

How to use this form

Complete this form if you are a member of the SuperLife Superannuation Master Trust (**SMT**) and have ceased employment with your employer. You can use this form to transfer your savings to SuperLife Invest or withdraw the entirety of your SMT balance. Please complete all the sections in the form. Either email the completed form to superlife@superlife.co.nz or post it to us at SuperLife Superannuation Master Trust, PO Box 105262, Auckland City 1143. If you need help with the form, call us on 0800 27 87 37.

LEAVING EMPLOYMENT

As you have ceased employment, you are able to access all of your SMT savings. You can either request your funds to be transferred to SuperLife Invest to continue investing it, or you can choose to withdraw your entire balance into a nominated bank account in your name.

SMT is a workplace savings scheme that is designed to provide benefits to employees when they leave employment. As you have left your employer, your financial situation may have changed. It may be a good opportunity to consider your investment options to ensure that you continue to meet your investment needs.

Why invest with SuperLife Invest?

SuperLife Invest (**SLI**) is a managed investment scheme with over 40 investment options, and generally lower total fees than SMT. SLI aims to provide easy access to a wide selection of funds to help you make wise choices and build long-term savings. Your investment is not locked-in, meaning that you can continue to save or withdraw your funds at your convenience, providing greater flexibility. More information is available at superlife.co.nz.

What do I need to do?

Please complete this form, indicating in section 2 whether you'd like to transfer your savings to SLI or withdraw your investment, and return the completed form back to us.

Timing of payments

Once the completed form and all supporting documents have been received:

- Transfers to SLI will generally take 5-10 business days.
- Withdrawals will generally take up to 7-10 business days.

Please ensure that all requested information is submitted. We will not be able to commence payment until all supporting documents have been received.

Confirmation of your withdrawal or transfer

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

SECTION 1: YOUR DETAILS

Your name

Date of birth

D	D	M	M	Y	Y	Y	Y
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Home address

Street address

Suburb

Town/city

Country

Postcode

Phone

Email

IRD number

Prescribed Investor Rate (PIR) (Tick one)

<input type="checkbox"/>	10.5%	<input type="checkbox"/>	17.5%	<input type="checkbox"/>	28%
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Refer to ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate to calculate your PIR.

Employer Name

Date leaving employment

D	D	M	M	Y	Y	Y	Y
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SECTION 2: BENEFIT DETAILS - PLEASE SELECT ONLY ONE OPTION

OPTION 1: TRANSFER TO SUPERLIFE INVEST

☐ I want to withdraw my entire SuperLife Superannuation Master Trust balance and transfer it to SuperLife Invest.

I confirm that I have read and accepted the terms of the SuperLife Invest product disclosure statement and wish to apply to join SuperLife Invest. I authorise Smartshares Limited to transfer my existing SuperLife Superannuation Master Trust savings to the SuperLife Invest scheme.

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

I would like to select the following investment strategy

Fund (list all funds you wish to invest in):

Percentage (must add to 100%)

You can change your investment strategy anytime via your online account at my.superlife.co.nz or by completing a 'change investment strategy' form which you can request from us. For more information, see the product disclosure statement.

OPTION 2: WITHDRAW MY ENTIRE BALANCE

☐ I want to withdraw the entirety of my SuperLife Superannuation Master Trust savings and close my account.

Name of Account:

Account Number:

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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.

SECTION 3: PRIVACY AND AUTHORISATION

Privacy

I understand that this form collects personal information that is needed to transfer or withdraw savings from my SuperLife Superannuation Master Trust 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 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

Authorisation

I declare that all the answers given in this form are true and correct. I understand that my withdrawal value or transferred value will be based on the unit price(s) at the date my request is processed. I acknowledge that on receipt or transfer of the funds, the Supervisor and the Manager of the SuperLife Superannuation Master Trust will be released from all liabilities in respect of those funds.

I understand that the Manager may require evidence to support or clarify any answer provided in this form, and may be unable to process this request, in whole or part, until the requested information is obtained. I understand that acceptance of this application is subject to the approval of the Manager.

