## Company / Trust / Partnership or Estate Withdrawal Form

If you would like help completing this form, please phone us on 0800 855 322.

This form is to apply for a withdrawal from your Generate Managed Funds account.

- We will generally process withdrawals on the next business day after a withdrawal request has been accepted, using the closing unit price of that day. However, up to 10 days' notice may be required for a large withdrawal.
- $Payments\ will\ only\ be\ made\ to\ the\ New\ Zealand\ bank\ account\ that\ is\ in\ the\ same\ name\ as\ your\ Generate\ account.$ We are unable to make payments to a third party bank account.

<ul> <li>The withdrawal value will fluctuate based o</li> </ul>	n the unit pri	ce(s) whi	ch applies	s when th	e withdr	awal is processed		
Generate Managed Funds Investor Number	GM	F						
Generate Account Name								
Managed Funds Withdrawal (	Options	(Please	write in o	capital le	tters)			
<b>Reason for withdrawal</b> (e.g. general living ex Please note, we are required to provide a reas			se, holida	y, alternat	tive inve	stment)		
You may choose to withdraw your savings from Withdraw all of my savings and close my a Withdraw part of my savings (minimum w Please state the dollar amount from each	account; vithdrawal of :	\$500);			ease selo	ect one of the following withc	łrawal options:	
CashPlus	\$			_	Foo	cused Growth	\$	
Conservative	\$			_	Au:	stralasian	\$	
Fixed Interest	\$			_	The	ematic	\$	
Balanced	\$			_	Glo	bbal	\$	
					Tot	cal (minimum \$500)	\$	
Please note, minimum account balance is \$5, If you have selected to close your account an with your bank.								led
Bank Account Details								
Please complete this section.								
Account Holder Name (preferably in the same	e name as yc	ur Gener	ate Mana	ged Fund	s accou	nt)		
Account Number								
Bank					Branch			
Proof of bank account  If you have not previously provided us wit	h your proo	f of bank	account	, or your	bank a	ccount has now changed, p	please provide any one of the fol	lowing:

- Bank deposit slip
- a copy of a bank statement dated within the last 12 months
- 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
- Bank correspondence with the account name and account number, dated within the last 12 months

## Where to send this form

Email return: Please scan this application and all supporting documentation and email them to us at info@generatewealth.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

## Company / Trust / Partnership or Estate Withdrawal Form

This form is to apply for a withdrawal from your Generate Managed Funds account. For help completing this form, please phone 0800 855 322.

### Investor Identification

### $\textbf{G} enerate \, requires \, your \, identity \, and \, proof \, of \, address \, documents \, to \, process \, a \, with drawal.$

We will contact you if this documentation is not already on file.

#### Who do we need to identify?

- All Trustees
- Executors
- Any other individuals who have influence or control over the Trust or Estate assets (including settlors, appointers, protectors)
- Any other individuals who have influence or control over investment decisions

Please complete the identification details section for each individual.

- Settlors where the sum settled into the Trust was significant
- Any beneficiary in a non-discretionary Trust with greater than 25% interest
- Directors
- Shareholders with greater than 25% shareholding
- Any individuals acting under Power of Attorney

Director / Tru	ustee / Partner / Co	ontrolling Person	1 Details (Please write in	n capital letters)
Title	First Name		Surname	
Residential Address	5			
City		Country		Postcode
Investor Identi	fication			
If you agree to Elect	ronic Verification of Identity p	olease tick the box below. If	fyou do not agree please follow	w the instructions on page 14.
Electronic Verifica	ation of Identity and Proof	of Address		
	rm the identity and/or addre system not owned by Genera	•		ectronically, with their permission. Please note that we use an
I confirm that I	give Generate authority to cl	heck my identity and/or add	dress electronically using the d	documentation provided.
. ,			alian legislative requirements  2 Details (Please write)	
Title	First Name		Surname	
Residential Address	5			
City		Country		Postcode
Investor Identif	fination.			
		alaasa tiak tha hay halayy If	f you do not agree please follo	utho instructions on page 14
, 0	, ,		you do not agree please follor	w the first uctions on page 14.
Generate can confi external third party	system not owned by Genera	ess of many of our clients in ate to conduct identity che		ectronically, with their permission. Please note that we use an documentation provided.

I have included a copy of my identification - either a current signed passport or current drivers' licence (front & back) from New Zealand or Australia.

Please note, if we are unable to identify you using this method, we will contact you to provide physical documents. If you use any Australian identification documents, please refer to the Australian legislative requirements on page 4.

# Company / Trust / Partnership or Estate Withdrawal Form

This form is to apply for a withdrawal from your Generate Managed Funds account. For help completing this form, please phone **0800 855 322**.

