

# Full Retirement Withdrawal via Transfer

Feb 2023 – RW0223V1



## Who should complete this form?

Please use this form to apply for a full withdrawal from your KiwiWRAP KiwiSaver Scheme account via a transfer of your investments to another Consilium Wrap account. To do this, you must meet either of the following criteria:

- You have reached retirement qualifying age (currently age 65) and have been a member of a KiwiSaver scheme or a complying superannuation scheme for at least five years; or
- You have reached retirement qualifying age and you wish to opt out of the five year membership requirement for a KiwiSaver scheme or complying superannuation scheme. You joined a scheme when you were over the age of 60 and prior to 1 July 2019 and have therefore have not been a member for five years when you qualify for New Zealand superannuation.

A full withdrawal from the KiwiWRAP KiwiSaver Scheme means that your KiwiSaver account will be closed and you will no longer be a member of a KiwiSaver scheme.

## 01 Investor details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
IRD number	KiwiWRAP KiwiSaver Scheme account number	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	C N Z <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address		
<input type="text"/>		
Town/City	Post code	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone	Email	
<input type="text"/>	<input type="text"/>	

## 02 Withdrawal

Please tick the box below.

- All available investments and cash are to be transferred to the following Consilium Wrap account:

Account name

Account number

C	N	Z	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The transfer may take up to 20 business days to process.

**NOTE:** The Manager will adjust your transfer amount for any tax liability which arises as a result of the transfer.

### 03 Statutory declaration

A statutory declaration is a written statement that allows a person to declare something to be true. This page must be completed in front of an authorised person who will witness the declaration.

#### Who can witness me making the declaration?

The following people can witness you making the declaration

- Notary Public
- Justice of the Peace
- Enrolled solicitor or barrister of the High Court
- Registrar or deputy registrar of the Supreme Court, High Court, a District Court or Court of Appeal
- Any other person authorised by law to take statutory declarations

I, (full name)

Occupation

of (address)

#### Solemnly and sincerely declare that:

- My principal place of residence has been New Zealand for the entire period I have been a KiwiSaver member.

Or

- I confirm that for the period I have been a member of KiwiSaver, my principal place of residence was New Zealand except for the periods:

FROM	TO	FROM	TO
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

- I acknowledge that I am not eligible to withdraw all of the government contributions I have received during my membership, unless I have lived in New Zealand over that time.
- I acknowledge that if I have lived overseas any time during my membership and did not have permanent residence in New Zealand, Inland Revenue may need to claim back some of the government contributions I received.

**NOTE:** As an exception to this rule, if you were working overseas as an employee of the New Zealand Government or as a volunteer for certain charitable organisations, you're eligible for government contributions. If this applies, please provide evidence with your application, such as a letter on your employer's letterhead confirming the period you were employed.

- I understand that by making a full withdrawal my KiwiSaver account will be closed and I will be ineligible to open a KiwiSaver account in the future.
- I understand that the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant including a government agency or a reliable, independent source.
- I have read Consilium's privacy statement found at <https://www.consilium.co.nz/privacy-policy>.
- I understand that my withdrawal value may fluctuate based on the price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my KiwiWRAP KiwiSaver Scheme account.
- The information given in this form is true and correct. I acknowledge that the Manager and the Supervisor will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including omission).
- I understand that the Manager and/or Supervisor will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.

- I understand that the Manager and/or Supervisor may request additional information from me relating to this application and that they may require that any other documents, things, or information produced in support of the application be verified by oath, statutory declaration, or otherwise.

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

**Declared at** *(place)*  **this date**  /  /

**Member signature**

*Before me (JP, solicitor, Notary Public or other person authorised to take statutory declarations, such as registrar or deputy registrar of the Supreme Court, High Court, a District Court or Court of Appeal).*

**Name**  **of city** *(where signing)*

**Witness signature**  **Occupation**

**Date**  
 /  /

## 04 Signature where a power of attorney exists

This section should be completed if the application is being made by an individual who holds a power of attorney for the KiwiSaver member.

### Certification of non-revocation of power of attorney

**I,** *(name of individual)*

**of** *(address)*

### Certify:

1. That by a deed dated  /  /

**Name** *(of member)*

**of** *(address)*

appointed me his/her attorney.

2. That I have not received notice of any event revoking the power of attorney.

**Signature of attorney**

**Date**  
 /  /

## 05 Checklist

I have:

- Signed and dated the form.
- Completed the statutory declaration.
- Attached a certified copy of a power of attorney, if applicable.

## 06 Additional information

**NEXT STEP** Please send your completed application by email or post to: [info@kiwiwrap.co.nz](mailto:info@kiwiwrap.co.nz) or **PO Box 1106 Christchurch 8140**