

Member number

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Scheme name

State Sector Retirement Savings Scheme (ASB)

### 1. Personal details

Title  Other

Mr	Mrs	Miss	Ms	Mx	Dr	<input type="text"/>
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First names

Surname

Date of birth 

D	D	M	M	Y	Y	Y	Y
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Home address

Post code:

Occupation (must be supplied)

Telephone home  Work

Mobile

Email

IRD number 

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

10.5%  17.5%  28%

Refer to [asb.co.nz/PIR](http://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. Withdrawal request (from member voluntary contribution account)

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

Member voluntary contribution account Amount\*  \$

\*Note: The minimum value that can be withdrawn is the lesser of \$1,000, or the full value of the Member Voluntary Contribution Account.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 my bank account as follows:

Bank name

Bank account name

Bank account number 

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(Please attach a preprinted bank deposit slip or bank statement with your account details noted)

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. 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.



## 4. 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 5**

**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 5**

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

\*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"> <li>✓ Non-ASB Bank statements or correspondence</li> <li>✓ Government agency correspondence</li> <li>✓ Non-ASB registered KiwiSaver or superannuation scheme correspondence</li> <li>✓ IRD correspondence</li> <li>✓ Current Non-ASB insurance policy (house or contents)</li> <li>✓ Local authority rates or water bill</li> <li>✓ Utility bill (gas, power, fixed phone line, internet, SKY TV, On-account mobile phone)</li> </ul>	<ul style="list-style-type: none"> <li>• Posted and digital copies of these documents are acceptable.</li> <li>• 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.</li> <li>• 'On-account' mobile phone statements do not need to contain a fixed service address.</li> </ul>
<ul style="list-style-type: none"> <li>✓ Signed tenancy or lease agreement</li> <li>✓ 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)</li> <li>✓ 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)</li> </ul>	<ul style="list-style-type: none"> <li>• Documents must be originals.</li> <li>• A tenancy or lease agreement must be signed by both the tenant(s) and landlord.</li> </ul>

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.

#### 4. 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 <sup>#</sup>	Important notes
<ul style="list-style-type: none"> <li>• A lawyer (as defined in the Lawyers and Conveyancers Act 2006)</li> <li>• A chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996)</li> <li>• A notary public</li> <li>• A justice of the peace</li> <li>• A registered medical doctor</li> <li>• An Honorary Consul at a New Zealand Consular office</li> <li>• If Overseas, a person authorised by law in that country to take statutory declarations or equivalent.<sup>^</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Certified documents may be posted to ASB or presented to a branch.</li> <li>• Electronic scans can be accepted only if sent directly from the eligible person performing the certification.</li> <li>• Certifications must be carried out no earlier than three months prior to the date the form is completed.</li> <li>• 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.</li> </ul>

<sup>#</sup>This list is not exhaustive, please contact ASB for further guidance

<sup>^</sup>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".

#### 5. Authorisation and signature

- I understand that the amount requested will be deducted from my Member Voluntary Contribution Account, and will reduce the balance of my Member Voluntary Contribution Account accordingly.
- I acknowledge that on receipt of the funds, the Supervisor and Manager 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.
- 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 my withdrawal will be based on the unit price(s) at the date my request is processed.

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. _____
2. _____

Branch

Accepted by

Actioned by

Date stamp