



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)  12.5%  21%  30%

4 Home Address

Note: As a result of PIR changes from 1 April 2010, your PIR may have changed. Refer to www.asb.co.nz/PIR to calculate your PIR.

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:

Amount \*

Member Voluntary Contribution Account \$

\*Note: The minimum value that can be withdrawn is the lesser of \$1,000, or the full value of the Member Voluntary Contribution Account.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 each 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. Privacy Authorisation

The personal information provided by me when I complete the State Sector Retirement Savings Scheme Member Voluntary Account Withdrawal Request will be held by the Trustee, Public Trust, Level 10, 141 Willis Street, Wellington, and/or the Manager of the ASB Superannuation Master Trust, ASB Group Investments Limited, 135 Albert Street, Auckland.

This information may be disclosed to, and held by, the following:

- > the Manager or the Trustee of the ASB Superannuation Master Trust;
- > the advisers of the ASB Superannuation Master Trust and other members of the ASB Group of Companies;
- > my personal financial adviser (if relevant); and
- > Inland Revenue (for purposes of administering the Portfolio Investment Entity (PIE) regime).

This and any other personal information obtained will be used for purposes relating to:

- > the administration, marketing, operation and management of the ASB Superannuation Master Trust and/or other products I may have with other members of the ASB Group of Companies;
- > the payment of withdrawals to me;
- > statistical purposes;
- > unless I request otherwise, keeping me informed about other financial opportunities, products or services offered by the ASB Group of Companies (including via e-mail if I provide an e-mail address); and
- > unless I request otherwise, customer surveys and research carried out by research and direct marketing companies employed by the ASB Group of Companies.

I have rights of access to, and correction of, the personal information I supply.

4. Authorisation and Signature

- > I understand that the amount requested will be deducted from my 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.
- > I grant express consent for the Manager to disclose my information to other companies within the ASB Group of Companies.

Member's Signature

Date   
Day Month Year