AE KiwiSaver Plan

RETIREMENT WITHDRAWAL APPLICATION FORM

IMPORTANT INFORMATION

Please complete this form to apply for a retirement withdrawal - your retirement age begins when you turn 65 AND after you have been a member of a KiwiSaver Scheme and/or Complying Superannuation Fund for five years.

You do not have to withdraw all or any of your retirement savings immediately when you retire - there is some flexibility for you to make partial withdrawals, while still keeping your KiwiSaver account open. If you choose to do nothing your savings will continue to be invested as they currently are, and you may also continue to add to your account if you wish.

Contribution Options

If you are currently contributing to your KiwiSaver account via your employer, you will need to let your employer know that you have closed your KiwiSaver account, so they can stop deducting contributions from your pay. You can do this by giving your employer a completed KiwiSaver Non-Deduction Notice (KS51), which is available for download at the following link: http://www.ird.govt.nz/forms-guides/title/forms-n/ks51-form-ks-non-deduction-notice.html

Please send the completed form along with the evidence required by email to **info@always-ethical.com** and post the original form to **PO Box 304015, Hauraki Corner, Auckland 0750, New Zealand.**

CHECKLIST

Before returning this form, please make sure that you are fully aware of the requirements you must meet in order to qualify for this withdrawal and have supplied the relevant supporting documents.

You will need to complete the tasks in the below list to complete your application:

- ☐ Complete sections 1 - 4.
- ☐ Provide proof of your bank account (see section 4 for our requirements).
- ☐ Provide certified proof of identity (see section 2 for our requirements).
- ☐ Complete the confirmation of New Zealand residency in section 5.
- ☐ Confirm if you have ever been adjudicated bankrupt in section 6.
- ☐ Complete the statutory declaration in section 8 in front of a Justice of the Peace, Solicitor, Notary Public or other person authorised to take statutory declarations.

You can find a Justice of the Peace near you by visiting the New Zealand's Justices' Association website www. jpfed.org.nz or Yellow Pages www.yellow.co.nz. They will be able to certify your ID and witness your statutory declaration.

SECTION 1: YOUR INFORMATION

IRD NUMBER | | | | | | | | | |

YOUR IRD NUMBER IS A UNIQUE NUMBER ISSUED TO YOU BY INLAND REVENUE. SEE *WWW.IRD.GOVT.NZ*

TITLE ☐ MR ☐ MRS ☐ MISS ☐ MS ☐ OTHER _____

FIRST NAME (AS PER PHOTO ID PROVIDED)

MIDDLE NAME(S) (AS PER PHOTO ID PROVIDED)

LAST NAME (AS PER PHOTO ID PROVIDED)

PLEASE LIST ANY OTHER NAMES YOU ARE KNOWN BY

PHYSICAL ADDRESS (AS PER PROOF OF ADDRESS PROVIDED)

POST CODE

POSTAL ADDRESS

POSTCODE

DATE OF BIRTH (DD/MM/YYYY))

CONTACT PHONE NUMBER (LANDLINE)

MOBILE PHONE NUMBER

EMAIL ADDRESS

SECTION 2: INVESTOR IDENTIFICATION

We have two options for clients to confirm their identity. Please select one of the options below.

Option 1: Electronic Identity Verification and Proof of Bank Account

AE can confirm the identity and/or New Zealand address of many of our clients electronically, with their permission. Please note that we use a third party system not owned by AE to conduct identity checks in this way.

☐ I confirm that I give AE authority to check my identity and/or address electronically using the documentation provided.
I have included a copy of my current signed NZ passport (preferred) or NZ Driver Licence (front & back).

☐ I accept to complete bank verification electronically via link provided by AE authority to my mobile number.

Option 2: Certified Copied of Identity Documents

You can provide certified photocopies of your documents (we need the physical copy that has been certified).

☐ I will provide certified identification documents.
See 'Investor Identification Requirements' for further detail, including who can certify them and correct certification wording.

INVESTOR IDENTIFICATION REQUIREMENTS

If you have opted not to use Electronic Identity Verification or did not pass this system check then you will need to provide the following documentation: **Please provide a certified photocopy of each document:**

- The documents can be verified by AE employee or certified by a Trusted Referee as described below.
- Any certified documents cannot be scanned to us (we need the copy that has been physically certified)
- Please do not send in original versions of your identity documents.

1. CERTIFIED COPY OF IDENTIFICATION

Option 1

One of the following:

☐ Current signed New Zealand Passport (preferred)

☐ New Zealand Firearms Licence

☐ Overseas Passport with proof of NZ residency

OR

Option 2

☐ New Zealand Driver Licence (front and back)

In combination with one of the following:

☐ Bank statement, dated within the last 3 months

☐ Valid credit or debit card with name embossed and signature

☐ Birth certificate

☐ Citizenship certificate

☐ Government agency letter (IRD, Work & Income, Electoral Commission) that you received in the post and dated within the last 6 months

☐ SuperGold card with photo, name and signature

2. PROOF OF BANK ACCOUNT

Must state name and physical address, cannot be a PO Box address.

