### MAS Investment Funds

# **Entity Account Withdrawal Form**



Please email this form and any supporting documentation to: masinvest@linkmarketservices.com

Please send completed form and supporting documents by post to: MAS FREEPOST 884, PO Box 91976 Victoria Street West, Auckland 1142

For assistance: Phone 0800 627 738

#### Important information

This form can be used by all entity investor types to withdraw from MAS Investment Funds. Entities include trusts, estates, companies, partnerships and incorporated societies.

Use this form to make a full, partial or regular withdrawal. You can also amend an existing regular withdrawal plan.

If we receive a correctly completed withdrawal form by 5pm on any given valuation day and the withdrawal is accepted, we will process your withdrawal using the unit price for that day.

A withdrawal request will generally be paid within 5 business days.

In order to process a withdrawal your bank account will need to be verified. If you have not verified your bank account with us, please refer to section 2 of this form.

# 1. Entity details

**Entity name** 

**Account Number** 

Email Phone number

Physical/registered address (not a PO Box number)

City		Country			Postcode
Prescribed investor rate (PIR)	0%	10.5%	17.5%	28%	

To determine your PIR you can go to ird.govt.nz/pir. If you are unsure of your PIR, we recommend you seek professional advice or contact Inland Revenue.

You will need to provide information on the authorised persons for this entity in section 4 of this form.

## 2. Payment details

Please pay the withdrawal into the entity's nominated bank account held on file.

If you have not previously provided the entity's bank account details including proof of the bank account, or the bank account has changed, please complete the section below and provide proof of your bank account along with this form. Payments can only be made to a New Zealand bank account.

**Account Name** 

**Account Number** 

Bank/Branch

Please provide proof of bank account, such as bank statement, deposit slip or signed screen print of your online bank accounts. The issued document must not be older than 12 months and must include the bank account name, bank account number and bank logo.

# 3. Withdrawal options

This form can be used to make a withdrawal from the MAS Investment Funds. This includes a full, partial or regular withdrawal. You can also amend an existing regular withdrawal plan.

If you wish to request both a partial and regular withdrawal, you can select both options on this form.

### a) Make a withdrawal request

Full withdrawal of the available balance and close the account.

If you have selected to close your account, any associated direct debits will automatically be cancelled. Automatic payments will need to be cancelled with your bank.

Automatic payments will need to be cancelled with your bank.								
Parti	al withdrawal Ar	nount \$		(minimum withdr	rawal amount is \$	500)		
Please note we require a minimum balance amount of \$500 to be retained.								
Partial withdrawals will be deducted proportionally from each Investment Fund you are invested in unless otherwise selected below:								
Cash	Conservative	Moderate	Balanced	Growth	Aggressive	Global Equities		
\$	\$	\$	\$	\$	\$	\$		
Regular withdrawal (minimum withdrawal amount is \$100)								
Amount	\$		Start Date*	dd-mm-yyyy				
Frequency Weekly Fortnightly Monthly Quarterly								
Regular withdrawals will always be deducted proportionally from each Investment Fund you are invested in.								
*Please allow 5 business days for us to process your withdrawal request. Payments of regular withdrawals will be processed on the 13th of each month with payment made up to two business days after. If the 13th falls on a non-business day, your payment will be processed the next business day with payment made up to two business days after.								
b) Amending an existing regular withdrawal								
Amend my existing regular withdrawal instructions to:								
Regular withdrawal (minimum withdrawal amount is \$100)   Start Date*   dd-mm-yyyy								
Frequency	Weekl	y F	ortnightly	Monthly	Quarterly			
*Please al	*Please allow 5 business days for us to process your withdrawal request.							

# 4. Details of authorised person(s)

Please be aware MAS requires your identity and proof of address documents to process a withdrawal. If we do not have this documentation already you will need to provide it. Please contact us to confirm this.

### Who do we need to identify?

The details of the authorised persons required in this section will depend on the type of entity.

Trusts: all trustees must complete this section (and if you have a professional trustee company associated with your account, two directors must also complete this section). If you have nominated delegate(s) on your account, the delegate(s) only need to complete this section.

Companies: all directors must complete this section.

Partnership: all current partners must complete this section.

Incorporated societies: all current officers must complete this section.

Estate accounts (where a trust hasn't been established): all executors must complete this section.

