# **MAS KiwiSaver Scheme**

**Retirement Withdrawal Application Form** 



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

For assistance: Phone 0800 627 738 Email masinvest@linkmarketservices.com

### (i) Important information

This form can be used to apply for a retirement withdrawal or amend an existing retirement withdrawal.

Under the KiwiSaver Act 2006, you are eligible for a retirement withdrawal if:

- You have reached the age of eligibility for NZ Superannuation (currently 65);
- If you first joined KiwiSaver on or before 30 June 2019, you have been a member of a KiwiSaver scheme (and/or complying superannuation fund, or a mixture of both) for at least 5 years. You may choose to opt out of this lock-in period and make a withdrawal from age 65. however, in doing so, you will forfeit your entitlement to further government contributions and compulsory employer contributions for the rest of your first five years of KiwiSaver membership. As such you should consider carefully the consequences of making a withdrawal.

Completion of this application will be considered notice of your election to exit the lock-in period.

In certain circumstances, such as significant financial hardship, serious illness, life-shortening congenital condition, permanent emigration, or relationship property separation, you can apply to make a withdrawal before age 65. For further information visit <u>mas.co.nz/kiwisaver-documents</u>

Please note we will normally process your payment within five business days. We will contact you if we have any issues with your withdrawal request.

### 1. Your information

Full name	Title	First names (s)		Surname
Member number			Date of birth	dd-mm-yyyy
Postal Address				
			City	Postcode
Phone number	Home	Work		Mobile
Email				
Prescribed investo	r rate (PIR)	10.5%	17.5%	28%

Please refer to ird.govt.nz/pir for more information on how to determine your PIR.

## 2. Payment details

Please provide the bank account to make payment to. We can only pay your withdrawal to your New Zealand bank account; we can't pay third parties. Please attach proof of bank account, e.g. bank statement, deposit slip or signed screen print of your internet bank accounts. If you have provided us with this verification in the last 12 months, you do not need to provide it again.

Bank	Branch	Account number	Suffix
Name	of account		

### 3. Setting up or amending your withdrawal

#### Setting up a new withdrawal

If my application is approved, I would like to make:

a withdrawal of my full available balance

**Note:** A full withdrawal may take up to ten business days to process as we may not have received all employee and employer contributions or final Government contribution payments from Inland Revenue.

a par	tial withdrawal	Amount	\$	( the minimu	ım amount you car	n withdraw is \$500)
Partial with selected be	drawals will be dedu elow:	cted proportion	ally from each inv	vestment fund	you hold unless of	therwise
Cash	Conservative	Moderate	Balanced	Growth	Aggressive	<b>Global Equities</b>
\$	\$	\$	\$	\$	\$	\$
Regul	ar monthly withdraw	al (minimum \$10	00) Amount	\$		
			Start date	dd-mm-yy	(Please allow five working	

Payments 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.

#### Amending an existing regular withdrawal

I would like to amend my existing regular withdrawal instructions to:	
---	--

Regular monthly withdrawal (minimum \$100)	\$ starting	\$

### 4. Statutory declaration

If this is your first retirement withdrawal (excluding Australian superannuation), please complete this statutory declaration in full.

L	Your full name
of	Residential address
and	Occupation

Do solemnly and sincerely declare that:

I have had my principal residence in New Zealand for the entire period that I have been a member of KiwiSaver.

Or

I was living overseas for the following dates dd-mm-yyyy

to dd-mm-yyyy

(please add a longer list if required).

I understand I will not be entitled to withdraw any Government contributions received during the same period. Any Government contributions claimed on my behalf during any such period will be returned to the Inland Revenue Department.

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

Signature

Declared at

Witnessed by

Occupation

**Postal Address** 

Continuec	lover	page
-----------	-------	------

Please note: The declaration may only be witnessed by a Justice of the Peace, solicitor or other person authorised to take a statutory declaration as set out in the Oaths and Declarations Act 1957.

Signature

te	
ιe	dd-mm-vv

Da

### 5. Acknowledgement

I understand that Medical Funds Management Limited as Manager of the MAS KiwiSaver Scheme will not be able to complete their assessment of this application if the information given in this form is incomplete or incorrect.

I 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.

I understand that if I withdraw my total available balance, my employer contributions will stop, my KiwiSaver account will be closed, and I will no longer be a member of KiwiSaver. I understand if I have been a member of KiwiSaver (and/ or complying superannuation fund, or a mixture of both) for less than 5 years, by making withdrawal. I am electing to exit the 5 year lock-in period, and I will forfeit my entitlement to further Government contribution and compulsory employer contributions.

Signature

Date

### 6. 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.

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).

Please note, if this method fails to identify you, we will contact you to provide physical documents, as per Option 2 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 with either

A certified copy of your current passport (page showing your name, date of birth, photo, and signature).

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.IRD, Electoral Commission, etc.) dated within the last 12 months; SuperGold card with photo, name and signature.

A certified copy of your New Zealand firearms licence.

Continued over page...

#### AND one of the following showing your name and residential address (which can't be more than 12 months old):

A certified copy of a utility bill (power, gas, water, landline phone, SKY or internet service).

A certified copy of a document issued to you by a NZ Government agency e.g (IRD, ACC, Ministry of Justice NZQA, or WINZ).

A certified copy of a NZ council rates notice/valuation.

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
- Member of the Police
- New Zealand lawyer
- New Zealand Chartered Accountant .

A person who has legal authority to take statutory declarations (or equivalent) in New Zealand. •

#### 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.

Please note carefully the requirements above. If we need to ask for further information, this will delay the processing of your application.

### 7. Checklist

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

Your completed application.

Proof of bank account.

If this is your first retirement withdrawal (excluding a withdrawal of Australian sourced funds), your original Retirement Withdrawal Statutory Declaration signed by you, and witnessed by a person authorised to take statutory declarations.

Signed Acknowledgement Section.

Evidence of your identity and address (as applicable for the option you have selected under section 6).





For assistance: