

Local Government Superannuation Scheme Withdrawal Application



Am I eligible to withdraw?

In most cases, to withdraw from the Local Government Superannuation Scheme (SuperEasy) you must no longer be employed by the local authority in which the funds were accumulated. There are other ways you can withdraw your funds, including financial hardship. For more information about early withdrawal options visit www.supereasy.co.nz or contact us.

How long does it take to withdraw?

The withdrawal will be paid to the bank account that is nominated on this form in **Section C** within 1 - 4 weeks of us receiving all the necessary documents. Any information missing from this application may delay your application.

What's next?

Once completed, scan and email all items listed in the checklist in **Section E** to admin@supereasy.co.nz or post to:

SuperEasy
PO Box 5521
Wellington 6140

Any Questions?

If you have any questions please contact us on 04 978 1250 or at admin@supereasy.co.nz

A. Personal Details

Membership number	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	First name(s)		Surname				
Home address	Number & street		Suburb	Town/city	Postcode		
Postal address <small>(if different to above)</small>	Number & street		Suburb	Town/city	Postcode		
Phone	Home		Mobile				
Email address							

B. Your withdrawal request

Reason for withdrawal: Retirement Resignation Redundancy

Date you left your council employer | | | | | |

I wish to withdraw: My full balance A partial withdrawal of \$

The minimum withdrawal amount is \$1,000

C. Your bank details

Account name	<input type="text"/>				We can only pay your withdrawal amount to a New Zealand bank account held in your name (or jointly held)
Bank account number	Bank	Branch	Account number	Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

D. Local authority withdrawal confirmation

! **Your council employer should complete this section.** Skip this section if you are a Voluntary member. You are listed as a Voluntary member if we have received notification from Council that you have ceased employment.

Name of employer	<input type="text"/>							
Last contribution to be remitted	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Member amount	\$ <input type="text"/>	Employer amount	\$ <input type="text"/>
Authorised officer of employer	First name(s)		Surname					
Job title	<input type="text"/>		Signature (of authorised officer)					

Signature required overleaf

E. Checklist

! If this is your first withdrawal please send us all of the information in this checklist in addition to this Form. If this is a subsequent withdrawal you will not need to submit any additional information in most cases. We may request further information from you.

- Certified** (must be signed by a JP or Solicitor) copy of some identification, this could be either:
 - a current passport; or
 - a NZ driver's licence (both sides) **and** either a **certified** copy of a statement from a registered bank, or a birth certificate
- Proof of address. Usually a utility bill or bank statement, this must have been issued within the last 12 months

F. Privacy statement

The personal information you have provided in this Form, or that you provide in the future, will be collected and held by Civic Financial Services Limited as Administration Manager for purposes of marketing, operation and management of the SuperEasy KiwiSaver Superannuation Scheme, and compliance with any laws, rules and regulations in New Zealand, or in any other country, including the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and the Common Reporting Standard for the Automatic Exchange of Information as it applies in New Zealand.

Your personal information may be disclosed to the following:

- Inland Revenue (who may share the information with overseas tax authorities under intergovernmental agreements to exchange financial account information)
- your employer
- Financial Markets Authority
- any other persons or entity

where it is relevant to do so for the purposes set out above.

If you do not provide some or all of the information requested in this form, we may not be able to accept your application.

You have the right to know what personal information the SuperEasy KiwiSaver Superannuation Scheme's Administration Manager is holding in respect of you. Pertinent details will be shown on your Member Statements. You also have the right to request that we correct your personal details if they are wrong. You can do this by contacting the Administration Manager at: Civic Financial Services Limited, PO Box 5521, Wellington 6140. Any update to your personal information may be used to update other information the Administration Manager holds for you.

G. Acknowledgement

By signing this form you acknowledge that:

- you are eligible to withdraw under the reason indicated in **Section B** of this form
- you have read and understood the Privacy Statement in **Section F** of this form
- the information provided in this form is true and correct, and will be used to update your membership information
- you understand that your withdrawal value will be based upon the unit price(s) at the date your request is processed
- you agree that if you withdraw your full balance you are ending your membership and release all claims that have been made or may be made on the Trustee in relation to the scheme

Signature

Date

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---

Office use only

Accepted <small>(For and on behalf of the Trustee)</small>

Date accepted

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---