SuperEasy KiwiSaver Superannuation Scheme **Retirement Withdrawal Application**



Am I eligible to withdraw?

A. Personal Details

Membership number

In most cases to withdraw your KiwiSaver you must be over the age of 65 and have been a KiwiSaver member for over five years, whichever is the later. There are ways you can withdraw your funds early, including for a first home and significant financial hardship and serious illness. 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 D** to admin@supereasy.co.nz or post to:

SuperEasy PO Box 5521 Wellington 6140

Any Questions?

Date of birth

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

Name	First name(s)		Surname	
Home addre	ess Number & street	Suburb	Town/city	Postcode
Postal addre	SS Number & street	Suburb	Town/city	Postcode
Phone	Home		Mobile	
Email addres	ss			
our withdrawa	l request			
I wish to wit	hdraw: O My full balance	A partial withdrawal of \$	The mir \$1,000	imum withdrawal amount is
our bank detai	ils			
Account name				We can only pay your withdrawal amount to a New Zealand bank
	Bank Branch	Account number	Suffix account held)	held in your name (or jointly
Bank accour	nt number			
hecklist				
withdrawal you	nrst withdrawai please send u will not need to submit any a ation from you.	l us all of the information in this dditional information, or the Statut	ory Declaration in Section F , in m	ost cases. We may reques
O Certified (n	nust be signed by a JP or Solic	itor) copy of some identification, th	is could be either:	
	current passport; or NZ driver's license (both sides)	and either a certified copy of a st	atement from a registered bank,	or a birth certificate
O Proof of add	dress. Usually a utility bill or ba	ank statement, this must have been	issued within the last 12 months	
		excluding a withdrawal of Australia rson authorised to take a statutory		Statutory Declaration
cknowledgem	ent			
	form you acknowledge that:			
you Ithe iiyou i	nformation provided in this fo understand that your withdrav	ent Withdrawal Privacy Statement in Section G of rm is true and correct, and will be under val value will be based upon the ural r full balance you are ending your r	ised to update your membership nit price(s) at the date your reque:	st is processed
may	be made on the Trustee in rela	tion to the scheme		
Signature			Date D D M M Y	Y Y Y
ce use only				
Accepted (For and on behalf	of the Trustee)	Date	accepted D D M M Y	YYY
2.19				
perEasy, PO Box 5	5521, Wellington 6140	www.supereasv.co.nz	admin@supereasy.co.nz	04 978 125



F. Statutory Declaration

funds). To be eligible to withdraw any government contributions you have received during your KiwiSaver membership, your principal place of residence must have been in New Zealand over that time. During your KiwiSaver membership, were there any periods when you lived overseas and did not have a permanent residence in New Zealand? No (continue to Statutory Declaration below) Yes. List below the periods your principal place of residence was outside of New Zealand: From Note, that if you were working overseas as an employee of the New Zealand Government or as a volunteer for certain charitable organisations, you are still eligible to receive government contributions. If this is the case, please include evidence with your application. **Statutory Declaration** Name Address and Occupation do solemnly and sincerely declare that: I understand that for the periods my principal place of residence was outside of New Zealand during my KiwiSaver membership, I will not be entitiled to withdraw any government contributions received. Any government contributions claimed on my behalf during any such period will be returned to the Commissioner of Inland Revenue. The information provided in Section G is correct to the best of my knowledge. 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** Date of declaration Signature (of person making the declaration) Before me: JP, Solicitor, notary public, or person authorised to witness a statutory declaration under Section 9 of the Oaths and Declarations Act 1957 Name Address Occupation Signature of witness

You only need to complete this Section if this is your first Retirement Withdrawal (excluding any withdrawals of Australian sourced

G. 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 Exhange 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.