#### **Identification options**

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires MAS, on behalf of the manager, to verify the identity of new investors and periodically reconfirm information about existing investors.

We have two options available for authorised persons to confirm their identity and/or address:

Option 1 - Electronically, using a third-party identity verification system.

Option 2 - Investor providing certified copies of their identity and proof of address documents.

Please complete this section for each authorised person.

# Authorised person - 1

What is your role or relationship to the entity?

Full name (as it appears on the chosen document)

Title	First name(s)	Surname	
Email		Phone number	
5 11 11			

#### Residential address

City Country	Postcode
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#### **Investor Identification**

We have two options for investors to confirm their identity. Please select one of the options below.

Option One: Electronic Identity Verification and Proof of Address

MAS can confirm the identity and/or New Zealand address of many of our investors electronically, with their permission. Please note that we use a third-party system not owned by MAS to conduct identity checks in this way.

I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my current NZ Passport (page showing name, date of birth, photo and signature) or NZ Driver Licence (front & back).

Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 7.

# Authorised person - 2

What is your role or relationship to the entity?

Full name (as it appears on the chosen document)

	• •	•	
Title	First name(s)		Surname

Email Phone number

#### Residential address

City	Country	Postcode
Oity	Country	1 0310000

#### Investor Identification

We have two options for investors to confirm their identity. Please select one of the options below.

Option One: Electronic Identity Verification and Proof of Address

MAS can confirm the identity and/or New Zealand address of many of our investors electronically, with their permission. Please note that we use a third-party system not owned by MAS to conduct identity checks in this way.

I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my current NZ Passport (page showing name, date of birth, photo and signature) or NZ Driver Licence (front & back).

Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 7.

# Authorised person - 3

What is your role or relationship to the entity?

Full name (as it appears on the chosen document)

The That directly	Title	First name(s)	Surname
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# Email Phone number

#### Residential address

City	Country	Postcode

#### **Investor Identification**

We have two options for investors to confirm their identity. Please select one of the options below.

Option One: Electronic Identity Verification and Proof of Address

MAS can confirm the identity and/or New Zealand address of many of our investors electronically, with their permission. Please note that we use a third-party system not owned by MAS to conduct identity checks in this way.

I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my current NZ Passport (page showing name, date of birth, photo and signature) or NZ Driver Licence (front & back).

Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 7.

# Authorised person - 4

What is your role or relationship to the entity?

Full name (as it appears on the chosen document)

Title	First name(s)	Surname	
Email		Phone number	

#### Residential address

#### Investor Identification

We have two options for investors to confirm their identity. Please select one of the options below.

Option One: Electronic Identity Verification and Proof of Address

MAS can confirm the identity and/or New Zealand address of many of our investors electronically, with their permission. Please note that we use a third-party system not owned by MAS to conduct identity checks in this way.

I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my current NZ Passport (page showing name, date of birth, photo and signature) or NZ Driver Licence (front & back).

Option Two: Certified copies of identity and address documents

For further detail on document requirements, including who can certify them and correct certification wording, see section 7.

### 5. Other Requirements

We may also require additional information to process your withdrawal. These documents may have already been provided to MAS, please contact us to confirm this. If any changes have been made to the entity that you have not notified MAS about (e.g. change in trustee) we will require supporting documentation.

#### Trusts or estates

- Trust deed, including any amendments
- Certified copy of probate and will (for testamentary trusts and estates only)
- Full name and date of birth of any named beneficiaries of a non-discretionary trust
- · Details and documentation of source of funds or wealth

#### Company

- · List of individuals who are authorised to act on behalf of the company, signed by at least two directors
- Details and documentation of source of funds or wealth

#### **Partnerships**

• Copy of the partnership agreement (if one has been created)

### Incorporated societies

• Documentation relating to the rules of the societies

### 6. Declaration

### All authorised persons of the entity must sign this form

I/we understand that Medical Funds Management Limited (MFM) as Manager of MAS Investment Funds will not be able to complete its assessment of this withdrawal request if the information given in this form is incomplete or incorrect.

I/we understand if MFM receive a correctly completed withdrawal form by 5pm on any given valuation day and the withdrawal is accepted, we will process your withdrawal using the unit price for that day. If your completed withdrawal request is received after 5pm or on a non-business day, we will use the unit price for the next valuation day.

