

Retirement Withdrawal Form

For members who joined after 1 July 2019 aged 65 or over at the time of joining

If you would like help in completing this form, please email kiwisaver@fisherfunds.co.nz or phone us on **0800 FF KIWI (0800 335 494)**.

You can complete this form on-screen by typing directly into each field. Once you have completed your details, please print, sign and post the form to **Fisher Funds, Private Bag 93502, Takapuna, Auckland 0740** or email to kiwisaver@fisherfunds.co.nz.

Who should complete this form?

Please use this form to apply for a retirement withdrawal from your Fisher Funds KiwiSaver Scheme or Fisher Funds TWO KiwiSaver Scheme account ("KiwiSaver account"). You can select a full, partial or regular withdrawal. If you wish to request both a partial and regular withdrawal, you can select both options on this form.

Section 1: Your Details

Title First Name/s

Surname

Date of Birth / / KiwiSaver Account No. IRD Number

Prescribed Investor Rate (PIR) (please tick one)
 10.5% 17.5% 28%

To work out your PIR, or for more information, visit fisherfunds.co.nz/pircalculator or call us on 0508 347 437.

If your selected PIR differs to the rate we have on file, the change will require 1 business day to update before your withdrawal can be processed. If you do not select a PIR, your withdrawal will be processed at the rate we hold on file for this account.

Address

City Country Postcode

Home Phone () Work Phone () Mobile ()

Email Address

Section 2: Your Withdrawal Options

Under normal circumstances withdrawal requests are processed and paid to you within 5 business days. This may change if any required information is missing, or under certain exceptional circumstances as outlined in the Governing Documents for the Schemes.

Partial Withdrawal

Withdraw \$ (minimum withdrawal amount is \$500)

Regular Withdrawal

We require at least two business days to set up a regular withdrawal from receipt of this withdrawal request.

If you are invested in more than one Fund we will withdraw an amount from each Fund in line with the proportion in which you are currently invested in each Fund. Alternatively, please contact us on 0800 FF KIWI (0800 335 494) to discuss how you would like your withdrawal deducted.

Set up a regular withdrawal facility \$ (minimum withdrawal amount is \$100 regardless of frequency)

Start Date

/ /

Frequency

Weekly

Fortnightly

Monthly

Quarterly

Annually

*Please note this is the date your withdrawal will be priced, it will then be paid 3-5 working days after this date. Please bear this in mind if you want to receive the funds by a certain date.

Full Withdrawal

Withdraw my full account balance and close my KiwiSaver account

Transfer my Balance

If you would like to transfer your KiwiSaver account balance to another Fisher Funds investment please call us on 0800 FF KIWI (0800 335 494) to discuss the options available and how we can help you.

Section 3: Payment Details

Please pay the withdrawal into my nominated bank account held on file.

If you have not previously provided your bank account details including proof of the bank account or your bank account has changed, please complete the section below and provide proof of your bank account (refer below) along with this form.

We will only make payments in New Zealand dollars to either a New Zealand bank account or an international bank account held in your name either individually or jointly (the cost of an international transfer is paid by the member). Any payment will be adjusted for tax at the notified Prescribed Investor Rate (PIR) on your account.

Name of Account

Account Details

Bank

Branch

Account Number

Suffix

Bank/Branch Address

Please provide proof of your bank account (one of the following)

- » Bank statement
- » Internet banking screenshot
- » Over the counter receipt with a teller's stamp

The proof of bank account must contain the account name, number and the logo of your bank.

Section 4: Bankruptcy

Have you been adjudicated bankrupt or admitted to a No Asset procedure since joining KiwiSaver?

Yes

No (go to section 6)

If 'Yes', please provide details:

Date

Official Assignee Reference/Case Number

Section 5: Privacy Statement

Any information that you provide to us may be used by Fisher Funds and the Supervisor and any of their respective related entities, and by other service providers to provide services in relation to your withdrawal request. You have the right to access the information held by us and you may also request that it be corrected.

Section 6: Declaration

- I am applying to withdraw or transfer some or all of my KiwiSaver account. I understand that on full payment of my KiwiSaver account, my account will be closed and I agree to release all claims that have been made by me on the Manager and/or Supervisor in relation to my KiwiSaver account.
- I understand that my withdrawal value may fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my KiwiSaver account.
- I am entitled to make this withdrawal request and the information given in this form is true and correct. I acknowledge that the Manager and the Supervisor will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against and claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including omission).
- I understand that the Manager and/or Supervisor will not be able to complete its assessment of this withdrawal if the information given in this form is incomplete or incorrect, or if all of the required identification documents or proof of address were not provided at the time I joined my KiwiSaver account.
- I understand the information supplied by me with this withdrawal request can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant.
- I have read the privacy statement in this form.

Name

Signature

Date

Checklist

Please complete the checklist below and supply the relevant documents to support your request.

I joined KiwiSaver for the first time on or after 1 July 2019.

Complete Sections 1-6.

Provide proof of your bank account (refer to Section 3 for our requirements).

Confirm if you have ever been adjudicated bankrupt in Section 4.