

# Fisher Funds LifeSaver Plan Withdrawal Request

If you would like help in completing this form, please email [lifesaver@fisherfunds.co.nz](mailto:lifesaver@fisherfunds.co.nz) or phone us on 0508 FISHER (0508 347 437).

You can complete this form on-screen by typing directly into each field. Once you have completed this form:

- If you have selected Option 1 as your preferred identification method you can email your completed application to [lifesaver@fisherfunds.co.nz](mailto:lifesaver@fisherfunds.co.nz)
- If you reside in New Zealand and have selected Option 2 as your preferred identification method you can email your completed application to [lifesaver@fisherfunds.co.nz](mailto:lifesaver@fisherfunds.co.nz)
- If you reside outside New Zealand and have selected Option 2 as your preferred identification method you must post your application and supporting documents to **Fisher Funds Management Limited, Private Bag 93502, Takapuna, Auckland 0740** or send by courier to **Fisher Funds Management Limited, Crown Centre, 67-73 Hurstmere Road, Takapuna, Auckland 0622**.

## Who should complete this form?

Complete this form if you wish to make a withdrawal from the Fisher Funds LifeSaver Plan (LifeSaver). If your withdrawal is for a first home purchase, please use the First Home Withdrawal Form.

If you are invested in LifeSaver through your Employer Scheme, you are referred to in this form as a workplace investor.

Workplace investors – you must complete this form if you are leaving or have left your employment. Please complete your sections of the form first, and then your employer is to complete the Employer Section. Making a withdrawal from LifeSaver may impact any insurance arrangement your Employer has established for you. Please talk to your Employer or insurance provider for more information.

If your withdrawal is on the grounds of significant financial hardship, please complete the Significant Financial Hardship Withdrawal Form available on request from us, and return it to us with this form.

## Section 1 – Member details

Employer name (for workplace investors only)

Title	First name and middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address

Address

City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home phone	Business phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Member number	IRD number	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

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## Section 1 — Member details (continued)

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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](https://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 one 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.

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## Section 2 — Identification options

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Your withdrawal request must be submitted with one of the identification options set out below (for each account holder). We may have your identification documents on file, please contact us to confirm this. We may need to request new identification documents from you.

### Option 1

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#### Electronic identity verification

Fisher Funds has the ability to electronically verify your identity and address. Once we have received your application we will send you an SMS via our third party partner to biometrically verify your identity. To complete this method of verification you must have: a smartphone (with a front camera that is capable of taking a photo/video) and a current (not expired) version of one of the following: New Zealand Passport; New Zealand Drivers Licence; Australian Passport; Australian Drivers Licence.

If this method of identification is unsuccessful you will be required to provide certified ID and proof of address.

### Option 2

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#### Certified copies of identity documents and proof of residential address

Please provide a certified copy of your identity documents and proof of your residential address. Refer to sections 3 and 4 for information on acceptable identity documents and who can certify them.

**Your preferred identification method — please select one of the following options:**

☐ **Option 1** – I would like Fisher Funds to electronically verify my identity

☐ **Option 2** - I would like to provide Fisher Funds with certified copies of my identity documents

## Section 3 — Certified identity documents

If you selected Option 2 as your preferred way for us to verify your identity please select one of the certified identification options below. If you have selected Option 1 you do not need to provide certified ID now.

### Option A: (preferred)

- ☐ **Passport**  
(containing name, date of birth, photograph and signature)
- OR
- ☐ **New Zealand Firearms Licence**

### Option B:

- ☐ **New Zealand Driver Licence**  
(front and back)
- OR
- ☐ **18+ Card/Kiwi Access Card**  
AND one of the following
- ☐ **Full Birth Certificate**
- ☐ **SuperGold Card**  
(front and back)
- ☐ **Bank Statement from a registered bank dated within 12 months**
- ☐ **Statement from a government agency dated within 12 months**


### Option C:

- ☐ **New Zealand Driver Licence**  
(front and back)
- AND
- ☐ **Certificate of citizenship issued by the New Zealand Government or a foreign government**

Your photo identification must be current (not expired). If you're unable to provide the above documentation please contact us to discuss other options.

A Fisher Funds representative can verify your identity documents if you visit our office.

### How to have your ID correctly certified




I certify this to be a true copy of the original document and confirm it represents the identity of Joe Smith.

Name: Jane Doe

Occupation: Justice of the Peace

Date: 18/08/2022

Signature: 

### Photocopy ID at 150%

So the details are legible.

Please do not send in your physical identity documents e.g. passport, driver's licence, birth certificate etc.

**Please note:** Certification is valid for three months and must have been carried out within three months of application.

Your identity documents must be certified by one of the following people: Justice of the Peace, Registered Lawyer, Chartered Accountant, Registered Teacher, Registered Doctor, Police Officer, Notary Public, Registrar/Deputy Registrar.

## Section 4 — Proof of address

### Current physical address

Can't be a PO Box number

If you have selected Option 2 as your preferred identification method please provide proof of your residential address as set out below. Your proof of address does not need to be certified. If you have selected Option 1 you don't need to provide proof of address.