I/we understand that the withdrawal value will be based upon the unit price(s) applying on the business day my request is approved or accepted and that fees, taxes and expenses may be deducted.

We, as the trustee(s)/executor(s)/director(s)/partner(s) of (name of trust/estate/company/partnership) ('the entity') confirm:

- The governing document of the entity has not changed since the last transaction with MAS Investment Funds or if the governing document of the entity has been amended; a copy of such amendment(s) is attached to this withdrawal form.
- We will immediately advise MFM of any changes, variations or amendments to the entity which affects the trustees/ executors/directors/partners powers of investment. We will immediately advise MFM of any changes to the trustee(s)/ executor(s)/director(s)/partner(s) of the entity.
- The below named trustee(s)/executor(s)/director(s)/partner(s) are validly appointed as trustees/executors/directors/partners of the entity and remain(s) trustee(s)/executor(s)/director(s)/partner(s) of the entity and have signing authority to act on behalf of the entity.

Full name – authorised person – 1		Signati	ure
Date	dd-mm-yyyy		
Full name – authorised person – 2		Signatu	ıre
Date	dd-mm-yyyy		
Full name – authorised person – 3		Signatu	ıre
Date	dd-mm-yyyy		
Full name – authorised person – 4		Signato	ıre
Date	dd-mm-yyyy		

# 7. Identification Requirements

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires MAS, on behalf of the Manager, to verify the identity of new investors and, periodically, reconfirm information about existing investors.

The identity verification options are below:

#### Option One: Electronic Identity Verification and Proof of Address

MAS can confirm the identity and/or New Zealand address of many of our investors electronically, with their permission. Please note that we use a third-party system not owned by MAS to conduct identity checks in this way.

- · I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.
- I have included a copy of my current NZ Passport (page showing name, date of birth, photo and signature) or NZ Driver License (front and back).

Please note, if this method fails to identify you, we will contact you to provide physical documents, as per Option Two below.

OR

### Option Two: Certified copies of identity and address documents

If you have opted not to use Electronic Identity Verification, then you will need to provide certified copies of the following documentation:

Please provide us firstly with either:

- · A certified copy of your current passport (page showing your name, date of birth, photo, and signature); or
- A certified copy of your New Zealand driver licence showing your name, signature and expiry date along with one of:
   certified copy of a bank statement issued to you by a registered NZ bank (dated within the last 12 months); valid credit or
   debit card with name embossed and signature; birth certificate; citizenship certificate; Government agency letter (e.g.
   Inland Revenue, Electoral Commission, etc.) dated within the last 12 months; SuperGold card with
   photo, name and signature; or
- A certified copy of your New Zealand firearms licence.

And secondly one of the following showing your name and residential address dated within the last 12 months:

- · A certified copy of a utility bill (power, gas, water, landline phone, SKY, or internet service); or
- A certified copy of a document issued to you by a NZ Government agency (e.g. Inland Revenue, ACC, Ministry of Justice, NZQA, or Work and Income New Zealand); or
- · A certified copy of a NZ council rates notice/valuation, or a certified copy of a residential rental agreement.

#### Who can certify your documents?

A MAS employee can verify your ID and proof of address. Alternatively, the following people can certify photocopies of original documents:

- Registered medical doctor
- Notary Public
- · Justice of the Peace
- · New Zealand Police Officer
- New Zealand lawyer
- · New Zealand Chartered Accountant
- · A person who has legal authority to take statutory declarations (or equivalent) in New Zealand.
- Kaumātua (as verified through a reputable source)
- · Minister of religion
- · Registered teacher

#### The certifier must:

- See the original document and make a statement to the effect that the documents provided are true and correct copies and confirm the identity of the named individual;
- · State their full name and their capacity to act as a certifier; and
- Date the certification (no more than three months prior to the date of the application).

The certifier cannot be related to you or a person living at the same address, or a party of the application. When certification occurs overseas, copies of the required documentation must be certified by a person authorised by law to take statutory declarations.

### 8. Checklist

Make sure you send us everything listed below, as we can't consider your request without the following:

- Your completed withdrawal form
- Proof of bank account (if required)
- Evidence of your identity and address you have selected in section 4 (as applicable)
- Documentation as per 'Other Requirements' in section 5 (as applicable)

Once we receive your withdrawal form, we will be in touch if we require further supporting documentation.