed and the pavmer	it is processed.		
	,				
Signature					
9. PRIVACY					
You agree we can collect, use and disclose your information to process y					
as ANZ Bank New Zealand Limited's and can be found at anz.co.nz/priva any branch.	cy. II you preier a print v	ersion, it is available	to download as a PDF of Ifoth		
	C C				
We take your privacy seriously, and understand the need to keep your information confidential and secure. You can access or correct your personal information by calling 0800 736 034 or asking at any ANZ branch. We may charge you a fee to access the information we have about you.					
inioniation by Calling 0000 730 034 of asking at any ANZ branch. We had	ay charge you a ree to ac	cess the information	Twe have about you.		
Members who joined KiwiSaver prior to turning 65 must also complete the statutory declaration on the following page, and have it witnessed					
by an authorised person e.g. Solicitor, Justice of the Peace, or a Registr	ar of a New Zealand Cou	ırt.			
INTERNAL USE - ANZ STAFF ONLY					
INTERNAL USE - ANZ STAFF ONE!					
I		(staff full name)	Branch Stamp		
hereby verify that this is the original document.					
Date D D M M 2 0 Y Y					
Signature					
Signature					
Staff job role					

 $Once \ completed - staff \ must \ scan \ this \ form \ and \ all \ required \ supporting \ documents \ in \ the \ checklist \ to \ \textbf{withdrawals@anzinvestments.co.nz}$ 

Branch name

### STATUTORY DECLARATION

#### FIRST RETIREMENT WITHDRAWAL APPLICATION FORM



**Important** – read this section before completing your statutory declaration.

- You don't need to complete this statutory declaration if you were aged 65 years or over at the time you joined KiwiSaver.
- ANZ branch staff can't take statutory declarations. A solicitor, Justice of the Peace or Notary Public can take this statutory declaration for you. For more information about who can take statutory declarations, see anz.co.nz/myid.
- All of the boxes must be completed.
- Include your occupation. If you, the member, are either retired or unemployed, this too must be noted in the occupation box.

Ar		rors will require a new declaration to be completed – potential	' '			a iii tiic v	occup	oution be	Λ.	
1. E	LIG	IBILITY FOR GOVERNMENT CONTRIBUTIONS	5							
Durir	ng yo	our KiwiSaver membership, were there any periods when you l	ived overseas	s and did r	not have a p	ermanei	nt resi	idence in	New Zea	land?
No (continue to section 2) Yes. List below the periods when you lived overseas and did not have a permanent residence in New Zealand:										
Hive	d in		from	D D	M M	ΥΥ	to	D D	M M	YY
Hive	d in		from	D D	M M	ΥΥ	to	D D	M M	YY
Hive	d in		from	D D	M M	YY	to	D D	M M	YY
To be eligible to withdraw Government contributions you have received during your KiwiSaver membership, you must have had your principal place of residence in New Zealand over that time. If you have lived overseas, we'll need to contact the Inland Revenue regarding your Government contributions. This may take up to 10 business days.										
eligik	ole fo	re working overseas as an employee of the New Zealand Gove or Government contributions. If this applies please provide evic ng the period you were employed.								
2. S	TA	TUTORY DECLARATION								
I					(Full nar	me of the	e pers	on makir	ng the dec	claration)
of	Res	idential address								
							Post	code		
and	Occ	cupation								
<ul> <li>solemnly and sincerely declare that:</li> <li>I understand that if I have not had a principal place of residence in New Zealand during my KiwiSaver membership, I will not be entitled to withdraw any Government contributions received during that period. Any Government contributions claimed on my behalf during any such period will be returned to the Commissioner of Inland Revenue. The information I have provided in section 1 (above) is correct to the best of my knowledge.</li> <li>AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.</li> </ul>										
Sigi	iatui	e of the person <b>making</b> the declaration (the applicant)		1						
Dec	larec	d at (location)			on this da	ate D	D	M M	2 0	YY
Befo	re m	ee: (signature, name, occupation and address of the person in f	ront of whon	n the decla	aration is ma	ade)				
Full	nam	ne								
Add	Iress									
							Post	tcode		
	upat									
Sigr	natur	e of the person <b>taking</b> the declaration								