MAS Investment Funds Individual / Joint Account Withdrawal Form



Please email this form and any supporting documentation to: masinvest@linkmarketservices.com Or 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 individual (including child) and joint account holders to withdraw from MAS Investment Funds. This includes 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. Investor details

Account Number

Investor 1

MAS Member Number						
Full name	Title	First name(s)	Surname			
Email Phone number					r	
Prescribed investor rate (PIR)		10.5%	17.5%	28%		
	o unt with drowed.	application way	uill use the l		ided by the applicants. To determine your DID	

For a joint account withdrawal application, we will use the highest PIR provided by the applicants. To determine your PIR you can go to **ird.govt.nz/pir**

Investor 2 (joint accounts only)

MAS Member Number							
Full name	Title	First name(s)			Surname		
Email				Phone number			
Prescribed investor rate (PIR)		10.5%	17.5%	28%			

For a joint account withdrawal application, we will use the highest PIR provided by the applicants. To determine your PIR you can go to **ird.govt.nz/pir**

2. Payment details

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

If you have not previously provided 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.

Important

The bank account name must be in the name of the account holder(s).

Joint accounts require a bank account to be in joint name or either individual's name. For a joint account both account owners must sign section 4 of this form to authorise the use of this bank account.

For child accounts the bank account must in the name of the child.

Account name

Account Number

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 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.

Partial withdrawal Amount \$ (minimum withdrawal 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 (mini	mum withdrawa	al amount is \$10	0)		
Amount \$			Start Date*	d-mm-yyyy		
Frequency	Weekly	· For	tnightly	Monthly	Quarterly	
Regular withd	lrawals will always	be deducted p	proportionally fro	om each Investm	ent Fund you are in	ivested in.
on the 13th o	of each month wit	h payment mac	le up to two bus	iness days after.		thdrawals will be processed a non-business day, your fter.
b) Amending	an existing regula	ar withdrawal				
Amend my ex	isting regular with	ndrawal instruct	tions to:			
Regular withd	lrawal (minimum v	vithdrawal amo	unt is \$100) \$		Start Date*	dd-mm-yyyy
*Please allow	v 5 business davs	for us to proce	ss vour withdraw	val request		

4. Declaration

I/we understand that Medical Funds Management Limited 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 Medical Funds Management receives 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.

Name of Investor /Parent/Guardian 1			Signature
Date	dd-mm-yyyy]	
Name of Investor /Parent/Guardian 2			Signature
Date	dd-mm-yyyy		

5. 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 license showing your name, signature and expiry date along with one of: certified copy of bank statement issued to your 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 12 months; SuperGold card with photo, name and signature; or
- A certified copy of your New Zealand firearms license.

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.

Identity documents for child account holders (under age 18)

Parents/Guardians of the child are required to provide identification documents.

We require the following identification for the child:

- Full Birth Certificate, and
- Proof of relationship for the parents/guardians of the child (e.g. birth certificate if not already provided, adoption papers, guardianship forms, court order).

6. 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 (as applicable for the option you have selected under section 5).

Identity documents for child account holders (under age 18) as applicable

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