

Australian Superannuation 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 withdrawal of your Australian-sourced funds. This form must be completed after the age of 60.

Your Australian-sourced funds are subject to different rules and regulations to the rest of your KiwiSaver funds. We recommend you check that you are eligible and understand the information below.

Am I eligible?

To be eligible, you must:

- be aged 60 years or over; AND
- have ended your employment after reaching age 60; OR
- have retired and intend to never again be in paid employment for more than 10 hours per week

Note: You can choose to withdraw your savings from KiwiSaver at any time once you reach age 65 regardless of your employment status. If you do so you will no longer be eligible for any Government or compulsory employer contributions.

Member Details

Title _____ First Name _____ Middle Name _____

Surname _____ Date of Birth

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|---|---|---|---|---|---|---|---|

Residential Address _____

City _____ Country _____ Postcode _____

Home Phone _____ Work Phone _____

Mobile _____ Email _____

Generate KiwiSaver Member Number

| | | | | | | | | | |
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| G | E | N | | | | | | | |
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 IRD No.

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

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Your Withdrawal Options

Please pick one of the following withdrawal options:

- Withdraw all of my Australian-sourced funds;
 - Withdraw part of my Australian-sourced funds (minimum withdrawal of \$100); **Amount \$** _____
 - Set up a regular facility to withdraw my Australian-sourced funds (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 Name _____

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
- 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 |
|---|---|
| <input type="checkbox"/> Passport; or <input type="checkbox"/> New Zealand Drivers Licence; or <input type="checkbox"/> New Zealand Firearms Licence. | <input type="checkbox"/> Birth Certificate; or <input type="checkbox"/> Citizenship Certificate. AND one of the following: <input type="checkbox"/> Kiwi Access Card; or <input type="checkbox"/> Tertiary Student Photo ID; or <input type="checkbox"/> Current International Driving Permit |
| <p>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:</p> <input type="checkbox"/> Utility provider e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider) <input type="checkbox"/> Government or local Government agency e.g. IRD, benefits statement, Council notice <input type="checkbox"/> NZ bank correspondence <input type="checkbox"/> Non-Generate KiwiSaver correspondence <input type="checkbox"/> Car registration notification/demand | |
| <p>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:</p> <input type="checkbox"/> Electronic white pages <input type="checkbox"/> Rental tenancy agreement <input type="checkbox"/> Non-bank, non-KiwiSaver financial institution <input type="checkbox"/> Insurance company | |

Certification of your Documents (mandatory)

Provide originals or have an approved person certify copies of all identity documents; and proof of address (which is not required to be certified).

An 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

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Statutory Declaration

I _____ first name _____ middle name _____ surname _____ (full legal name of person making declaration)

_____ (occupation (or unemployed/retired) of person making declaration)

of _____ street _____ suburb _____

_____ city _____ postcode _____ (full residential address of person making declaration)

solemnly and sincerely declare that:

- I meet the listed requirements in the "Am I eligible" section on page 1.
- The information I have provided in this form is true and correct. I acknowledge that the Manager and the Supervisor of the Generate KiwiSaver Scheme 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 Supervisor of the Generate KiwiSaver Scheme 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 acknowledge that I am only entitled to withdraw the amount transferred from my Australian Superannuation Provider, disregarding any positive or negative returns since that amount was transferred to my KiwiSaver account.
- I consent to Generate electronically verifying my identity by passing my information to and checking it with the document issuer, official record holder and authorised third parties. I understand that Generate may still require original and certified copies of my identity and/or proof of address.

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

Signature of person making the declaration _____

Declared at _____ Address _____ this _____ Date _____ of _____ Month _____ 20 _____ Year _____

Before me (name, occupation, address and signature of person before whom the declaration is made)

Name _____

Occupation _____

Address _____

Signature _____

Stamp

Statutory declaration made in New Zealand

A statutory declaration made in New Zealand under the Oaths and Declarations Act 1957 must be made before a person described in section 9 of that Act including:

- a Justice of the Peace;
- a Barrister and Solicitor of the High Court;
- a Notary Public;
- 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*.