Director / Tru	istee / Partner	/ Controlling Person 3	Details (Please wri	te in capital letters)
Title	First Name		Surname	
Residential Address				
City		Country		Postcode
Investor Identif	ication			
If you agree to Electr	onic Verification of Ide	entity please tick the box below. If yo	ou do not agree please fo	ollow the instructions on page 14.
Electronic Verifica	tion of Identity and F	Proof of Address		
external third party s	system not owned by G	Generate to conduct identity check	s in this way.	electronically, with their permission. Please note that we use an
_	_	y to check my identity and/or addre		
		tion – either a current signed pa you using this method, we will co	•	vers' licence (front & back) from New Zealand or Australia. Ohysical documents.
If you use any Austra	lian identification doc	uments, please refer to the Australia	an legislative requiremer	nts on page 4.
Director / Tru	istee / Partner	/ Controlling Person 4	Details (Please wri	ite in capital letters)
Title	First Name		Surname	
Residential Address				
City		Country		Postcode
Investor Identif	ication			
If you agree to Electr	onic Verification of Ide	entity please tick the box below. If yo	ou do not agree please fo	ollow the instructions on page 14.
Electronic Verifica	tion of Identity and F	Proof of Address		
		address of many of our clients in N Generate to conduct identity check:		electronically, with their permission. Please note that we use an
	_	y to check my identity and/or addre		
		tion – either a current signed pa you using this method, we will co		vers' licence (front & back) from New Zealand or Australia. Ohysical documents.
	-	uments, please refer to the Australia		•
Director / Tru	istee / Partner	/ Controlling Person 5	Details (Please wri	te in capital letters)
	•			
Title	First Name		Surname	
Title	1 II SCINAINE		Junianie	
Residential Address				
Nesideritian/Address				
City		Country		Postcode
City		Coditity		1030000
Investor Identif	ication			
		entity please tick the box below. If yo	ou do not agree please fo	ollow the instructions on page 14.
, ,	tion of Identity and F		3 - 1 - 1 - 1 - 1	
Generate can confir	m the identity and/or a			electronically, with their permission. Please note that we use an
		y to check my identity and/or addre	,	ne documentation provided.
	• •	tion – either a current signed pa	•	vers' licence (front & back) from New Zealand or Australia.

If you use any Australian identification documents, please refer to the Australian legislative requirements on page 4.

## Company / Trust / Partnership or Estate Withdrawal Form

This form is to apply for a withdrawal from your Generate Managed Funds account. For help completing this form, please phone 0800 855 322

### Other Requirements (if not already provided)

#### **Trusts or Estates**

- Trust deed, including any amendments
- Certified copy of Probate
- Full name and date of birth of any named beneficiaries of a non-discretionary Trust
- Details and documentation of source of funds or wealth

#### **Company**

- List of individuals who are authorised to act on behalf of the company, signed by at least two Directors
- Details and documentation of source of funds or wealth

## Non-Electronic Verification of Identity and Proof of Address

 $If you have opted not to use \, Electronic \, Verification \, of \, Identity \, or \, did \, not \, pass \, this \, system \, check \, then \, you \, will \, need \, to \, provide \, the \, following \, documentation: \, and \, contains a containing provide a$ 

Please provide a certified photocopy of each document:

- The documents can be verified by a Generate employee or certified by a Trusted Referee as described below.
- Please do not send in original versions of your identity documents.

CERTIFIED COPY OF IDENTIFICATION					
OPTION1	OPTION 2	AND one of the following:			
Passport; or New Zealand Firearms Licence.	Birth Certificate; or New Zealand Driver Licence; or Citizenship Certificate.	Kiwi Access Card (18+); or Tertiary Student Photo ID; or Current International Driving Permit; or NZ Bank Credit Card with photo.			
CERTIFICATION OF YOUR DOCUMENTS					
Provide certified copies of identity documents.					
<ul> <li>Certification must be within the last three months.</li> <li>Any birth certificates that have been issued before 2003 should be certified or verified.</li> <li>The approved person cannot be your spouse, partner, relative or living at the same address as you.</li> <li>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.</li> <li>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]"</li> </ul>					
PROOF OF ADDRESS					
Choose one of the acceptable forms of <b>proof of address</b> by se dated within the last 12 months, shows the full residential address	9 , ,	The state of the s			
Utility provider e.g. water, electricity, gas, telecommunicatio	ns, Sky TV (or other fixed address media pro	ovider)			
Government or local Government agency e.g. IRD, benefits statement, Council notice					
New Zealand Bank correspondence	Car registration notification/demand	t d			
Non-Generate KiwiSaver correspondence	Insurance company (car, house, con	tents)			
Rental tenancy agreement					
If you do not have one of the above forms then please provide a c from one of the following sources:	opy of an invoice, statement, letter or contra	act in applicant's name, dated within the <b>last 3 months</b> ,			
Non-bank, non-KiwiSaver financial institution	Insurance company (health, life)				

### Pursuant to Australian legislative requirements Generate must provide you with the following information if you use any Australian identification documents:

Generate uses identity verification services to verify your identity.