**XYZLOGO**

**Statement of Accounts**

Your Account(s) at a glance as at 19 XXXX 2022

**Mr Joe Smith**  
58 Green Street  
Takapuna  
AUCKLAND 1023  
New Zealand

0000000000

Today's Statement(s)

	Account Number
Tertiary	
Upcoming Automatic Payment	Frequency

### Dated in the last 12 months, an invoice, statement, letter or contract from:

- utility provider e.g. water, power, phone
- professionals e.g. accountant, doctor
- service providers e.g. Sky TV, insurance
- government e.g. IRD, WINZ, rates notice
- current employer e.g. payslip
- bank correspondence or statement
- tenancy agreement

Please note: We cannot accept a statement/correspondence from Fisher Funds as proof of your address.

## Section 5 — 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

<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"/>
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 6 — Withdrawal options

### ☐ Full withdrawal

Withdraw the full account balance and close my LifeSaver account

### ☐ Partial withdrawal

Withdraw  of my savings (minimum withdrawal amount is \$500)

If you are invested in more than one fund you can indicate below which funds you would like your withdrawal deducted from, or leave it to us and we will withdraw an amount from each fund in line with the proportion in which you are currently invested in each fund.

Name of investment fund you wish to withdraw from  
(e.g. Preservation, NZ Fixed Income, Conservative, Balanced, Growth, Equity, or Trans Tasman Equity)

Dollar amount of withdrawal (e.g. All)

<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
Total	<input type="text" value="\$"/>

### ☐ Regular withdrawal

Set up or change a regular facility to withdraw  of my savings

(minimum withdrawal amount is \$250, regardless of frequency)

If you are invested in more than one fund you can indicate below which funds you would like your withdrawal deducted from, or leave it to us and we will withdraw an amount from each fund in line with the proportion in which you are currently invested in each fund.

Name of investment fund you wish to withdraw from

Dollar amount of withdrawal

<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
Total	<input type="text" value="\$"/>

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.

### ☐ Transfer my LifeSaver withdrawal to another Fisher Funds investment

Please contact us on 0508 347 437 if you would like to talk to a financial adviser about suitable investments for you.

Account number you wish to transfer to

Name of fund/s<sup>1</sup> you wish to transfer to

Amount<sup>2</sup>

Percentage

<input type="text"/>	<input type="text" value="\$"/>	or	<input type="text" value=""/>	%
<input type="text"/>	<input type="text" value="\$"/>	or	<input type="text" value=""/>	%
<input type="text"/>	<input type="text" value="\$"/>	or	<input type="text" value=""/>	%
Total (percentage total must equal 100%)	<input type="text" value="\$"/>	or	<input type="text" value=""/>	%

1. If you are a new investor in this scheme you will need to receive a product disclosure statement and complete the corresponding application form  
2. Minimum investment amounts may apply.

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## Section 7 — Adviser details

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Did you talk to a financial adviser about this withdrawal?

☐

No (please go to section 9)

☐

Yes (please provide the adviser's details)

Adviser name

Company name

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## Section 8 — Adviser declaration

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If you are verifying your client/s identification documents, please complete the following declaration:

- I confirm that I am a “reporting entity” under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act).
- I confirm that I have a “business relationship” (as defined in the AML/CFT Act) with the investor(s) named in Section 1.
- I confirm that I have conducted the relevant client due diligence procedures to the standard required by the AML/CFT Act and regulations, I have sighted the original of each document verifying the identity and address of the investor(s) named in Section 1 and I have attached to this form the relevant identity and verification information required under the AML/CFT Act.
- I consent to conducting the client due diligence procedures for Fisher Funds Management Limited and to providing all relevant information to Fisher Funds Management Limited for the purposes of the AML/CFT Act.

Signature of adviser

FSP number (if known)

Date

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## Section 9 — Privacy statement

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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 the Scheme to provide service in relation to your withdrawal request. Any information that you provide to us may be provided to your employer or their payroll service provider.

I understand the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant, including a government agency or reliable, independent source. You have the right to access the information held by us and you may also request that it be corrected.

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## Section 10 — Withdrawal authorisation

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All members must sign below. If you are making a full withdrawal or transferring your full withdrawal to another Fisher Funds investment, your membership in the Fisher Funds LifeSaver Plan will cease. You acknowledge that upon receipt of this withdrawal calculated in terms of the provisions of the Governing Document (and for workplace investors, the rules relating to your Employer Scheme), you have no further claim against or financial interest in the Fisher Funds LifeSaver Plan.

Signature of member\*

Date

\* Executors of estate or nominated beneficiaries to sign for death benefit

## Section 11 — Employer section

This section must be completed by the employer for all workplace investor withdrawals.

### Withdrawal circumstances (please tick one)

- ☐ Resignation
- ☐ Retirement
- ☐ Retirement withdrawal while still working
- ☐ Redundancy
- ☐ Dismissal
- ☐ Death (attach death certificate and certified copy of Probate or Certificate of Administration)
- ☐ Financial Hardship
- ☐ Ill Health (attach employer letter of confirmation)
- ☐ Total and Permanent Disablement (member to attach confirmation as required by the insurance policy)
- ☐ Other (please specify)

### Final contributions and employment end date (for full withdrawals only)

Date that the last contribution was/will be received by Fisher Funds (final contribution date)

Date that the employee ceased/is ceasing employment

For full withdrawals, the member's account will remain open until the date that the last contribution is received by Fisher Funds, and is closed once the final contribution is received. Any fees continue to be charged during that time. Any contributions received from the member after the final contribution date will not be invested.

### Employer declaration

We confirm that the member is eligible to withdraw under the terms and conditions of the Governing Document and Participating Agreement.

Authorised signatory

Date

Name of authorised signatory