

# Subsequent Life Shortening Congenital Condition Withdrawal

If you would like help in completing this form, please email [kiwisaver@fisherfunds.co.nz](mailto: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 Management Limited, Private Bag 93502, Takapuna, Auckland 0740** or email to [kiwisaver@fisherfunds.co.nz](mailto:kiwisaver@fisherfunds.co.nz).

## Who should complete this form?

Please use this form if you have already made a life shortening congenital condition withdrawal from your Fisher Funds KiwiSaver Scheme or Fisher Funds TWO KiwiSaver Scheme account ("KiwiSaver account") and would like to apply for a subsequent withdrawal.

## 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](http://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

### 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.

**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**  
Your final Government contribution claim will be processed by Inland Revenue before your withdrawal is actioned, so payment may take up to **10 working days** from receipt of this form.

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.

## 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

Use bank account details on file for this subsequent withdrawal

**If you would like the payment to be made to a different bank account please complete the details below and provide proof of your bank account name and number by supplying any one of the following:**

- a pre-coded deposit slip
- a copy of a cheque
- a copy of a bank statement
- an over-the-counter printed receipt with a tellers stamp
- an online bank account statement with the name of the bank in the header/footer

Name of Bank Account

Account 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"/>	<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"/>
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Bank

Branch

Account Number

Suffix

Name of Bank and Branch Address

We will only make payments in New Zealand dollars to a New Zealand bank account in your name (held individually or jointly). We will adjust your withdrawal amount for any tax liability.

## Section 4: Declaration

I confirm that the information given in this form is correct. I am entitled to make this withdrawal request and I am applying to the Supervisor to withdraw some or all of my KiwiSaver account. If I have opted to withdraw all of my KiwiSaver account, I understand that on payment of my full account balance my account will be closed.

Your Signature

Date