In verifying your information, Generate complies with both the New Zealand Privacy Act 2020 and our Privacy Statement and your rights in relation to your data are included in both the Act and our Privacy Statement at generatewealth.co.nz/privacy-statement/. Generate's use of identity verification services involves third party systems and services.

If you decline or cannot give your consent to Generate's online identity verification process you may be asked to meet face-to-face with an advisor or alternatively obtain certification of the necessary identification documentation by a trusted referee. This can be a Justice of the Peace, Solicitor or Notary Public.

DVS means Document Verification Service and in Australia it is managed by the Framework Administrator represented by the Australian Attorney General's department. You can get information regarding the operation and management for Australian identity documents at architecture.digital.gov.au/document-verification-service-dvs. Generate's complaints process is available at generatewealth.co.nz/complaints/.

Generate assumes no responsibility or liability to you for errors in the provision of identity verification services or for any actions taken based on the verification information provided.

# Company / Trust / Partnership or Estate – Redemption or Withdrawal Form

This form is to apply for a redemption or withdrawal from your Generate Managed Funds account. For help completing this form, please phone 0800 855 322

### **Privacy Statement**

Generate Investment Management Limited (or Generate group companies), Public Trust, any of their authorised agents, and any distributor (each an "Authorised Person") may collect personal information that you provide to us. If you do not provide the required information, we may not be able to onboard you. Generate will (or through Apex Investment Administration (NZ) Limited will) hold the information securely. Your information will be used by Generate and the Supervisor to manage your relationship with Generate and the Supervisor, to provide products and services to you, to comply with any applicable laws, to offer you further products and services that may be of interest to you and for any other use for which you have given authorisation. We may also disclose your personal information for these purposes to our staff members, related companies, our third party service providers and to the Financial Markets Authority or other applicable regulators.

Generate may further use your information to electronically verify your identity. We may pass your information to and check it with the document issuer, official record holder and authorised third parties that Generate has contracted to carry out the verification process. Generate may share your information and the results of the verification process with appropriate third parties (such as a distributor or adviser that will or has been providing services to you) to enable that third party to comply with any applicable laws.

If you contact us or we contact you, we may keep a record of that contact. We may also monitor and record calls you make to us and we make to you. You may request the information held about you, and if any of the information is incorrect, ask for it to be corrected. You can do this by contacting us by email or call us on 0800 855 322.

#### Declaration

I/We, director(s)/trustee(s)/partner(s)/executor(s) of (name of company/trust/partnership/estate) ("the entity") confirm the entity has not changed since the last transaction with Generate OR if the entity has been amended; a copy of any amendments is attached to this withdrawal form.

I/We will immediately advise Generate of any changes, variations or amendments to the entity which affects the director(s)/trustee(s)/partner(s)/executor(s) powers of investment. I will immediately advise Generate of any changes to the director(s)/trustee(s)/partner(s)/executor(s) of the entity.

The below named director(s)/trustee(s)/partner(s)/executor(s) are validly appointed as director(s)/trustee(s)/partner(s)/executor(s) of the entity and remain(s) director(s)/trustee(s)/partner(s)/executor(s) of the entity and have signing authority to act on behalf of the entity.

I/We, director(s)/trustee(s)/partner(s)/executor(s) confirm:

Signature of Director / Trustee / Partner / Controlling Person 1

- We understand that our 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 our Generate Managed Funds account.
- We have read the privacy statement in this form.

	Date Signed
Signature of Director / Trustee / Partner / Controlling Person 2 (if relevant)	
	Date Signed
Signature of Director / Trustee / Partner / Controlling Person 3 (if relevant)	
	Date Signed
Signature of Director / Trustee / Partner / Controlling Person 4 (if relevant)	
	Date Signed
Signature of Director / Trustee / Partner / Controlling Person 5 (if relevant)	
	Date Signed
Physical signature or electronic signature with a valid audit trail. Please contact us directly to an	range this if required.
Document Checklist	
Please complete the checklist below and supply all the relevant supporting documents.	
Complete redemption / withdrawal form.	
Provide proof of your bank account (refer to page 1).	
If relevant, provide proof of identity and address by Electronic Identity Verification conser	nt and documents or certified proof of identity (refer to pages 2 and 3).
If relevant, provide decumentation as per Other Requirements (refer to page 4)	