Retirement Withdrawal Form

If you would like help completing this form, please email info@generatekiwisaver.co.nz or phone us on 0800 855 322.

Please use this form to apply for a retirement withdrawal or set up a regular withdrawal from your KiwiSaver account. This form must be completed no earlier than fours weeks from your retirement withdrawal date.

You are eligible to withdraw some, or all of your KiwiSaver savings when you reach the qualifying age (currently 65). However, if you joined KiwiSaver prior to 1 June 2019 and have not been a member of KiwiSaver or a Complying Superannuation Fund for 5 years, if you make a withdrawal you will lose eligibility to any future Government or Employer Contributions.

Once we receive your completed application, which includes all the required supporting documentation, the withdrawal amount specified by you in the form will be paid into your nominate bank account within 10 business days. Please note your payment may be subject to delays if deductions or final payments are to be made by Inland Revenue.

Document checklist:

Please complete the checklist below and supply all the relevant supporting documents.

- Completed withdrawal form.
- Provide proof of your bank account (refer to page 2).

Provide a **certified** copy of identity (refer to table on page 3 for approved identity documents).

Provide a copy of residential address (refer to table on page 3 for our requirements).

Confirm your New Zealand residency on page 4 (Statutory Declaration).

Complete the Statutory Declaration on page 4 in front of a Justice of the Peace, Solicitor, Notary Public or other person authorised to take statutory declarations.

Member Details

Title	First Name	Middle Name	
Surname		Date of Birth D D M M Y Y Y Y	
Residential Addre	ss		
City	Country	Postcode	
Home Phone		Work Phone	
Mobile		Email	
Generate KiwiSav	er Member Number GEN		

If you don't know your IRD number, please call the IRD on 0800 227 774.

Generate KiwiSaver Scheme

Retirement Withdrawal Form

Your Withdrawal Options

Please pick one of the following withdrawal options:	
Withdraw all of my savings;	
Withdraw part of my savings (minimum withdrawal of \$100);	Amount \$
Set up a regular facility to withdraw my savings (minimum withdrawal of \$100).	Amount \$
Frequency Weekly Fortnightly Monthly Quarterly Yearly	Start Date

Payment Details

We will only make payments in New Zealand dollars to a New Zealand bank account in your name (held individually or jointly).

Account Holder's Na	ame
Account Number	
Bank	Branch
Address/PO Box	
Town/City	

Proof of your Bank Account (mandatory)

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, signature and date
- an online bank account statement with the name of the bank in the header/footer

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Identity and Proof of Address Documents (mandatory)

OPTION 1	OPTION 2			
Passport; or New Zealand Drivers Licence; or New Zealand Firearms Licence.	Birth Certificate; or Citizenship Certificate. AND one of the following: Kiwi Access Card; or Tertiary Student Photo ID; or Current International Driving Permit			
Choose one of the acceptable forms of proof of address for applicant's residential address (not a PO Box) by sending us a copy of an invoice, statement, letter or contract in applicant's name, dated within the last 12 months , from one of the following sources: Utility provider e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider) Government or local Government agency e.g. IRD, benefits statement, Council notice NZ bank correspondence Car registration notification/demand				
If you do not have one of the above forms then please provide copy of an invoice, statement, letter or contract in applicant's name, dated within the last 3 months , from one of the following sources: Electronic white pages Non-bank, non-KiwiSaver financial institution Rental tenancy agreement Insurance company				

Certification of your Documents (mandatory)

Ρ	rovide originals or have an approved person certify copies of all identity documents; and proof of address (which is not required to be certified).
	n employee or agent of Generate can verify original documents by sighting the original documents and then making the following statement I verify that I have sighted the originals of the attached documents and the documents are exact copies of the original."
	Certification must be within the last three months.
	The approved person cannot be your spouse, partner, relative or living at the same address as you.
	The approved person could be: a JP; Chartered Accountant; Lawyer; Police Officer; Registered Teacher; Registered Doctor or any other person who has legal authority to take statutory declarations in New Zealand.
	Upon comparing the copy with the original document, the approved person must write on the copy their name, occupation, their signature, the date and the following, "I certify this to be a true copy of the original document and confirm that it represents the identity of [full name of person being identified]"

