



# Subsequent retirement withdrawal form

Summer  
KiwiSaver Scheme  
My Plan

Complete this form if you have previously made a retirement withdrawal from your Summer KiwiSaver scheme account and return it to **Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin**. Your withdrawal will be paid to the bank account you nominate on this form generally within ten business days of us approving the request.

## Member details

Full name:

Date of Birth:          
Day Month Year

Residential address:

Street No./Name:

Suburb/RD No.:

Town/City:  Postcode:

Country:  New Zealand  Other (please state):

Email:

Primary contact number:

**Enduring Power of attorney:** If you are completing this form on behalf of a Summer member under an Enduring Power of Attorney, an original certified copy of the Enduring Power of Attorney must be provided, and a signed and completed copy of a Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney must accompany this form.

## Withdrawal Details

Please tick the applicable option:

I wish to make a **full** withdrawal (please proceed to *Account to be credited*)

I wish to make a **partial** withdrawal

Fund	<input type="checkbox"/> Percentage or	<input type="checkbox"/> Withdrawal amount \$
Summer New Zealand Cash	%	\$
Summer New Zealand Fixed Interest	%	\$
Summer Global Fixed Interest	%	\$
Summer New Zealand Equities	%	\$
Summer Australian Equities	%	\$
Summer Listed Property	%	\$
Summer Global Equities	%	\$
Summer Conservative Selection	%	\$
Summer Balanced Selection	%	\$
Summer Growth Selection	%	\$
<b>Total (must add up to 100%)</b>	<b>%</b>	<b>\$</b>

Please turn over

## Withdrawal Details (continued)

I wish to make a **regular** withdrawal Regular withdrawal amount: \$

Withdrawal frequency:  Weekly  Fortnightly  Monthly  Quarterly

Date of first withdrawal: / /   
Day Month Year

If you are invested in more than one fund, please indicate how you wish your withdrawal to be processed across the different funds that you hold.

Fund	<input type="checkbox"/> Percentage or	<input type="checkbox"/> Withdrawal amount \$
Summer New Zealand Cash	%	\$
Summer New Zealand Fixed Interest	%	\$
Summer Global Fixed Interest	%	\$
Summer New Zealand Equities	%	\$
Summer Australian Equities	%	\$
Summer Listed Property	%	\$
Summer Global Equities	%	\$
Summer Conservative Selection	%	\$
Summer Balanced Selection	%	\$
Summer Growth Selection	%	\$
<b>Total (must add up to 100%)</b>	<b>%</b>	<b>\$</b>

## Account to be credited

I wish to have my monies credited to my:  Bank Account  Forsyth Barr Cash Management Account

### Bank account

Please indicate the bank account you wish to have your monies credited to. **Please provide supporting bank account evidence.**

Bank:  Branch:

Account name:

Bank Account: / / /   
Bank Branch Account Number Suffix

### Cash Management account

Please indicate the Forsyth Barr Cash Management account you wish to have your monies credited to.

Account name:

Account number:

**Date of first withdrawal:** Please note your withdrawal will be processed on the second business day following the date you specify above.

**Bank account:** Payments are only payable to a New Zealand bank account. We can only accept bank accounts in your name or a joint account that includes your name. No trust, estate or other entities will be accepted. This form must be accompanied by bank account documentation, matching the bank account details provided in the form. For example: a bank encoded deposit slip with pre-printed details of bank account name and number; a bank statement; a verification letter or other document of confirmation provided by the bank.

## Agreement and Signature

**Agreement:** Please ensure you print your name in full along with recording your current address.

I:   
(full name of person)

Of:   
(address of person)

### solemnly and sincerely declare that:

1. the information, confirmations, and acknowledgements that I have provided in this withdrawal form are true and correct
2. I am not currently a bankrupt as defined in the Insolvency Act 2006;
3. I acknowledge that once my interest in the Summer KiwiSaver scheme reaches a nil balance, my membership of the Summer KiwiSaver scheme will be terminated.
4. Where this form is being completed under a Power of Attorney, I am making declarations 2-3 above in relation to the relevant Summer member (and not myself).
5. I understand that any information I give to Forsyth Barr Investment Management Limited or its affiliates may be passed on to an entity that is involved in the administration or management of the Summer KiwiSaver scheme (including the Inland Revenue) and I authorise Forsyth Barr Investment Management Limited or its affiliates to give such information in relation to this withdrawal.
6. I authorise Forsyth Barr Investment Management Limited to update my Summer KiwiSaver scheme account details in accordance with the information provided on this form, where they differ from that which are currently held, and in accordance with the terms and conditions of my account, including updating my Forsyth Barr investment account where applicable.

Signature:

Date:   
Day Month Year

## Checklist

Please check that you have included the below with your application prior to returning the form (and supporting documentation) to Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin.

**Proof of bank account:** A bank encoded deposit slip with pre-printed details of bank account name and number; a bank statement; or a bank account verification letter or other document of confirmation provided by your bank.

- Proof of bank account
- Certified copy of the power of attorney and Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney (where an attorney signs on behalf of the Summer member), if applicable

### For Office Use Only:

Account number:

- Member contact made and withdrawal verified
- Member advised how to cease employee contributions if applicable
- Member informed as to Government Contribution claim process if applicable
- If applicable, Government Contribution claim to be processed now OR...
- ...during annual Government Contribution claim process
- Power of Attorney and Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney sent to Compliance if applicable
- Member records updated where applicable for new contact details

Name:

Title:

Signature:

Date:   
Day Month Year