

Member number

Scheme name

Employer name (if applicable)

1. Personal details

Title Other
 Mr Mrs Miss Ms Mx Dr

Telephone home Work

First names

Mobile

Surname

Email

Date of birth

IRD number

Home address

 Post code:

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.

Occupation (must be supplied)

2. Withdrawal amount and payment details - Member to complete

Subject to the rules of the Trust Deed and Admission Deed (if applicable) that govern my membership, I request that the following amount is deducted from my:

Please tick	Amount
<input type="radio"/> Member Regular Contribution account	<input type="text"/>
<input type="radio"/> Member Voluntary Contribution account	<input type="text"/>
<input type="radio"/> Employer Regular Contribution account	<input type="text"/>
<input type="radio"/> Employer Voluntary Contribution account	<input type="text"/>

Please note: 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.

If your application is approved, payment will usually be made within 7-10 business days from the date we receive your application. In order to pay you within this time frame we need all the information required (and we don't have to come back to you for more).

3. Declaration - to be completed by Employer

The Employer declares that the member has met the required conditions as set out in the Trust Deed and Admission Deed for the Scheme and consents to this in-service withdrawal.

Signed on behalf of the Employer by an Authorised Officer

Name

Position

Date



4. 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.

5. Identity and address verification

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

Please select if you are an ASB Customer.

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

1	2	3																	
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Proceed to section 6

OR I do not have an open ASB Bank account and:

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 this section and provide the required documents**

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.

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, must not be related to the customer, 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".	OR	all other forms of evidence: "I certify that this is a true copy of the original documents".
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6. Authorisation and signature

- I declare that the answers given in this form are true and correct.
- 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 this application is subject to the Manager's approval.
- I understand that my withdrawal will be based on the unit price(s) at the date my request is processed.
- 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 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 retire@asb.co.nz

FOR BANK USE ONLY

Method of identification - Customer

1.	
2.	

Branch

Accepted by

Actioned by

Date stamp