

ASB Superannuation Master Trust Withdrawal Request Form.



Member Number

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Scheme Name/Employer Name

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1. Personal Details

Title Other

Mr Mrs Miss Ms Dr

First Names

Surname

Date of Birth

Home Address

Post code:

Telephone Home Work

Mobile Fax

Email

IRD Number

Prescribed Investor Rate (PIR) (please tick one):

☐ 10.5% ☐ 17.5% ☐ 28%

Refer to the ASB Superannuation Master Trust Investment Statement or asb.co.nz/PIR to calculate your PIR.

Note: If you have already provided us with your IRD number and PIR, please ignore this section. If your PIR has changed, please tick the correct PIR. If you haven't given us your IRD number and PIR, we will apply a tax rate of 28% to any taxable income applicable to you for the relevant tax year.

2. Withdrawal Amount and Payment Details - Member to complete

I request a:

- ☐ Partial Withdrawal - Please complete sections 2A, 2C and 3 (if applicable), 6 and 7
- ☐ Full Plan Closure - Please complete sections 2B, 2C and 3 (if applicable), 6 and 7 and have your Employer complete section 4

Please note: The Manager will adjust your withdrawal amount for any tax liability arising as a result of your withdrawal request.

Either: 2A - Partial Withdrawal (Member to complete)

Subject to the rules of the Trust Deed and Admission Deed that govern my membership and any minimum balance requirements, I request that the following amount is deducted from my:

Please tick	Amount
<input type="radio"/> Member Regular Contribution Account	<input type="text"/>
<input type="radio"/> Member Voluntary Contribution Account	<input type="text"/>
<input type="radio"/> Employer Regular Contribution Account	<input type="text"/>
<input type="radio"/> Employer Voluntary Contribution Account	<input type="text"/>

Or: 2B - Full Plan Closure (Member to complete)

Please tick

- ☐ I acknowledge that on receipt of the funds, the Trustee of the ASB Superannuation Master Trust and ASB Group Investments Limited will be released from all liabilities in respect of my membership of the ASB Superannuation Master Trust.

2C - All members to complete

I request that the proceeds of my benefit payment be credited to the following bank account:

Bank name

Account name

Account number

Please attach a pre-printed bank deposit slip or bank statement.

Member's signature

Date



3. Acknowledgement in Respect of UK Pension Transfers - Member to complete if applicable*

* This section applies if you have transferred pension entitlements from the UK after 5 April 2006 to the ASB Superannuation Master Trust ("Scheme") or to another Qualifying Recognised Overseas Pension Scheme ("QROPS") which have subsequently been transferred to the Scheme.

Tax Status

I understand and accept that if I have been a UK resident during this UK tax year or in one or more of the previous five tax years there may be charges for making a withdrawal from the ASB Superannuation Master Trust, which have funds that have been transferred from a UK pension scheme. Please note that the UK tax year runs from 6 April to 5 April.

For more information or advice we recommend you consult an independent UK tax adviser.

Member's signature

Date

D	D	M	M	Y	Y	Y	Y
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4. Benefit Type - To be completed by Employer if a Full Plan Closure

Select one option

- Retirement: ☐ Early ☐ Normal ☐ Ill - Health
- Other: ☐ Resignation ☐ Redundancy ☐ Misconduct ☐ Other (please specify)

Final date of Employment

D	D	M	M	Y	Y	Y	Y
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Final Contribution Details

Date last contribution remitted to
ASB Group Investments

D	D	M	M	Y	Y	Y	Y
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for period ended

Contributions deducted since but not yet remitted

Member

Employer

Total now due

Select one option

- ☐ Cheque attached for contributions that are due
- ☐ Delay payment of Benefit until final contributions are received by ASB Group Investments

Enter date the final contribution will
be paid to ASB Group Investments

D	D	M	M	Y	Y	Y	Y
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To be completed by Employer if a Full Plan Closure or a Partial Withdrawal:

I declare that the member has met the required conditions under the Trust Deed and Admission Deed (if applicable) and consent to this withdrawal.