Privacy Act

Generate Investment Management Limited, Public Trust, any of their authorised agents, and any distributor assisting with the application (each an "Authorised Person") may collect personal information about the member provided in connection with this application or the Scheme, will (or through MMC New Zealand Limited will) hold the information securely and may use the personal information to manage the member's investment in the Scheme, to communicate with the member or to promote other products and services to the member. The member may ask that he or she be shown the information held about the member, and if any of the information is incorrect, ask for it to be corrected. The addresses for Generate Investment Management Limited and Public Trust are set out in the Generate Product Disclosure Statement.

Where do I send my application to?

Email return: Please scan this application and all supporting documentation and email them to us at info@generatekiwisaver.co.nz or Postal return: Please send this application and any supporting documentation to: Generate KiwiSaver Scheme, PO Box 91609, Victoria Street West, Auckland 1142

Retirement Withdrawal Form

Statutory Declaration

	first name	middlename	surname	(full legal name of	person making declaration)
			(00	ccupation (or unemployed/retired) of	person making declaration)
of	stre	aat	suburb		
	Suc	Set	Suburb		
	cit	У	postcode	(full residential address of	person making declaration)
solemnl	y and sincerely declare that:				
 I am a accou Gene I unde exper The ir provio which I unde discle I have I cons autho Pleas Dur 	ant balance, I will no longer be rate KiwiSaver Scheme. erstand that my withdrawal v sees may be deducted from offormation given in this form ded in (or in connection with) or may arise directly or indirec- erstand that the Manager and in this form is incomplete or erstand the information supp used for these purposes to the read the privacy statement sent to Generate electronica orised third parties. I underst the tick one (this relates to t ing my KiwiSaver membershi ing my KiwiSaver membershi	er some or all of my KiwiSaver s a member of KiwiSaver. I agree alue will or might fluctuate base my Generate KiwiSaver Schem- is true and correct. I acknowled this form and accordingly agre tly as a result of any information d/or Trustee of the Generate Kiw incorrect. Jied by me with this application inf parties where relevant inclu in this form. Ily verifying my identity by passi and that Generate may still req he withdrawal of Govenmen p, my principal place of residen p, there were periods when my	e to release all claims that have ad on the unit price(s) which ap e account. Ige that the Manager and the T e to indemnify them against ar provided in (or in connection wiSaver Scheme will not be abl a can be used to electronically iding a government agency or r ing my information to and chec uire original and certified copie t contributions): ice was New Zealand, or principal place of residence w	cking it with the document issuer, official r es of my identity and/or proof of address. ras not New Zealand (please specify):	r Trustee in relation to the nd that fees, taxes and e will rely on information and expenses whatsoever g (including omission). ication if the information cessary) and may be ecord holder and
	mon	th/year	to	month / year	(insert dates)
	mon	th/year	to	month / year	(insert dates)
	e of person making the decla		me to be true and by the virtue	e of the Oaths and Declarations Act 1957.	20 Year
_					20 1001
Deloret	ne (name, occupation, addre	ess and signature of person bef			
Name				Stamp	
Оссира	tion				
				-	
Address	;			-	
Signatur	e				
A statute – a Jusi – a Bari	ry declaration made in Ne ory declaration made in New icce of the Peace; ister and Solicitor of the Higf ary Public;	Zealand under the Oaths and [Declarations Act 1957 must be	made before a person described in secti	on 9 of that Act including:

- the Registrar or Deputy Registrar of the High Court or of any District Court;
- a member of Parliament;
- Officers of the Crown or of a local authority within the meaning of the Local Government Act 2002, authorised for that purpose by the Minister of Justice by notice in the *Gazette*; or
- an employee of Public Trust constituted under the Public Trust Act 2001, authorised for that purpose by the Minister of Justice by notice in the Gazette.