

BENEFIT APPLICATION FORM

Title (Mr) (Mrs) (Ms) (Miss)	Date of Birth dd/mm/yy
Surname	First Names
Home Address	Postcode
Postal Address (if different from above)	Postcode
Email Address	
Telephone []	Member 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"/>
Date of withdrawal	Your IRD 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"/>

TYPE OF BENEFIT

Serious Illness <input type="checkbox"/>	Death <input type="checkbox"/>	Significant Financial Hardship <input type="checkbox"/>
Other Permitted Withdrawal <input type="checkbox"/>	First Home Withdrawal <input type="checkbox"/>	Transfer to Another Scheme <input type="checkbox"/>
		Amount Requested \$

CHEQUE OR DIRECT CREDIT DETAILS (Please attach copy of Bank Deposit Slip)

Cheque to be in favour of	
Account Number	Other instructions
Dated this	day of 20

Member's signature _____ Date _____

Accepted _____ Date _____

for and on behalf of the Trustee

PRIVACY STATEMENT

I hereby authorise the Trustee of the Scheme and any Administration Manager to provide and disclose to any person information held by the Trustee about me for any reasonable purpose relating to the operation, administration and investment of the Scheme and the payment of benefits therefrom.

ACKNOWLEDGEMENTS AND STATUTORY DECLARATION

- I have read and understood the Privacy statement section of this form.
- I wish to withdraw the value of my savings in the SuperEasy KiwiSaver Superannuation Scheme and understand that any tax credits will be deducted and returned to the New Zealand Government.
- I understand that my withdrawal value will be based upon the unit price(s) at the date my request is processed.
- I agree that by withdrawing from the SuperEasy KiwiSaver Superannuation Scheme I am ending my membership and release all claims that have been made or may be made on the Trustee in relation to the scheme.
- I solemnly and sincerely declare that the information I have provided in this Application Form is true and correct.
- And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the New Zealand Oaths and Declarations Act 1957.

Full Name	
Address	
Occupation	
Signature	Date
Declared at	

Before me (JP, Solicitor, notary public, or person authorised to take a statutory declaration):

Full Name	
Address	
Occupation	
Signature	Date

Please return the completed form to: Civic Financial Services Ltd
PO Box 5521
Wellington 6140
New Zealand

Accepted _____ Date _____
for and on behalf of the Trustees