

> 5. Privacy Authorisation

The personal information provided by me when I complete the State Sector Retirement Savings Scheme 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.

> 6. Declaration

- > I declare that the answers given in this form are true and correct.
- > I also acknowledge that the above information is to be relied upon by the Scheme Trustee and ASB Group Investments for the purpose of determining the Scheme's liability (if any) for fund withdrawal tax (section 32B of the Tax Administration Act 1994). I acknowledge that on receipt of the funds, the Trustee of the ASB Superannuation Master Trust will be released from all liabilities in respect of these funds.
- > I understand that the Trustee or ASB Group Investments may require evidence to support or clarify any answer provided in this form, and may be unable to process the withdrawal request, in whole or part, until the requested information is obtained.
- > I understand that the information collected pursuant to this form or any follow up request will be held and used by the Trustee and ASB Group Investments for the purpose of processing my withdrawal request and determining the Scheme's resulting tax liability.
- > I grant express consent for the Manager to disclose my information to other companies within the ASB Group of Companies.
- > I understand that I have the right to request access to and correction of my personal information collected.

Member's Signature

Date

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Day Month Year

ASB Group Investments Limited , Private Bag 93518, Takapuna, Auckland. Freephone 0800 ASB RETIRE (0800 272 738), email retire@asb.co.nz