



Withdrawal request

Return to New Zealand Funds Management Limited, Private Bag 92226, Auckland 1142

Please print in BLOCK letters and complete all fields unless not applicable.

Client details

Account name

NZ Funds client number

Type of client

Individual or joint

Company

Trust

Other
(Please specify)

Withdrawal instructions

Category	Portfolio	Code	Withdrawal notice periods	Withdrawal (\$ or "All")
Cash	Core Cash	DCP	None	\$ <input type="text"/>
	<hr/>			
Income	Core Income	SIP	63 days	\$ <input type="text"/>
	Global Income	GIP	63 days	\$ <input type="text"/>
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Inflation	Core Inflation	IPP	63 days	\$ <input type="text"/>
	Property Inflation	DHG	63 days	\$ <input type="text"/>
	Equity Inflation	DGSP	63 days	\$ <input type="text"/>
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Growth	Core Growth	ADG	63 days	\$ <input type="text"/>
	Global Multi-Asset Growth	ABG	63 days	\$ <input type="text"/>
	Global Equity Growth	AGP	63 days	\$ <input type="text"/>
	Dividend and Growth	DIP	63 days	\$ <input type="text"/>
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			Total	\$ <input type="text"/>

Withdrawals are permitted only on the Exit Dates (if applicable) and after the expiry of the relevant notice period. For all other Portfolios (excluding Core Cash Portfolio) the relevant notice period applies. After the notice period, redemption proceeds are normally paid to your nominated bank account within four business days. For more details, please refer to the section headed 'Withdrawing investments' in the NZ Funds Managed Portfolio Service Product Disclosure Statement.

Payment details

Please direct credit the proceeds of my/our withdrawal to

Account name

Bank

Branch

Account number

Suffix

OR

Please pay the proceeds of my/our withdrawal by cheque.

Made payable to

Sent to

Reason(s) for withdrawal

Signature(s)

I/we agree to the Terms set out above.

If signing on behalf of an Individual/Company, please name the Individual/Company.

Where there is more than one individual associated with the account, all individuals must sign below.

Individual 1

Date

DD / MM / YYYY

Individual 2

Date

DD / MM / YYYY

Individual 3

Date

DD / MM / YYYY

Authorised Financial Adviser use only

I declare that I am an Authorised Financial Adviser who is authorised to provide financial adviser services in relation to this transaction.

Adviser name

Adviser FSP number

Adviser company

Adviser code

Adviser signature

Date

DD / MM / YYYY

Please indicate by ticking the appropriate box if a final fee is payable or requires amendment in relation to the withdrawal and the amount of that fee:

Final ongoing fee

Amount

 \$

Note: The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires verification of identity. In certain circumstances you may be required to complete AML Forms. Please ensure all the relevant AML forms are completed in full, if applicable.

This form cannot be processed unless fully completed and signed.