SuperEasy KiwiSaver Superannuation Scheme Retirement Withdrawal Application

Am I eligible to withdraw?

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?

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

A. Personal Details

Membership number | | | | | |

Date of birth D D / M M / Y Y Y Y

Name	First name(s)		Surname	
Home address	Number & street	Suburb	Town/city	Postcode
Postal Address (if different from above)	Number & street	Suburb	Town/city	Postcode
Phone	Home		Mobile	
Email				

B. Your withdrawal request

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

The minimum withdrawal amount is $1,000

C. Your bank details

Account name

Bank account number: Bank | Branch | Account number | Suffix

We can only pay your withdrawal amount to a New Zealand bank account held in your name (or jointly held)

D. 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, or the Statutory Declaration in **Section F**, in most cases. We may request further information from you.

- o 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 license (both sides) and either a certified copy of a statement from a registered bank, or a birth certificate

  In accordance with the Amended Identity Verification Code of Practice 2026, the certification wording must confirm that the trusted referee has signed the original document and that it represents a true likeness of the individual.

  For example: "I certify this to be a true copy of the original which I have sighted and the photo represents a true likeness of the person presenting the document to me for certification."
- o Proof of address. Usually, a utility bill or bank statement must have been issued within the last 12 months
- o Proof of nominated bank account number, this can be a front page of a bank statement with your name, address and bank account number on it. We don't need to see any transactions.
- o If this is your first retirement withdrawal (excluding a withdrawal of Australian sourced funds), the completed Statutory Declaration in **Section G** (overleaf) witnessed by a person authorised to take a statutory declaration

E. Acknowledgment

By signing this form, you acknowledge that:

- you are eligible to make a Retirement Withdrawal
- you have read and understood the Privacy Statement in Section G 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 maybe made on the Trustee in relation to the scheme

Signature

Date D D / M M / Y Y Y Y

F. Statutory Declaration

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

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

I Name First name/s Surname

of Address Number & street Suburb Town/city Postcode

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 entitled 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

Signature
(of person **making** the declaration)

Date of declaration D D / M M / Y Y Y Y

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 First name(s) Surname

Address Number & street Suburb Town/city Postcode

Occupation

Signature of witness

Date D D / M M / Y Y Y Y

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 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.

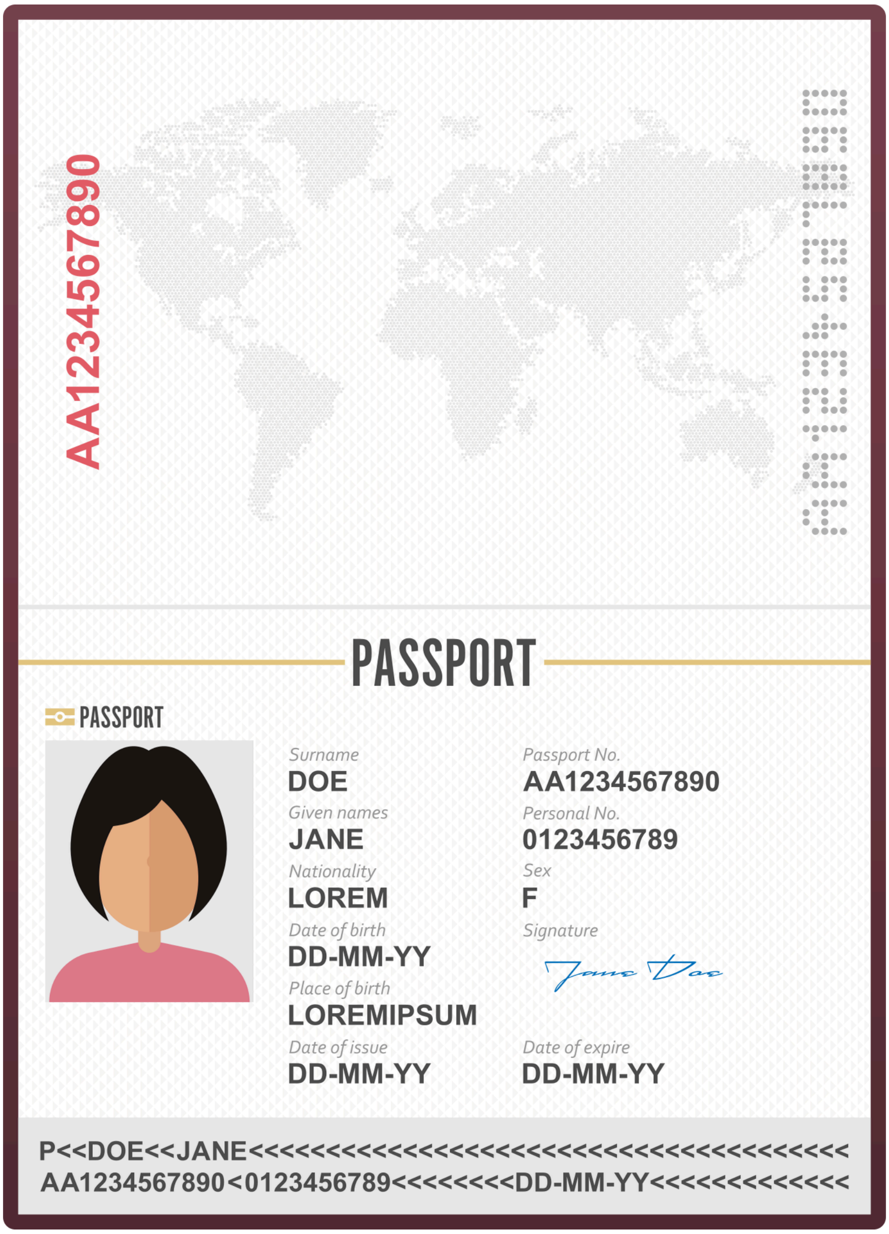
You have the right to know what personal information the SuperEasy KiwiSaver Superannuation Scheme's Administration Manager is holding in respect of you. Pertinent details will be shown on your Member Statements. You also have the right to request that we correct your personal details if they are wrong. 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.

For more information about our Privacy Notice, please visit our website: https://supereasy.co.nz/privacy-notice/

Office use only:

Accepted
(For and on behalf of the Trustee)

Date Accepted D D / M M / Y Y Y Y



Example of Authorised persons, certifying documents as mentioned in checklist in application above

Anti-Money Laundering & Countering Financing of Terrorism requirements.

ID Verification must include

- ✓ Authorised persons name
- ✓ Sighted original
- ✓ True copy of original
- ✓ Sighted applicant
- ✓ True likeless of applicant
- ✓ Signed
- ✓ Date

Example wording

I ....certify this to be a true copy of the original which I have sighted and the photo represents a true likeness of the person presenting the document to me for certification.

Signed........................
Date............................

supereasy
Local Government Superannuation