

Who should complete this form?

Please use this form to apply for a withdrawal from your KiwiWRAP KiwiSaver Scheme investment if you 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 (currently age 65) 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.

If you opt out of the five year membership requirement, you will no longer receive the annual government contribution and your employer will stop contributing to your KiwiSaver account.

If you make a full withdrawal from KiwiWRAP KiwiSaver Scheme 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"/>	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"/>	/ /
Phone	Email	
<input type="text"/>	<input type="text"/>	

02 Amount of withdrawal

How much of your KiwiWRAP KiwiSaver Scheme investment do you need?

Amount of withdrawal (please tick one):

- All available funds; or,
- A partial withdrawal of \$ or,
- A regular withdrawal of \$

- Frequency for regular withdrawal:
- Monthly
 - Quarterly
 - Annually

Start date for regular withdrawal: / /

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

For a partial or regular withdrawal:

- Please deduct the amount proportionally across each asset that I am invested in; or
- Please make my withdrawal request, as outlined below:

Asset	Amount \$	Asset	Amount \$
1.		3.	
2.		4.	

- Please allow future withdrawal requests to be made by email instruction.

By ticking this option, you will be able to make partial withdrawals by sending us an email instruction to info@kiwiwrap.co.nz.

A withdrawal may take up to 20 business days to process.

NOTE: We will only make payments in New Zealand dollars to your previously nominated New Zealand bank account in your name either individually or jointly.

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 if I make 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 if I opt out of the five year membership requirement that I will no longer be eligible to receive government contributions, or compulsory employer contributions in relation to any employment.
- 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 or **PO Box 1106 Christchurch 8140**