☐ I will provide the proof of bank account/bank statement (which can't be more than 3 months old)

ACCEPTED TRUSTED REFEREES

Originals can be verified by an AE employee OR certified by a Trusted Referee in accordance with the instructions outlined below. Certified copies of identification must be presented to AE within three months of certification.

Identification must be certified by one of the following:

- Lawyer with a current practising certificate
- Chartered Accountant
- Member of the Police
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- New Zealand Honorary Consul
- Notary Public
- A person who has the legal authority to take statutory declarations or the equivalent in New Zealand
- If outside New Zealand, a person authorised by law to take a statutory declration (or equivalent) in that country.

The certifier must:

- For photograhic ID, make the statement "**I certify this to be a true copy of the original which I have sighted and represents a true and correct likeness of [name of the person presenting the documentation for certification].**"
- For certification of other documents, make the statement "**I certify this to be a true copy of the original which I have sighted.**"
- Include their **name, occupation and capacity to be a certifier** e.g. registration number (if applicable), **signature and date** of certifation.
- Not be living at the same address, a relative or spouse of the individual presenting the documents.

SECTION 3: WITHDRAWAL DETAILS

If this is your first retirement withdrawal (excluding Australian sourced funds), please complete the attached statutory declaration in full.

☐ A withdrawal of my full available balance and close my KiwiSaver Scheme account

☐ A partial withdrawal of $ _____ *(Minimum withdrawal amount is $500)*

SECTION 4: PAYMENT DETAILS

We will only make payments in New Zealand dollars to a New Zealand dollar bank account in your name (held individually or jointly). We will adjust your withdrawal amount for any tax liability.

Name of Account Holder

Account Number

Bank	*Branch*	*Account Number*	*Suffix*

Name of Bank and Branch

Please provide proof of your bank account name and number by supplying any one of the following:

- a pre-coded deposit slip
- a copy of a cheque
- a copy of a bank statement
- an over-the-counter printed receipt with a tellers stamp
- an online bank account statement with the name of the bank in the header/footer

SECTION 5: CONFIRMATION OF NEW ZEALAND RESIDENCY

When you request a KiwiSaver withdrawal for any reason, you must complete a statutory declaration confirming whether your principal place of residence was New Zealand for the period of your KiwiSaver membership. Going overseas on a holiday, even for several months is not considered a change of principal residence, however if you lived or worked overseas and received KiwiSaver member tax credits, we must refund that portion of the credits back to Inland Revenue.

I confirm that for the period that I have been a member of KiwiSaver, my principal place of residence was New Zealand except for the periods:

From	To	From	To
/ /	/ /	/ /	/ /

From	To
/ /	/ /

☐ If your principal place of residence was New Zealand for the entire period you have been a member of KiwiSaver please tick here.

SECTION 6: BANKRUPTCY

Have you ever been adjudicated bankrupt or admitted to a No Asset procedure?

☐ Yes ☐ No

If **'Yes'**, please provide

details: Date	Official Assignee Reference/Case Number
/ /	

SECTION 7: PRIVACY STATEMENT

PRIVACY ACT: The information you provide us either in this application or in the future may be used by Always-Ethical Limited (the Manager), the Supervisor, and any related entities of either, the Financial Markets Authority (FMA), your financial adviser or the distribution entity through which you invested with AE KiwiSaver Plan (if applicable) and by other service providers to AE KiwiSaver Plan to provide services in relation to your investment. You may ask to be shown the information held about you, and if any of the information is incorrect, ask for it to be corrected. On request we will also provide you with the name and address of any entity to which information has been disclosed. If you do not provide the information requested on this application form, we may be unable to process your application.

SECTION 8: STATUTORY DECLARATION

I, _____

Name

of _____ _____

Address Occupation

Solemnly and sincerely declare that:

- I am a member of AE KiwiSaver Plan.
- I am applying to withdraw some or all of my KiwiSaver savings from my AE KiwiSaver Plan account. I understand that on full payment of my full account balance, I will no longer be a member of KiwiSaver and my KiwiSaver account cannot be reopened. I agree to release all claims that have been made by me on the Manager and/or Trustee in relation to AE KiwiSaver Plan.
- I understand that my withdrawal value will or might fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my AE KiwiSaver Plan account.
- The information given in this form is true and correct. I acknowledge that the Manager and the Trustee of the AE KiwiSaver Plan will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including omission).
- I understand that the Manager and/or Trustee of AE KiwiSaver Plan will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.
- I understand the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant including a government agency or reliable, independent source.
- I have read the privacy statement in this form.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Your signature

_____

Declared at:

Address Date

_____ / /

Before me:

Name Capacity

_____ _____

Signature

_____

CONTACT US

ALWAYS-ETHICAL LTD

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