

Member number

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Scheme name

State Sector Retirement Saving Scheme (ASB)

1. Personal details

Title Mr Mrs Miss Ms Mx Dr Other

First names

Surname

Date of birth DD MM YY YY

Home address

 Post code:

Telephone home Work

Mobile Fax

Email

IRD number

Prescribed Investor Rate (PIR) (please tick one):

10.5% 17.5% 28%

Refer to asb.co.nz/PIR to calculate your PIR.

Note: If you have already provided us with your IRD number and PIR, please ignore this section. If your PIR has changed, please tick the correct PIR. If you haven't given us your IRD number and PIR, we will apply a tax rate of 28% to any taxable income applicable to you for the relevant tax year.

2. Benefit type

Please select

- 2A Aged 50 or over, I have ceased employment with my State Sector Employer and have no intention of being re-employed by a State Sector Employer, either permanently or under a fixed term contract.
- 2B Attaining NZ Superannuation Age, being at least 65 years of age.
- 2C Partial Retirement, - I am at least 55 years of age and have reduced my hours of employment with my employer to 30 hours or less per week, with no intention of increasing my hours of paid employment.
- 2D Total and Permanent Disablement or Serious Illness (the Manager may request further supporting evidence).
- 2E Other (please specify) (the Manager may request further supporting evidence).

Teaching service - special provision

- I am employed as a principal or teacher at a school and I am aged 50 years or over.

Note: Withdrawals can only be made from your Member Regular, Member Voluntary or Employer Voluntary Accounts (as applicable).

3. Withdrawal amount and payment details

Subject to the rules of the ASB Superannuation Master Trust Deed, Admission Deed and Specification Agreement that govern my membership, I request that the following amount is deducted:

Please select

\$ OR The total value of my Benefit Entitlement

Important note: Your withdrawal benefit will be deducted evenly from the Accounts held on your behalf which you are eligible to withdraw from, and will be redeemed in accordance with your investment strategy unless you advise otherwise in writing. The Manager will adjust your withdrawal amount for any tax liability arising as a result of your withdrawal request.

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

Bank name

Account name

Account number

Please attach a pre-printed bank deposit slip or bank statement.

I would like to transfer my full benefit to a KiwiSaver scheme, superannuation scheme, workplace savings scheme or an equivalent overseas retirement scheme.

Scheme name

Member number

Please attach a member statement or recent correspondence from the scheme named above.



4. Employer declaration

I confirm that:

(Please tick each statement that is correct)

I declare that the member has met the required conditions as set out in the Trust Deed, Admission Deed, Specification Agreement and Product Disclosure Statement and I consent to this withdrawal.

For a member who has selected Benefit Type 2A:

the member has ceased employment

to the best of my knowledge the member does not intend to be re-employed by any employer, either permanently or under fixed-term agreement.

For a member who has selected Benefit Type 2C:

The member has reduced the member's hours of employment from full time to less than 30 hours per week.

To the best of my knowledge, the member does not intend to increase his/her hours in paid employment in the future.

Final contribution details

Date last contribution remitted to
ASB Group Investments

D	D	M	M	Y	Y	Y	Y
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for period ended

Contributions deducted since but not yet remitted

Member	Employer	Total now due
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Select one option

Cheque attached for contributions that are due.

Delay payment of Benefit until final contributions are received by ASB Group Investments.

Enter date the final contribution will
be paid to ASB Group Investments

D	D	M	M	Y	Y	Y	Y
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Name of employer

Name

Signed on behalf of the employer by an authorised officer

Position

Date

D	D	M	M	Y	Y	Y	Y
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5. Privacy authorisation

The personal information provided by me when I complete this form will be held by the Manager of the ASB Superannuation Master Trust, ASB Group Investments Limited, PO Box 35, Shortland Street, Auckland 1140.

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

- the Supervisor of the ASB Superannuation Master Trust;
- the advisers of the ASB Superannuation Master Trust;
- related companies of the Manager (whether incorporated or constituted in New Zealand or elsewhere);
- my personal financial adviser (if relevant); and
- Inland Revenue.

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 the Manager or its related companies;
- the payment of withdrawals to me;
- statistical purposes;
- keeping me informed about other financial opportunities, products or services offered by the Manager or its related companies (including via email); and
- customer surveys and research carried out by research and direct marketing companies employed by the Manager or its related companies.

I understand that:

- if I do not want to receive promotional material from the Manager or its related companies at any time, I can tell the Manager and the promotional material will not be sent;
- I have rights of access to, and correction of, the personal information I supply.

6. Identity and address verification

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

Please select the option below that applies to you:

I am an ASB Bank Customer. Please just provide your account number for reference:

1	2	3																	
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I have provided certified identification **and** proof of my address in the past (please note, we will need to be able to locate this information on our systems).

I have not provided certified identification and proof of my address in the past. Please see the following tables for the documents to be provided with this application.

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 ✓ 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

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) ✓ Signed tenancy or lease agreement ✓ Correspondence from a New Zealand educational institution (e.g. primary schools, secondary schools, tertiary institutions, that report under the Ministry of Education in NZ) ✓ 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) 	<p>These documents should be no more than 12 months old.</p> <p>Must show your current residential address.</p> <p>Digital copies of utility statements, local authority bills and insurance policies (house or contents) are acceptable provided the statement shows you are taking responsibility for a fixed (non-moveable) service or fixed asset at that same address the statement would otherwise have been posted to.</p> <p>A tenancy or lease agreement must be signed by both the tenant(s) and landlord.</p>

If you are unable to provide the required documents, or if you have any questions, please call us on 0800 ASB RETIRE (0800 272 738), visit your nearest ASB branch or contact your ASB Relationship Manager.

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.

Each certified photocopy of photographic identity must include a statement: "I certify that this is a true copy of the original document and the document provided presents a true and correct likeness of the individual named". Each certified photocopy of all other forms of evidence must include a statement "I certify that this is a true copy of the original documents." In both cases, the certifier must include their full name, signature, the date and their qualification or occupation which makes them eligible to certify. Please ensure the certification has been carried out no earlier than three months prior to the date the form is completed.

The list of eligible persons who are allowed to certify documents:

- A lawyer (as defined in the Lawyers and Conveyancers Act 2006); or
- A chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996), or
- A notary public, or
- A justice of the peace, or
- A registered medical doctor, or
- An Honorary Consul at a New Zealand Consular office, or
- A person who has the legal authority to take statutory declarations or the equivalent in New Zealand, or
- If overseas, a person authorised by law in that country to take statutory declarations or equivalent.

7. Declaration

- I declare that the answers given in this form are true and correct.
- I acknowledge that on receipt of the funds, the Supervisor and the Manager of the ASB Superannuation Master Trust will be released from all liabilities in respect of those funds.
- I understand that the Manager 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 acceptance of this application is subject to the approval of the Manager.
- I understand that my withdrawal will be based on the unit price(s) at the date my request is processed.
- I grant express consent for the Manager to disclose my information to its related companies (whether incorporated or constituted in New Zealand or elsewhere).

Member's signature

Date

D	D	M	M	Y	Y	Y	Y
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Please return this completed form to:

Wealth and Insurance Operations, Freepost Authority ASB, PO Box 35, Shortland Street, Auckland 1140.

Freephone **0800 ASB RETIRE** (0800 272 738) or +64 9 306 3000 (if calling from overseas) or email **ssrss@asb.co.nz**

FOR BANK USE ONLY

Method of identification - Customer

1.	<input type="text"/>
2.	<input type="text"/>

Branch

Accepted by

Actioned by

Date stamp