Medical Assurance Society Retirement Savings Plan Withdrawal Form – from age 55

Please send the completed form along with the evidence required to:

MAS Superannuation,

Freepost 884,
PO Box 91976,
Victoria Street West,
Auckland 1142.

Important note about withdrawing - please read

The Medical Assurance Society Retirement Savings Plan (RSP) has certain criteria around withdrawals. Savings are generally locked-in until age 55. This form is for Members aged over 55 who wish to withdraw. Please note that it requires at least three days for withdrawal requests to be processed.

Please contact us should you wish to apply to withdraw your funds under any of the following special circumstances: significant financial hardship, serious illness, permanent disability, permanent emigration, you joined after 19 September 2016 and no longer meet joining criteria, relationship property separation.

Member details

Full name	Title	First name(s)		Surname

Postal address			City	Postcode

Phone number	Home	Work	Mobile

Date employment ceased (if applicable)	dd-mm-yyyy	Date of birth	dd-mm-yyyy	Member number	

Joint applicant

Full name	Title	First name(s)		Surname

Postal address			City	Postcode

Date of birth	dd-mm-yyyy

Proof of identity

It is a requirement of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and MAS's own compliance procedures that all Members are formally identified. All applications to withdraw fully or partially must be submitted with one of the following ID options. Please note, that the ID you provide must be current, i.e. not expired.

Please select one of the following three options:

Option one

☐ [1]Certified verification of residential address.

☐ [2]Certified verification of one of the following:
- Appropriate pages of New Zealand overseas passport, containing your name, date of birth, photograph and signature.
- New Zealand firearms licence.
- New Zealand certificate of identity.
- Government issued national identity card containing your name, date of birth, photograph and signature.

ID type	

ID number		Country		Expiry date	dd-mm-yyyy

Option two

☐ [1]Certified verification of residential address.

☐ [2]Certified copy of your New Zealand driver licence.

DL number		Expiry date	dd-mm-yyyy

AND

☐ [2]Certified copy of one of the following:
- ATM (EFTPOS), debit or credit card issued by a New Zealand registered bank (provided your name and signature is on the card).
- Bank account statement issued by a New Zealand registered bank in the last 12 months.
- Statement from the IRD issued in the last 12 months.
- SuperGold card.

Secondary ID type	

Outline details	

Option three

☐ [1]Certified verification of residential address.

☐ [2]Certified copy of one of the following:
- 18+ card.
- New Zealand driver licence.
- Overseas driver licence and valid and current international driving permit.

ID number		Expiry date	dd-mm-yyyy

AND

☐ [2]Certified copy of one of the following:
- New Zealand or overseas full birth certificate.
- New Zealand or overseas citizenship certificate.

Secondary ID type	

ID number		Country		Expiry date	

[1]Proof of residential address

- Proof of your physical address is required. Please supply a certified copy of one form of the following documents issued within the last 12 months: utility bill, bank account statement, IRD statement, rates bill, car registration document, residential tenancy agreement, hire purchase agreement or some other formal document that confirms your physical address.
- If your MAS adviser meets you at your residence, they are able to provide confirmation of your address.

[2]Certification

- Copies of ID can be certified as true copies with an original signature by a NZ Police Constable, NZ lawyer, NZ chartered accountant, registered medical doctor, Justice of the Peace, notary public or member of Parliament. The full name of the certifier and their capacity to act as a certifier, and the date of certification (date no more than three months prior to the date of the application) must be clearly noted. The certifier must sight the original ID and make a statement to the effect that documents provided are true copies and represent the identity of the named individual. The certifier cannot be related to the applicant or a person living at the same address.
- A MAS employee is able to confirm that documents provided are true copies by sighting the original documentation.
- When certification occurs overseas, copies of required documentation must be certified by a person authorised by law in that country to take statutory declarations.

Withdrawal details

| Full withdrawal* | ☐ Please close my account. |
| | ☐ Please leave my account open – I will continue to contribute. |

Regular monthly withdrawal ☐ Amount: $ _____ ($100 minimum)

Start date: dd-mm-yyyy (please allow at least five working days)

Payments will be paid on the 15th of each month, or the prior working day if it falls on a weekend or public holiday.

Partial withdrawal ☐ Amount: _____

Partial withdrawals will be deducted proportionally from each investment fund unless otherwise selected below:

Fund	Cash	Conservative*	Moderate*	Balanced	Growth	Aggressive	Global Equities
Amount							

*Note: Conservative was previously called Defensive and Moderate was called Conservative.

PIE tax may be deducted at the time of withdrawal, or withheld from partial withdrawals to cover any PIE tax liability.

Payment details

Bank account to make payment to (please attach proof of bank account, e.g. bank statement, deposit slip or signed screen print of your internet bank accounts):

☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

Bank   Branch   Account number   Suffix

UK pension transfers

Have you transferred money in from a UK Pension Scheme after 5 April 2006?

☐ Yes. Please contact us for further information. An extra withdrawal form is required.   ☐ No.

Declaration

I/we hereby confirm that I/we am/are eligible to withdraw from the Medical Assurance Society Retirement Savings Plan. In the event I/we do not meet the age requirement for withdrawal, I/we will provide such information to MAS as requested to determine whether I/we meet alternative withdrawal criteria.

| Member name | _____ | Signature | _____ | Date | dd-mm-yyyy |
| Joint Member | _____ | Signature | _____ | Date | dd-mm-yyyy |

☐ Have you attached proof of bank account to make payment to?

☐ Have you attached proof of identity and of address under option one, two or three?

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