

This form is only to be used for your first retirement withdrawal from your SuperLife KiwiSaver Scheme account. If you have already made a retirement withdrawal, you will need to complete the SuperLife KiwiSaver Scheme Subsequent Retirement Benefit Request Form, which can be found on superlife.co.nz/resources/forms.

Please ensure that this form is only completed after you have reached age 65. If you complete this form before you reach your retirement age, you will be required to complete a new form.

Please complete all the sections in the form. Either email the completed form to superlife@superlife.co.nz or post it to us at Freepost Authority SuperLife P.O. Box 105262, Auckland City 1143. If you need help with the form, or are unsure if you've made a withdrawal from your SuperLife KiwiSaver Scheme before, please, call us on 0800 27 87 37.

REACHING RETIREMENT AGE

When you reach your KiwiSaver retirement age, you can request a withdrawal of all or part of your KiwiSaver savings. You can request your funds as a single lump sum or as a series of payments. Payments may be regular or as required. With SuperLife you can also have your funds transferred to the SuperLife Invest Scheme. Contact us to find out more about SuperLife Invest.

KiwiSaver retirement age

You are eligible to withdraw your KiwiSaver funds when you reach the superannuation age, currently 65.

You can choose to continue contributing to your KiwiSaver, or not, after you attain age 65. Your employer (if any) is no longer required to contribute once you reach the retirement age. Some employers will continue to contribute. Check with your employer to find out the company's rules.

Stopping your KiwiSaver contributions

If you receive a salary or wage and want to stop making contributions, fill in a non-deduction notice (KS51) and give it to your employer.

Restarting your contributions

If you are still a KiwiSaver member you can start contributing again whenever you like. Complete a KiwiSaver deduction form (KS2) and give it to your employer. If you close your KiwiSaver account but wish to contribute again in the future you must sign up with your chosen provider otherwise you will be allocated to a KiwiSaver Default Provider by Inland Revenue.

Confirmation of New Zealand residency

When you first ask for a retirement benefit, you are required to give a statutory declaration that for the period of your KiwiSaver membership, your principal place of residence was New Zealand. This is a legislative requirement. If you have gone on a holiday overseas, your principal place of residence is still New Zealand. Any Government contributions claimed for any period(s) that New Zealand was not your principal place of residence will be deducted from your account and returned to Inland Revenue.

Verification of identity and address

The Anti-Money Laundering and Counter Financing Terrorism Act 2009 requires us to verify your identity and residential address as part of the withdrawal process. Further information about this is in Section 6.

Confirmation of your Withdrawal

For security reasons we may need to contact you for verbal confirmation of your withdrawal. Please ensure you provide accurate contact details below.

Timing of payments

Once your retirement benefit has been processed, it can take up to three business days for funds to be available in your nominated account. Payments will not be made to a third party. You must be a named owner of the account and have authorisation to operate the account either individually or jointly.

SECTION 1: YOUR DETAILS

IRD number (Must be supplied)

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First name

Surname

Home phone

Work phone

Mobile

Email

Residential address

Street address

Suburb

Town/city

Country

Postcode

SECTION 2: BENEFIT DETAILS - ONLY COMPLETE ONE OPTION

OPTION 1: I WANT TO WITHDRAW MY ENTIRE ACCOUNT BALANCE

I want to withdraw my entire SuperLife KiwiSaver balance and close my account

OPTION 2: I WANT TO TRANSFER TO SUPERLIFE INVEST

I want to withdraw my entire SuperLife KiwiSaver balance and transfer them to the SuperLife Invest scheme

I confirm that I have received the SuperLife Invest product disclosure statement, any relevant fund updates and wish to apply to join SuperLife Invest.

I understand that SuperLife will send me statements and other communication materials unless I request otherwise

SuperLife will transfer your SuperLife KiwiSaver Scheme account balance to a SuperLife Invest account and implement the same investment strategy as your SuperLife KiwiSaver Scheme account. You can change this at anytime, free of charge, via your online account at my.superlife.co.nz or by completing a "change investment strategy" form, which you can request from us.

OPTION 3: I WANT TO SET UP A REGULAR WITHDRAWAL

I want my savings to be paid to me on a regular basis.

Please pay me

Every

\$

Week

Fortnight

Month

Quarter

Six Monthly

Starting date

OPTION 4: I WANT A PARTIAL PAYMENT

If you do not wish to name specific funds only enter a value under 'total'

I want to withdraw the following amount(s) from the following fund(s)

Fund:

Amount:

\$
\$
\$
\$
\$
\$

Total:

\$

If you do not specify the funds to withdraw from, we will use the default order. This means funds will be taken from the funds that your account is invested in starting with the cash options, then the bonds, the property and finally the shares as the Manager determines. This will mean that your share assets are realised last. If you have not withdrawn all of your balance, you may have an overweight exposure to shares. You should also review your investment strategy to make sure that it is appropriate after each payment.

SECTION 3: BANK ACCOUNT DETAILS

Please provide bank account evidence with your application such as a bank statement, pre-printed deposit slip or stamped account confirmation. Payments will not be made to a third party. You must be a named owner of the account and have authorisation to operate the account either individually or jointly.

Name of bank

Name of bank account holder

Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank

Branch

Account number

Suffix

SECTION 4: PRIVACY

I understand that this form collects personal information that is needed to withdraw savings from my SuperLife KiwiSaver Scheme account. All the information collected is held by the Scheme's licensed manager, Smartshares Ltd, PO Box 105262, Auckland City 1143.

The information in this application form, and any information you provide us at later dates, will be collected, used, stored and disclosed as set out in our privacy policy at superlife.co.nz/legal/privacy-policy.

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SECTION 5: PRINCIPAL PLACE OF RESIDENCE AND STATUTORY DECLARATION

Do not complete this section in advance. It must be completed and signed in front of a Justice of the Peace, a Solicitor, Notary Public, Officer of the Court or other person authorised to take an Oath or Declaration in accordance with the Oaths and Declarations Act 1957.

I

of

and

solemnly and sincerely declare that:

1. I am applying to withdraw or transfer some or all of my KiwiSaver account. I acknowledge that payment of the withdrawal amount is in partial (in the case of a withdrawal less than the total balance of my account) or in full (in the case of a withdrawal of the total balance of my account) settlement of my rights and interests under the SuperLife KiwiSaver Scheme and I indemnify the Supervisor of the Scheme, Smartshares Limited ("Manager") and any of their related companies against any liability in relation to such payment; and
2. I am entitled to make this withdrawal and the information given in this form, including any attached documents is complete, true and correct; and
3. I understand that the Manager and/or Supervisor will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect; and
4. I understand that my withdrawal value will fluctuate based on the returns which apply when the withdrawal is processed and that fees, taxes and expenses may be deducted.
5. I have read and understood the privacy notice set out in section 4 of this form; and
6. I understand that where my principal place of residence has not been New Zealand, I am not entitled to Government contributions during that period (note: your principal place of residence is where you mainly reside). Any Government contribution entitlement that the manager of any KiwiSaver Scheme has claimed on my behalf during that period will be deducted from my withdrawal amount and returned to Inland Revenue.

Tick the statement which applies:

During my KiwiSaver membership my principal place of residence was always in New Zealand

During my KiwiSaver membership my principal place of residence was always in New Zealand except for the following periods:

From:

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

To:

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

From:

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

To:

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

SECTION 5: PRINCIPAL PLACE OF RESIDENCE AND STATUTORY DECLARATION

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

Signature of the person making the declaration:

Declared at:

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Before me:

Details of the person authorised to take the declaration:

Name:

Occupation:

Address:

Stamp:

Signature of the person taking the declaration: