

Important information

If you have already made an initial withdrawal of your retirement benefit from the ASB KiwiSaver Scheme or you first joined a KiwiSaver scheme when you were 65 or older and want to make a partial or full withdrawal or set up a regular withdrawal facility, please complete this form.

Before returning this application, please ensure that you have:

1. answered all the questions in the relevant sections of this form;
2. attached certified identification (if required) in accordance with the identity verification requirements in section 6;
3. attached a pre-printed deposit slip, or other pre-printed evidence of your Bank Account Name and Number.

Processing timeframes

Partial withdrawals - We aim to process partial withdrawal requests within 5-7 working days.

Account closures - We aim to complete account closure requests within 10-15 working days. These can take longer than partial requests because we may need to complete a final claim for Government contributions on your behalf.

These timeframes are based on correctly completed withdrawal requests. If your application is incomplete and we need to contact you for more information, it will delay the processing of your request.

1. Personal details

Title Other
 Mr Mrs Miss Ms Mx

First names

Surname

Date of birth

Home address

 Suburb City
 Country Postcode

Job title

Industry of employment

ASB KiwiSaver Scheme member number (if known)

Telephone home Work

Mobile Fax

Email

Postal address (if different from home address)

 Suburb City
 Country Postcode

Employer

2. Tax details

IRD number

Prescribed Investor Rate (PIR) (please tick one): Refer to asb.co.nz/pir to calculate your PIR.

10.5% 17.5% 28%

3. Withdrawal details

A full withdrawal of your ASB KiwiSaver Scheme account balance will result in your membership of the ASB KiwiSaver Scheme ceasing. ASB Group Investments Limited (the "Manager") will adjust your account balance for any tax liability arising as a result of your withdrawal request. Any partial or regular withdrawal will be deducted proportionally from each fund in accordance with your allocation of contributions to each fund. All partial withdrawals and regular withdrawals are subject to a minimum account balance remaining, currently \$2,000. If your withdrawal request would result in your balance falling below the minimum, the Manager will make no payment unless you elect to withdraw the remaining balance in full at which time your membership of the ASB KiwiSaver Scheme will cease.

a) Complete this section to withdraw some or all of your account balance

Subject to the rules of the trust deed that govern my membership, I want to make:

a partial withdrawal of \$ or % of my account balance (a minimum of \$500 applies)

or

a full withdrawal of my account balance in the ASB KiwiSaver Scheme.

b) Complete this section to set up a regular withdrawal facility

Subject to the rules of the trust deed that govern my membership, I want to make the following regular withdrawals:

Amount (a minimum of \$100 applies)

\$

Frequency (tick one):

fortnightly monthly quarterly

Commencement date

(Please allow at least 10 working days to set up this facility)

4. Payment details

I request that the proceeds of my benefit payment request (if approved) be credited to my following bank account:

Bank name

Account name

Bank account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please attach a pre-printed deposit slip or other pre-printed evidence of your bank account name and number for non-ASB bank accounts.)

5. Identity and address verification

To proceed with your withdrawal we need to have verified your identity and address.

Are you an ASB Customer?

Yes, I am an ASB Bank customer and have an open ASB Bank account. Please just provide your account number for reference:

OR

No I don't have an open ASB Bank account and:

Bank account number

1	2	3																		
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Proceed to section 6

I have provided certified identification and proof of my address in the past - please proceed to section 6

OR

I have not provided certified identification and proof of my address in the past - please read all of section 5 and provide the required documents.

If you are unsure what you need to provide, or if you have any questions, please call us on 0800 ASB RETIRE (0800 272 738).

Identification

	Primary Identification Document	Secondary Identification Document
Set One	<ul style="list-style-type: none"> ✓ Passport (NZ or overseas*) ✓ New Zealand Firearms Licence 	Not Required
Set Two	<ul style="list-style-type: none"> ✓ New Zealand driver licence 	<ul style="list-style-type: none"> ✓ Non-ASB credit card (with matching signature and embossed name) ✓ Non-ASB Debit card (with matching signature and embossed name) ✓ SuperGold card ✓ Non ASB bank statement ✓ Government agency correspondence
Set Three	<ul style="list-style-type: none"> ✓ Birth certificate (NZ or overseas*) ✓ Citizenship certificate (NZ or overseas*) 	<ul style="list-style-type: none"> ✓ New Zealand driver licence ✓ Overseas driver licence (with photo) with an English translation (if required) and accompanied by an International Driving Permit ✓ 18+ card or Kiwi Access card ✓ New Zealand Armed Forces ID ✓ New Zealand Police ID ✓ SuperGold card (with photo) ✓ Student ID (from NZ institutions only) with photo (under 18 only)

*If you supply an overseas passport, citizenship certificate or birth certificate, please also provide a copy of your residency documents. Any documents not in English need to be accompanied by an independent and certified English translation.

Proof of address

- These documents should be no more than 12 months old.
- Must show your current residential address.

One item from the list below	Important notes
<ul style="list-style-type: none"> ✓ Non-ASB Bank statements or correspondence ✓ Government agency correspondence ✓ Non-ASB registered KiwiSaver or superannuation scheme correspondence ✓ IRD correspondence ✓ Current Non-ASB insurance policy (house or contents) ✓ Local authority rates or water bill ✓ Utility bill (gas, power, fixed phone line, internet, SKY TV, On-account mobile phone) 	<ul style="list-style-type: none"> • Posted and digital copies of these documents are acceptable. • Utility bills and local authority bills sent to a PO Box are acceptable as long as your physical address is included on the statement and there is a fixed service provided to that address. • 'On-account' mobile phone statements do not need to contain a fixed service address.
<ul style="list-style-type: none"> ✓ Signed tenancy or lease agreement ✓ Driver licence containing address (this must be a current (not expired) driver licence from New Zealand, Australia or the United Kingdom that contains your current residential address) ✓ Correspondence from a recognised retirement home (must confirm you reside at the rest home/facility and be from a recognised Ministry of Health certified retirement home provider) 	<ul style="list-style-type: none"> • Documents must be originals. • A tenancy or lease agreement must be signed by both the tenant(s) and landlord.

5. Identity and address verification (continued)

Certifying your identity and address documents

If you are submitting this form at an ASB Branch, an ASB Staff member can sight your original documents and take copies to attach to the form. Alternatively, all evidence provided must be certified photocopies of your original documents.

Eligible persons with the legal authority to certify documents*	Important notes
<ul style="list-style-type: none">• A lawyer (as defined in the Lawyers and Conveyancers Act 2006)• A chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996)• A notary public• A justice of the peace• A registered medical doctor• An Honorary Consul at a New Zealand Consular office• If Overseas, a person authorised by law in that country to take statutory declarations or equivalent.**	<ul style="list-style-type: none">• Certified documents may be posted to ASB or presented to a branch.• Electronic scans can be accepted only if sent directly from the eligible person performing the certification.• Certifications must be carried out no earlier than three months prior to the date the form is completed.• The eligible person must be over 16 years of age, and must not be related to the customer and must not live at the same address as the customer, and must not be involved in the transaction or business requiring certification.

* This list is not exhaustive, please contact ASB for further guidance

** Additional requirements exist for some overseas countries, please contact ASB for further guidance.

The eligible person who certifies your documents must include:

- Their full name, signature, the date and their qualification or occupation which makes them eligible to certify.
- The following statement on all certified copies of photographic identity: "I certify this is a true copy of the original document and the document provided presents a true and correct likeness of the individual named".
- The following statement on certified copies of all other forms of evidence: "I certify that this is a true copy of the original documents".

6. Declarations and authorisations

Pursuant to the Privacy Act 1993, please note that the purpose of collecting this personal information is to determine your eligibility for the retirement withdrawal you have requested (or may request in the future) from your ASB KiwiSaver Scheme account. In addition, this information may be used to keep you informed about other financial opportunities, products or services offered by the Manager or its related companies. It may also be used for purposes related to customer surveys and research carried out by research and direct marketing companies employed by the Manager or its related companies. If you do not want to receive promotional material from the Manager or its related companies, you can tell the Manager and the promotional material will not be sent.

The intended recipients of the information are ASB Bank Limited and ASB Group Investments Limited. The information is being collected and will be held by ASB Bank Limited and ASB Group Investments Limited, FreePost Authority ASB, PO Box 35, Shortland Street, Auckland 1140. You have rights of access to, and correction of, the information collected.

- I agree to the use of my personal information for the purposes set out above.
- I understand that my retirement withdrawal request is subject to the Manager being satisfied that I am entitled to a retirement withdrawal.
- I understand that my withdrawal value will be based upon the unit price(s) at the date my request is processed.
- I acknowledge that, if I make a full withdrawal, on the receipt of my funds, the Manager of the ASB KiwiSaver Scheme will be released from all liabilities in respect of my membership of the ASB KiwiSaver Scheme.
- I understand that my membership of the ASB KiwiSaver Scheme will cease upon notice from the Manager that my membership has ended.
- I understand that, if I request either a partial or regular withdrawal, a minimum balance must be maintained. If a withdrawal will result in my account balance falling below the minimum balance, I understand the Manager will make no payment unless I elect to withdraw the remaining balance.

Member's signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Interests in the ASB KiwiSaver Scheme (Scheme) are issued by ASB Group Investments Limited, a wholly owned subsidiary of ASB Bank Limited (ASB). ASB provides Scheme administration and distribution services. No person guarantees interests in the Scheme.

Please return this completed form together with a pre-printed deposit slip and certified copies of identification to:

FreePost Authority ASB, ASB KiwiSaver Scheme, PO Box 35, Shortland Street, Auckland 1140.

For assistance please call **0800 ASB RETIRE** (0800 272 738) or +64 9 306 3000 (if calling from overseas) or email **retire@asb.co.nz**

FOR BANK USE ONLY

Method of identification - Customer

1.
2.

Branch

Accepted by

Actioned by

Date stamp

