Withdrawal of Australian sourced funds form

Mv details



Complete this form 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.

Full name:			
Date of Birth: Day Month	Year		
Email:			
Primary contact number:		Phone home:	
Phone mobile:		Phone work:	
Residential address:			
Street No./Name:			
Suburb/RD No.:			
Town/City:			Postcode:
Country: New Zealand	Other (please state	2):	

Withdrawal Details

Please tick the applicable option:

I wish to make a full withdrawal of my Australian sourced funds (please proceed to Account to be credited)

I wish to make a **partial** withdrawal of my Australian sourced funds

Partial withdrawal amount: \$

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	Percentage or	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	%	\$
Total (must add up to 100%)	%	\$

I wish to make a **regular** withdrawal of my Australian sourced funds

Withdrawal frequency:

Weekly

Fortnightly

Monthly

Quarterly

Date of first withdrawal:

Day

Month

Year

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

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	Percentage or	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	%	\$
Total (must add up to 100%)	%	\$

Please turn over

Account to be credited

NZ Passport number:

Day

Month

Year

Passport issue date:

I wish to have my monies credited to my:

Bank Account

Forsyth Barr Cash Management Account

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 your bank.

Verification of identity: We share this information securely and confidentially only with our identification providers to verification. with our identification providers to verify your identify (as required by law). Please see our terms and conditions for more detail. You can view these online at www.summer.co.nz/ account-terms or call us on 0800 11 55 66 to us on 0800 11 55 66 to request a copy. If you do not have New Zealand Identity documents, please provide a certified copy of your overseas passport and visa details, or call us on 0800 11 55 66.

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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:	
Verification of identity	
0 ,	underway we need to verify your identity. To help us do this, ormation as possible. It is necessary to complete at least one
NZ Driver licence number:	Driver licence version:

Passport expiry date:

Day

Month

Year

Agreement and Statutory declaration

Declarations: Please ensure you print your name in full along with recording your current address and occupation.

l:
(full name of person making declaration)
Of:
(address of person making declaration)
Occupation:
(occupation of person making declaration)

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 bankrupt as defined in the Insolvency Act 2006;
- 3. I am 60 or over, am no longer employed; and
 - I ended my employment after reaching the age of 60; or
 - I have retired and do not intend on entering full time or part time employment again
- 4. 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.
- 5. 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.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature:				Date:			
					Day	Month	Year
Declared at:		this	day of				20
	place	d	ate		month		year

Witness: A statutory declaration must be made before a person entitled to witness a statutory declaration under the Oaths and Declarations Act 1957. This includes a barrister and solicitor of the High Court, a Justice of the Peace, a notary public, the Registrar or Deputy Registrar of the High Court or of any District Court and a Member of Parliament. Please contact us if you require

further information.

Witness

Witness to complete (being a person authorised under the Oaths and Declarations Act 1957):

Name:				
Occupation:				
Address:				
Signature of witness:	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.

Current New Zealand identification, entered in the verification of identity section (if you don't have any New Zealand issued identification, please provide a certified copy of a foreign passport)

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 the bank.

Signed and witnessed statutory declaration (see the Witness section for more information on persons authorised to witness statutory declarations)

For Office Use Only:	
Account number:	
Member records updated where applicable for new contact details	Member contact made and withdrawal verified
Name:	Title
Signature:	Date:
	Day Manth Year