Member's signature

Date

D	D	M	M	Y	Y	Y	Y
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SECTION 4: VERIFICATION OF YOUR IDENTITY

To meet the requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we must verify your identity and residential address. If you have already provided us with this information recently, then you do not need to complete this section. We require up to date identity documents for this request and may not be able to use any existing identity documents on file. If you are unsure, please call us to confirm. We have 2 options available, please select one of the options below:

OPTION 1: ELECTRONIC IDENTITY AND ADDRESS VERIFICATION

Please tick the box below to give us your consent to electronically verify your details. You will receive a link from noreply@cloudcheck.co.nz on the device you are using to do this. Please follow the prompts to have your photo taken. The photo helps us verify the identity of the person presenting the documents.

☐ I would like to verify my identity and address electronically. I authorise SuperLife to undertake this.

You must have a valid NZ or Australian passport or driver's licence to complete electronic verification.

If we are unable to successfully identify you through electronic verification, you will need to provide us with the documents as per Option 2 below.

OPTION 2: CERTIFIED IDENTITY AND ADDRESS DOCUMENTS

If you select this option, you will need to provide SuperLife with certified copies of your ID documents and address proof as listed below. These documents must be posted to Freepost SuperLife, PO Box 105262, Auckland City, 1143.

A certified copy is a photocopy of an original document, on which an authorised person has written: *"I certify this to be a true copy of the original document"* or words to that effect (adding in the case of an identification document the words *"and that it represents the identity of [full name]"*); and – added their name and occupation, the date, their signature, their registration number (or equivalent) and their contact phone number.

The certifier cannot be someone who is related to you, is your spouse or partner, or lives at the same address. Certification must have been completed no more than 3 months prior to this application.

Your identity documents must be certified by one of the following (only if in NZ):

- Justice of the peace
- Registrar/Deputy Registrar
- Member of Parliament
- Registered teacher
- Notary Public
- Registrar
- Registered lawyer
- Police officer
- Registered doctor
- Kaumatua
- Chartered accountant
- Minister of Religion

Please contact us if you are having documents certified overseas so we can advise who can certify your documents. This list will differ from above.

Identification (please tick one option)

☐

Option 1

One document from this section

☐

NZ Passport (identity page)

☐

Overseas Passport (identity page)

☐

NZ firearms licence

☐

NZ certificate of identity

☐

Option 2

NZ driver's licence PLUS one of the documents from this section

☐

SuperGold card

☐

NZ full birth certificate OR Birth certificate issued by foreign government

☐

NZ citizenship certificate OR Citizenship certificate issued by foreign government

☐

Bank statement or IRD letter issued in your name in the last 6 months

☐

Option 3

Kiwi Access (formally 18+) Card PLUS one of the documents from this section

☐

NZ full birth certificate OR Birth certificate issued by foreign government

☐

NZ citizenship certificate OR Citizenship certificate issued by foreign government

Address

Please supply a certified copy of one of the following as proof of address. The document you provide must be addressed to you showing the residential address you have declared in this application and be dated within the last 12 months:

☐

Letter of invoice from utility company

☐

Bank statement

☐

Letter from government agency e.g., Inland Revenue, Waka Kotahi, rates bill, etc.

SECTION 5: BENEFIT TYPE

Please ask your employer to complete this section if you have ceased employment with your employer within the last 12 months.

Final date of employment

D	D	M	M	Y	Y	Y	Y
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Final contribution details

Date last contribution remitted to the Manager

D	D	M	M	Y	Y	Y	Y
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for period ended

D	D	M	M	Y	Y	Y	Y
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Contributions deducted since but not yet remitted

Member

\$

Employer

\$

Total now due

\$

Select one option

☐

Evidence of payment attached for contributions that are due.

☐

Delay payment of Benefit until final contributions are received by the Manager.

Enter date the final contribution will be paid to the Manager

D	D	M	M	Y	Y	Y	Y
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Name of officer

Signed on behalf of the employer by an authorised officer

Position

Date

D	D	M	M	Y	Y	Y	Y
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