



Member Number

Scheme Name

1. Member Details: This information will be treated in the strictest confidence.

1 Full Name

5 Telephone Home  Work  Mobile

2 First Names

6 Email Address  Fax

3 Title  Mr  Mrs  Miss  Ms  Dr  Other

7 Member IRD Number  Prescribed Investor Rate (PIR)  19.5%  30%

4 Home Address

Note: If you have already provided us with your IRD number and PIR, please ignore this section. If your PIR has changed please advise us. If you haven't given us your IRD number and PIR, we will apply a tax rate of 30% to any taxable income applicable to you for the applicable tax year.

2. Withdrawal Request (From Member Voluntary Contribution Account)

Subject to the rules of the ASB Superannuation Master Trust Trust Deed (and Establishment Deeds), Admission Deeds and Specification Agreement, the ASB Superannuation Master Trust Investment Statement and the State Sector Retirement Savings Scheme Supplemental Investment Statement that govern my membership, I request that the following amount is deducted from my:

Member Voluntary Contribution Account Amount \* \$

\*Note: the minimum value that can be withdrawn is the lesser of \$1,000, or the full value of the Member Voluntary Contribution Account. Withdrawals from the Member Voluntary Contribution Account can only be requested twice in the financial year of the ASB Superannuation Master Trust (being 1 April to 31 March). If the withdrawal amount is the Total Value of your Member Voluntary Contribution Account, please write "Total Amount" in the amount column. The Manager may adjust the withdrawal transaction for the tax liability arising as a result of your withdrawal request.

I request that the proceeds of my withdrawal noted above be credited to the my bank account as follows:

Bank Name   
Bank Account Name   
Bank Account Number

(Please attach a preprinted bank deposit slip or bank statement with your account details noted)

3. Authorisation and Signature

- > I understand that the amount requested will be deducted from Member Voluntary Account, and will reduce the balance of my Member Voluntary Account accordingly.
- > I confirm that the Trustee will be released from liability in respect of the amount withdrawn on payment of the amount to my bank account as noted above.

Member's Signature

Date   
Day Month Year