



# Application for withdrawal - ROPS Class

Complete and send to FreePost NZ Funds Managed Superannuation Service, Private Bag 92226, Auckland 1142, or by email to registry@nzfunds.co.nz

## Section A: Withdrawing your investments

Use this form if you are aged 55 or older and wish to make a withdrawal from your NZ Funds Managed Superannuation Service account.

Note: the maximum amount of withdrawal permitted each year is determined in accordance with the formula set out in the Product Disclosure Statement.

To make an application you need to:

- complete sections B, C, D and E;
- attach a pre-printed deposit slip or a copy of a bank statement for the bank account you wish the money to be paid into; and,
- return the completed form to Freepost NZ Funds Managed Superannuation Service, Private Bag 92226, Auckland 1142 or by email to registry@nzfunds.co.nz

If you have any questions about completing this form, please call the NZ Funds Client Services team on 0508 733 337.

## Section B: Member details

Member name

NZ Funds client number

Date of birth

IRD number

Address

Street/PO Box

Suburb

City

Postcode

Contact phone number(s)

Mobile

Home

Business

## Section C: Withdrawal request

I would like to make a (please tick):

Partial withdrawal

Amount

Maximum allowable withdrawal

All partial withdrawals will be deducted proportionately across each Strategy you are invested in.

\* See the NZ Funds Managed Superannuation Service 'Other Material Information' document for details of your maximum allowable annual withdrawal calculation.

## Section D: Payment details

Any withdrawal payments will only be paid to a New Zealand bank account in your name (held individually or jointly). Please provide proof of your bank account in the form of a pre-encoded bank deposit slip or a copy of a bank statement.

Account name

Bank

Branch

Account number

Suffix

## Section E: Acknowledgement

- I understand that the information provided in connection with this form will be used by the Manager and the Supervisor (including their related entities) to process my withdrawal request and to administer my membership of the NZ Funds Managed Superannuation Service (and may be disclosed for these purposes to third parties where relevant, including my authorised financial adviser, Inland Revenue, HMRC or other government agency). I acknowledge I have the right to access and correct this information subject to the provisions of the Privacy Act 1993.
- I understand that my withdrawal value might fluctuate and will be based on the unit price(s) applying at the date when my withdrawal request is processed and will be adjusted for any tax liability, fees and expenses.
- I acknowledge that on payment of the withdrawal amount to the bank account specified in this form, I will have no further claim against the NZ Funds Managed Superannuation Service in relation to such payment.
- I confirm that all information provided in (or in connection with) this application is true and correct.

Signature of member

Date

DD / MM / YYYY

## Checklist

I have:  completed Sections B, C, D and E.

I attach:  a bank deposit slip or bank statement showing the account name and number for payment of the requested withdrawal.