

# Fisher Funds LifeSaver Plan Withdrawal Request

If you would like help in completing this form, please email 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
- 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
- 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		
Email address			
Address			
City	Country	Postcode	
Home phone	Business phone	Mobile	
		( )	
Member number	IRD number		Date of birth
00000000	0 0000000		

Section 1 — Member details (continued)	
Prescribed Investor Rate (PIR) — please tick one	
10.5% 17.5% 28%	
To work out your PIR, or for more information, visit <u>fisherfunds.co.nz/pircalcu</u>	<u>lator</u> or call us on 0508 347 437.
If your selected PIR differs to the rate we have on file, the change will require processed. If you do not select a PIR, your withdrawal will be processed at the	
Section 2 — Identification options	
Your withdrawal request must be submitted with one of the identification opt your identification documents on file, please contact us to confirm this. We n	
Option 1	
Electronic identity verification	
Fisher Funds has the ability to electronically verify your identity and address. SMS via our third party partner to biometrically verify your identity. To compl (with a front camera that is capable of taking a photo/video) and a current (no Passport; New Zealand Drivers Licence; Australian Passport; Australian Drivers	ete this method of verification you must have: a smartphone ot expired) version of one of the following: New Zealand
If this method of identification is unsuccessful you will be required to provide	e certified ID and proof of address.
Option 2	
Certified copies of identity documents and proof of residential address	
Please provide a certified copy of your identity documents and proof of your on acceptable identity documents and who can certify them.	residential address. Refer to sections 3 and 4 for information
Your preferred identification method — please select one of the	ne following options:
	Option 2 - I would like to provide Fisher Funds with certified copies of my identity documents

# Section 3 — Certified identity documents

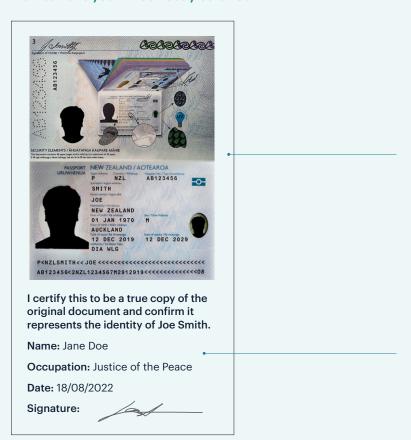
If you selected Option 2 as your preferred way for us to verify your identity please select one of the certified identification options below. If you have selected Option 1 you do not need to provide certified ID now.

Option A: (preferred)	Option B:	Option C:
Passport (containing name, date of birth, photograph and signature) OR New Zealand Firearms Licence	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	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



## Photocopy ID at 150%

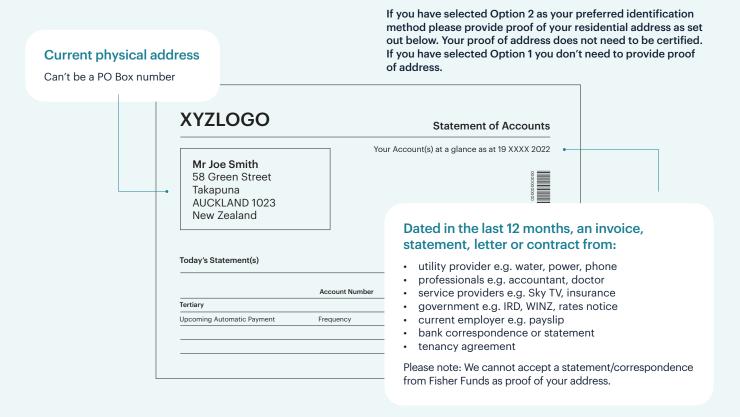
So the details are legible.

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



# 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

Bank Branch address

Account Number Suffix

#### 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.

Sec	ction 6 — Withdrawal options				
	Full withdrawal Withdraw the full account balance and close my LifeSaver ac	ccount			
	Partial withdrawal				
	Withdraw \$ of my savings (	minimum withdrav	val amount is \$50	0)	
	If you are invested in more than one fund you can indicate bleave it to us and we will withdraw an amount from each fundeach 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 o	f withdrawal (e.g.	AII)	
		\$			
		\$			
		\$			
	Total	\$			
	IOLAI	•			
	Regular withdrawal				
	Set up or change a regular facility to withdraw \$	,	of my savings		
	(minimum withdrawal amount is \$250, regardless of frequence	cy)			
	If you are invested in more than one fund you can indicate be leave it to us and we will withdraw an amount from each fundeach fund.	nd in line with the p	proportion in whic		
	Name of investment fund you wish to withdraw from	Dollar amount of	f withdrawal		
		\$			
		\$			
		\$			
	Total	\$			
	Start Date* Frequency				
	/ / Weekly Fortnightly	y Monthly	Quarterly	Annually	
	ease note this is the date your withdrawal will be priced, it will then be per funds by a certain date.	paid 3-5 working day:	s after this date. Plea	ise bear this in mind if	you want to receiv
	Transfer my LifeSaver withdrawal to another Fish Please contact us on 0508 347 437 if you would like to talk t			investments for you	
	Account number you wish to transfer to				
	Name of fund/s¹ you wish to transfer to	Amount <sup>2</sup>		Percentage	
		\$	or		%
		\$	or		%
		\$	or		%
	Total (norganizate total must accord 1000/)	\$			%
	Total (percentage total must equal 100%)	Ψ	or		70

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

Section 7 — Adviser details		
Did you talk to a financial adviser about t	his withdrawal?	
No (please go to section 9)	Yes (please provide the adviser's de	etails)
Adviser name	Company name	
Section 8 — Adviser declara	ation	
If you are verifying your client/s identification	ation documents, please complete the following c	declaration:
<ul> <li>I confirm that I am a "reporting entit (AML/CFT Act).</li> </ul>	y" under the Anti-Money Laundering and Counter	ring Financing of Terrorism Act 2009
I confirm that I have a "business rela	tionship" (as defined in the AML/CFT Act) with the	e investor(s) named in Section 1.
regulations, I have sighted the origin	relevant client due diligence procedures to the st nal of each document verifying the identity and ac vant identity and verification information required	ddress of the investor(s) named in Section 1 and
	ue diligence procedures for Fisher Funds Manage ment Limited for the purposes of the AML/CFT Ac	
Signature of adviser	FSP number (if known)	Date
Section 9 — Privacy statem	ent	
	nay be used by Fisher Funds and the Supervisor are to provide service in relation to your withdrawal eir payroll service provider.	
necessary) and may be disclosed for the	me with this application can be used to electron se purposes to third parties where relevant, include to access the information held by us and you may	ding a government agency or reliable,
Section 10 — Withdrawal au	uthorisation	
your membership in the Fisher Funds Life	making a full withdrawal or transferring your full wesaver Plan will cease. You acknowledge that uponent (and for workplace investors, the rules relating in the Fisher Funds LifeSaver Plan.	n receipt of this withdrawal calculated in terms
Signature of member*		Date

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

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 employement	
For full withdrawals, the member's account will remain open until the date that the last contribution is received l closed once the final contribution is received. Any fees continue to be charged during that time. Any contribution 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 Agreement.	t and Participating
Authorised signatory	Date
Name of authorised signatory	

Section 11 — Employer section