Signed on behalf of the Employer by an Authorised Officer

Name

Position

Date

D	D	M	M	Y	Y	Y	Y
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5. Privacy Authorisation

The personal information provided by me when I complete the ASB Superannuation Master Trust Withdrawal Request will be held by the Trustee, Public Trust, Level 10, 141 Willis Street, Wellington, and/or the Manager of the ASB Superannuation Master Trust, ASB Group Investments Limited, FreePost Authority ASB, PO Box 35, Shortland Street, Auckland 1140.

This information may be disclosed to, and held by, the following:

- the Manager or the Trustee of the ASB Superannuation Master Trust;
- the advisers of the ASB Superannuation Master Trust;
- related companies of the Manager (whether incorporated or constituted in New Zealand or elsewhere);
- my personal financial adviser (if relevant); and
- Inland Revenue.

This and any other personal information obtained will be used for purposes relating to:

- the administration, marketing, operation and management of the ASB Superannuation Master Trust and/or other products I may have with

the Manager or its related companies;

- the payment of withdrawals to me;
- confirming my identity and address for example electronically matching my information with identification information in third party databases;
- statistical purposes;
- keeping me informed about other financial opportunities, products or services offered by the Manager or its related companies (including via email); and
- customer surveys and research carried out by research and direct marketing companies employed by the Manager or its related companies.

If I do not want to receive promotional material from the Manager or its related companies at any time, I can tell the Manager and the promotional material will not be sent.

I understand that I have rights of access to, and correction of, the personal information I supply.

6. Identity Verification - Member to complete

(i) If you are an ASB Bank customer, please either fill in your ASB account number below (if applicable), or indicate that you have FastNet Classic access.

1	2	3													
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☐ I have enrolled for FastNet Classic;

or

(ii) If (i) above does not apply, please supply us with evidence of your identity by supplying a certified photocopy of:

Any one of these:	Or New Zealand driver's licence with any one of the following:	Or one of these:
<ul style="list-style-type: none">• Passport (New Zealand or overseas)• New Zealand firearms licence	<ul style="list-style-type: none">• Credit Card (name embossed)• Debit Card (name embossed)• Super GoldCard• Bank statement• Government agency statement	<ul style="list-style-type: none">• New Zealand full birth certificate• Overseas full birth certificate• Certificate of New Zealand citizenship• Overseas citizenship certificate
		With any one of these: <ul style="list-style-type: none">• 18+ Card• New Zealand Armed Forces ID• New Zealand Police ID• Super GoldCard (with photo)• Overseas driver's licence (with photo)

If you are submitting this Form at an ASB branch, an ASB staff member can sight your original documents and take copies. Alternatively, all evidence provided must be certified photocopies of your original documents. Your evidence can be certified by a lawyer, a chartered accountant, a notary public, justice of the peace or an Honorary Consul at a NZ Consular Office.

Each certified photocopy must include a statement "I certify that this is a true copy of the original documents and the documents provided represent a true and correct likeness of the individual named". The certifier must include their full name, signature, the date and their qualification or occupation which makes them eligible to certify. Please ensure that the certification has been carried out no earlier than 3 months prior to the date this Form is completed.

7. Declaration - Member to complete

- I declare that the answers given in this form are true and correct.
- I acknowledge that on receipt of the funds, the Trustee and the Manager of the ASB Superannuation Master Trust will be released from all liability in respect of those funds.
- I understand that the Trustee or the Manager may require evidence to support or clarify any answer provided in this form, and may be unable to process the withdrawal request, in whole or part, until the requested information is obtained.
- I understand that this application is subject to the Trustee's approval.
- I understand that my withdrawal will be based on the unit price(s) at the date my request is processed.
- I grant express consent for the Manager to disclose my information to its related companies (whether incorporated or constituted in New Zealand or elsewhere).

Member's signature

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Date

D	D	M	M	Y	Y	Y	Y
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Please return this completed form to:

ASB Group Investments Limited, Freepost Authority ASB, PO Box 35, Shortland Street, Auckland, 1140.

Freephone 0800 ASB RETIRE (0800 272 738) or +64 9 306 3000 (if calling from overseas) or email retire@asb.co.nz

FOR BANK USE ONLY

Method of identification - Customer

1.
2.

Branch

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Accepted by

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Actioned by

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Date stamp

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