

Please return this completed form together with the completed Identity and Address Verification form to superlife@superlife.co.nz or post to: SuperLife Superannuation Master Trust, PO Box 105262, Auckland 1143. For any questions, please call us on 0800 27 87 37 or +64 9 375 9800 if you're calling us from overseas.

SECTION 1: PERSONAL DETAILS

Member number

Scheme name/Employer name

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Date of birth

D	D	M	M	Y	Y	Y	Y
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First names

Surname

Home phone

Work phone

Mobile

Email

Occupation (must be supplied)

Home address

Street address

Suburb

Town/city

Country

Postcode

SECTION 2: TAX DETAILS

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.

IRD number

Prescribed Investor Rate (PIR) (Tick one)

10.5%

17.5%

28%

Refer to ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate to calculate your PIR.

SECTION 3: WITHDRAWAL AMOUNT AND PAYMENT DETAILS

MEMBER TO COMPLETE

I request a:

Partial Withdrawal – **Please complete sections 3A, 3C and 6.**

Full Plan Closure – **Please complete sections 3B, 3C and have your employer complete section 4.**

Note: We will adjust your withdrawal amount for any tax liability arising as a result of your withdrawal request. A benefit may not be available if you have not been making member contributions to the Scheme and you have less than 5 years of service with your employer.

SECTION 3A: PARTIAL WITHDRAWAL

MEMBER TO COMPLETE

Important note: Your withdrawal benefit will be deducted on a pro rata basis from the Contribution Accounts held on your behalf which you are eligible to withdraw from.

SuperLife SMT Moderate Fund	\$		%
SuperLife SMT Balanced Fund	\$		%
SuperLife SMT Growth Fund	\$		%
SuperLife SMT NZ Cash Fund	\$		%
SuperLife SMT NZ Fixed Interest Fund	\$		%
SuperLife SMT World Fixed Interest Fund	\$		%
SuperLife SMT Australasian Shares Fund	\$		%
SuperLife SMT World Shares Fund	\$		%
SuperLife SMT Global Property Shares Fund	\$		%
Total	\$		%

Unless you specify the fund that the money is to be withdrawn from we will pro rata the amount across the funds held on your behalf, where you have an investment in more than one fund.

SECTION 3B: FULL PLAN CLOSURE

MEMBER TO COMPLETE

Please tick

I acknowledge that on receipt of the funds, the Supervisor and Manager of the SuperLife Superannuation Master Trust will be released from all liabilities in respect of my membership of the SuperLife Superannuation Master Trust.

SECTION 3C: PAYMENT DETAILS

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.

I would like to transfer my full benefit to a KiwiSaver scheme, superannuation scheme, workplace savings scheme or an equivalent overseas retirement scheme.

Scheme name

Member number

Please attach a member statement or recent correspondence from the scheme named above.

If your application is approved, payment will usually be made within 7–10 business days from the date we receive your application. In order to pay you within this time frame we need:

- all the information required (and we don't have to come back to you for more), and
- the final contributions from your employer (if you are withdrawing your total value).

SECTION 4: BENEFIT TYPE



EMPLOYER TO COMPLETE 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 the Manager

for period ended

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Contributions deducted since but not yet remitted

Member

Employer

Total now due

\$	\$	\$
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Select one option

Evidence of payment attached for contributions that are due.

Delay payment of Benefit until final contributions are received by the Manager.

Enter date the final contribution will be paid to the Manager

D	D	M	M	Y	Y	Y	Y
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To be completed by Employer for a Full Plan Closure:

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

Name of officer

Signed on behalf of the employer by an authorised officer

Position

Date

D	D	M	M	Y	Y	Y	Y
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SECTION 5: PRIVACY AUTHORISATION

The personal information you provide in this form, and any information you provide to us in the future, will be collected by Smartshares Limited (Smartshares), as Manager of the SuperLife Superannuation Master Trust, for purposes relating to the administration, operation, management and marketing of the scheme. Your personal information will be collected, used, stored and disclosed in accordance with the Privacy Act 2020 and SuperLife's Privacy Policy, which is available at superlife.co.nz/legal/privacy-policy.

You have the right to access and request correction to any personal information that you have supplied to Smartshares, by contacting superlife@superlife.co.nz.

SECTION 6: DECLARATION

- I declare that the answers given in this form are true and correct.
- I acknowledge that on receipt of the funds, the Supervisor and the Manager of the SuperLife Superannuation Master Trust will be released from all liabilities in respect of those funds.
- I understand that 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 acceptance of this application is subject to the approval of the Manager.
- 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.

Member's signature

Date

D	D	M	M	Y	Y	Y	Y
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To meet the requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we must verify your identity and residential address. **If you have already provided us with this information, then you do not need to complete this section. If you are unsure, please call us to confirm. We have 2 options available, please select one of the options below:**

OPTION 1: ELECTRONIC IDENTITY AND ADDRESS VERIFICATION

Please tick the box below to give us your consent to electronically verify your details. You will receive a link from noreply@cloudcheck.co.nz on the device you are using to do this. Please follow the prompts to have your photo taken. The photo helps us verify the identity of the person presenting the documents.

I would like to verify my identity and address electronically. I authorise SuperLife to undertake this.

You must have a valid NZ or Australian passport or driver's licence to complete electronic verification.

If we are unable to successfully identify you through electronic verification, you will need to provide us with the documents as per Option 2 (on the following page).

OPTION 2: CERTIFIED IDENTITY AND ADDRESS DOCUMENTS

If you select this option, you will need to provide SuperLife with certified copies of your ID documents and address proof as listed below. These documents must be posted to Freepost SuperLife, PO Box 105262, Auckland City, 1143.

A certified copy is a photocopy of an original document, on which an authorised person has written: "I certify this to be a true copy of the original document" or words to that effect (adding in the case of an identification document the words "and that it represents the identity of [full name]"); and – added their name and occupation, the date, their signature, their registration number (or equivalent) and their contact phone number.

The certifier cannot be someone who is related to you, is your spouse or partner, or lives at the same address. Certification must have been completed no more than 3 months prior to this application.

Your identity documents must be certified by one of the following (only if in NZ):

- Justice of the peace
- Registrar/Deputy Registrar
- Member of Parliament
- Registered teacher
- Notary Public
- Registrar
- Registered lawyer
- Police officer
- Registered doctor
- Kaumatua
- Chartered accountant
- Minister of Religion

Please contact us if you are having documents certified overseas so we can advise who can certify your documents. This list will differ from above.

Identification (please tick one option)

Option 1
One document from this section

NZ Passport (identity page)

Overseas Passport (identity page)

NZ firearms licence

NZ certificate of identity

Option 2
NZ driver's licence PLUS one of the documents from this section

SuperGold card

NZ full birth certificate OR Birth certificate issued by foreign government

NZ citizenship certificate OR Citizenship certificate issues by foreign government

Bank statement or IRD letter issued in your name in the last 6 months

Option 3
Kiwi Access (formally 18+) Card PLUS one of the documents from this section

NZ full birth certificate OR Birth certificate issued by foreign government

NZ citizenship certificate OR Citizenship certificate issued by foreign government

Address

Please supply a certified copy of one of the following as proof of address. The document you provide must be addressed to you showing the residential address you have declared in this application and be dated within the last 12 months:

Letter of invoice from utility company

Bank statement

Letter from government agency e.g., Inland Revenue, Waka Kotahi, rates bill, etc.