# State Sector Retirement Savings Scheme Permanent Emigration Withdrawal Request Form



Please return this completed form together with the completed Statutory Declaration on page 4 and your evidence of permanent emigration to <a href="mailto:superlife@superlife.co.nz">superlife@superlife.co.nz</a> or post to: SuperLife SMT, PO Box 105262, Auckland 1143.

Scheme name   State Sector Retirement Savings Scheme	SECTION 1: PERSONAL DETAILS	
State Sector Retirement Savings Scheme  Title (Mr, Mrs, Miss, Ms, Dr or Other)  Date of birth  D D M M Y Y Y Y  First name  Surname  Home phone  Work phone  Mobile  Email  Occupation (must be supplied)  Home address Street address Street address Suburb Town/city Country  Postcode  SECTION 2: TAX DETAILS  Note: If you have already provided us with your IRD number and PIR, please ignore this section. If your PIR has changed, please tick the correct PIR.  If you haven't given us your IRD number and PIR, we will apply a tax rate of 28% to any taxable income applicable to you for the relevant tax year. If you are already a non-resident for tax purposes, your PIR will be at the highest rate. For full details, please refer to the IRD website www.ird.govt.nz and search 'PIR non-resident'.  IRD number (Must be supplied)	Member number	Scheme name
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SECTION 3: PERMANENT EMIGRATION INSTRUCTIONS					
If one year has passed since you permanently emigrated from New Zealand, you may be entitled to withdraw your SuperLife Superannuation Master Trust account balance.					
I wish to apply to make a perm	nanent emigration withdrawal Date you left New Zealand				
I would like to transfer my ben	efit to an overseas superannuation scheme.				
Scheme name	Member number				
Please attach a member statement or rece	ent correspondence from the scheme named above.				
I would like my benefit paid to	my nominated bank account, please complete to section 5.				
SECTION 4: MANDATORY EV	IDENCE REQUIRED				
To apply to make a permanent emigration withdrawal you must supply us with the following evidence to support your request:  Proof of departure from New Zealand (such as a copy of your plane ticket or other travel arrangements, or a copy of your passport showing your entry stamp, or visa)  Proof of address that you have lived at since leaving New Zealand (such as a bank statement, utility bill or tenancy agreement that clearly shows your address)  A certified copy of your passport.  Your completed statutory declaration on page 4.  If you are unable to supply any of the pieces of evidence listed above, please contact superlife@superlife.co.nz for further guidance on what information we require and whether you may be eligible to withdraw.					
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SECTION 5: PAYMENT DETAI	LS				
Subject to the rules of the Trust De	eed that govern my membership, I request that: (tick one)				
the full available balance be d	educted from my SuperLife Superannuation Master Trust account.				
the amount of \$	be deducted from my SuperLife Superannuation Master Trust				
	our account balance will be \$2,000 or less after this withdrawal is paid,				
<b>Note:</b> We will adjust a withdrawal tra	ansaction for any tax liability arising as a result of your withdrawal request. gration withdrawal application will at all times be made at our discretion.				

SECTION 5: PAYMENT DETAILS CONTINUED					
I request that the proceeds of my benefit payment (if approved) be credited to the following bank account:					
Name of bank	Account name				
Account number	SWIFT code				
Bank Branch Account number Suffix					
Please attach a pre-printed bank deposit slip or bank statement.					
Fees for an International Money Transfer will apply for funds paid to a bank account outside New Zealand.  If your application is approved, payment will usually be made within 10-12 business days from the date we					

receive your application. In order to pay you within this time frame we need all the information required (and

### **SECTION 6: WITHDRAWAL ACKNOWLEDGEMENTS**

we don't have to come back to you for more).

Pursuant to the Privacy Act 2020, I agree to the collection, use and disclosure of my personal information in accordance with the Privacy Statement in the relevant SuperLife Superannuation Master Trust Employee Booklet. The purpose of collecting this personal information is to determine whether you are eligible for an early release of your SuperLife Superannuation Master Trust funds due to permanent emigration. The information is being collected and will be held by Smartshares Limited as Manager of the SuperLife Superannuation Master Trust. You have rights of access to, and correction of, the information collected. For further information about your privacy rights and the way SuperLife handles and stores your information see SuperLife's Privacy Statement webpage at <a href="mailto:superlife.co.nz/legal/privacy-policy">superlife.co.nz/legal/privacy-policy</a>

- I have permanently emigrated from New Zealand and do not intend to return.
- I understand that my permanent emigration application is subject to the Manager's approval and that the Manager may request additional information in support of this application.
- I understand that my withdrawal value will be based upon the unit price(s) at the date my request is processed.
- I grant express consent for the Manager to disclose my information to its related companies.
- I acknowledge that on receipt of the funds, the Supervisor and Manager will be released from all liabilities in respect of those funds.

Member's signature	Date

### **New Zealand Statutory Declaration**



SECTION 1: PERSON MAKING	THE DECLARATION					
I						
(insert name of person making the declar	(insert name of person making the declaration)					
of						
(insert address and occupation of person	(insert address and occupation of person making the declaration)					
solemnly and sincerely declare that the information provided by me in the Permanent Emigration Withdrawal Request Form annexed to this Statutory Declaration is true and correct.						
And I make this solemn declaration co and Declarations Act 1957.	onscientiously believing t	the same to be true and	d by virtue of the Oaths			
Signature of person making the dec	laration					
Declared at	+la i a	dovist	20			
Declared at	this	day of	20			
<b>before me:</b> (person before whom the decla	ration is made)					
Signature of witness	Addres	ss				
Full name						
Occupation						

## ELIGIBLE PERSONS ABLE TO CERTIFY DOCUMENTS OR TAKE A STATUTORY DECLARATION MADE IN

### Commonwealth country (other than New Zealand):^

- ✓ A Judge
- ✓ A Commissioner of Oaths
- ✓ A notary public
- ✓ A justice of the peace
- ✓ A Commonwealth representative
- ✓ A solicitor of the High Court of New Zealand
- ✓ Any other person authorised by the law of that country to administer an oath for a judicial proceeding

### any other country outside the Commonwealth:^

- ✓ A Commonwealth representative
- ✓ A Judge
- ✓ A notary public
- ✓ A solicitor of the High Court of New Zealand

#### **New Zealand:**

- ✓ a justice of the peace; or
- ✓ a barrister or solicitor of the High Court; or
- ✓ a notary public; or
- ✓ the Registrar or Deputy Registrar of the High Court or of any District Court; or
- ✓ a member of Parliament; or
- ✓ 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 from time to time; or
- ✓ an employee of Public Trust constituted under the Public Trust Act 2001, authorised for that purpose by the Minister of Justice from time to time.

<sup>^</sup>Additional requirements exist for some overseas countries, please contact SuperLife for further guidance.