

Member Number

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Scheme Name

State Sector Retirement Savings Scheme (ASB)

1. Personal Details

Title Other

Mr	Mrs	Miss	Ms	Dr	<input type="text"/>
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First Names

Surname

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Home Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Post code: <input type="text"/>

Telephone Home

Work

Mobile

Fax

Email

IRD 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"/>
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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 Request (From Member Voluntary Contribution Account)

Subject to the rules of the ASB Superannuation Master Trust Trust Deed, Admission Deed and Specification Agreement, the ASB Superannuation Master Trust Investment Statement and the State Sector Retirement Savings Scheme Supplemental Investment Statement that govern my membership, I request that the following amount is deducted from my:

Amount*

Member Voluntary Contribution Account

\$

*Note: The minimum value that can be withdrawn is the lesser of \$1,000, or the full value of the Member Voluntary Contribution Account. Withdrawals from the Member Voluntary Contribution Account can only be requested twice in each financial year of the ASB Superannuation Master Trust (being 1 April to 31 March). If the withdrawal amount is the total value of your Member Voluntary Contribution Account, please write "Total Amount" in the amount column. The Manager may adjust the withdrawal transaction for the tax liability arising as a result of your withdrawal request.

I request that the proceeds of my withdrawal noted above be credited to my bank account as follows:

Bank Name

Bank Account Name

Bank 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"/>	<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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(Please attach a preprinted bank deposit slip or bank statement with your account details noted)

3. Privacy Authorisation

The personal information provided by me when I complete the ASB Superannuation Master Trust State Sector Retirement Savings Scheme Member Voluntary Account 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, P O 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.



4. Identity Verification

(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
		<p>With any one of these:</p> <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.

5. Authorisation and Signature

- I understand that the amount requested will be deducted from my Member Voluntary Contribution Account, and will reduce the balance of my Member Voluntary Contribution Account accordingly.
- I acknowledge that on receipt of the funds, the Trustee and Manager will be released from all liabilities in respect of those funds.
- I grant express consent for the Manager to disclose my information to its related companies, whether incorporated or constituted in New Zealand or elsewhere.
- I declare that the answers given in this form are true and correct.
- 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 my withdrawal will be based on the unit price(s) at the date my request is processed.

Member's Signature

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

Accepted by

Actioned by

Date stamp