



1. YOUR DETAILS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	GIVEN NAME(S) (PLEASE PRINT)	SURNAME	MEMBER NUMBER

POSTAL ADDRESS

<input type="text"/>		<input type="text"/>	
STREET NUMBER AND NAME		SUBURB	
<input type="text"/>		<input type="text"/>	<input type="text"/>
TOWN/CITY		POSTCODE	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	
HOME PHONE	BUSINESS PHONE	MOBILE PHONE	

IRD NUMBER -- PRESCRIBED INVESTOR RATE 10.5% 17.5% 28%

Your Prescribed Investor Rate is the rate at which Portfolio Investment Entities, such as your superannuation plan, are taxed. To find the rate that best applies to you, please contact the Inland Revenue or go to www.ird.govt.nz.

If we do not have a record of your IRD number or Prescribed Investor Rate, we are required to use the default rate of 28%. If you do not advise your correct PIR, you may end up paying too much tax on your investment or may have an obligation to pay further tax and file a tax return.

2. WITHDRAWAL REQUEST

We require the following proof that you have permanently emigrated:

- proof of departure (e.g. evidence of confirmed travel arrangements, passport evidence of any necessary visas)

Any other documentation that supports that you are permanently emigrating (e.g. Acceptance of employment, any notice or letter that shows your new overseas residence).

3. PAYMENT DETAILS

Payments will be made in New Zealand dollars to your bank account. For other payment options, please contact us.

Please credit the bank account below:

NAME OF BANK ACCOUNT

<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"/>
BANK	BRANCH NUMBER	ACCOUNT NUMBER	SUFFIX

Please attach a deposit slip to confirm the bank account (optional).

For overseas bank accounts, please also complete:

NAME OF BANK

<input type="text"/>
<input type="text"/>
<input type="text"/>

FULL ADDRESS OF BANK

PLEASE NOTE: Telegraphic Transfer bank fees may apply and will be deducted from your withdrawal payment.

4. ADVICE

Have you received financial advice from an adviser in making this decision? *(please tick)*

YES NO

If yes, please ensure your New Zealand adviser completes the section below.

TO BE COMPLETED BY THE ADVISER (OFFICE USE ONLY)

I confirm I am an: *(please tick one)* AFA (Authorised to give advice on investments) Other *(please specify)*

and I certify that the information provided in this Adviser Information Section is correct and that I have complied with the requirements under the Financial Advisers Act 2008 and all other applicable laws.

ADVISER NAME

FSP NUMBER* **please use your QFE's FSPN if you are a QFE adviser*

5. STATUTORY DECLARATION

I,
FULL NAME

OF
RESIDENTIAL ADDRESS

OCCUPATION

Solemnly and sincerely declare that:

1. I am a member of the AXA Personal Superannuation Plan
2. I am permanently emigrating from New Zealand
3. I am applying to the trustee to withdraw the balance from my AXA Personal Superannuation plan
4. The payment is not being reinvested in New Zealand

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

SIGNATURE OF SAVER

/ /
DATE

DECLARED AT THIS DAY OF

BEFORE (PLEASE PRINT)

JUSTICE OF THE PEACE, OR SOLICITOR OF THE HIGH COURT OF NEW ZEALAND,
OR OTHER PERSON AUTHORISED TO TAKE A STATUTORY DECLARATION

SIGNATURE OF WITNESS

STAMP

Send your completed form to

AXA New Zealand, Freepost AXA, PO Box 1692, Wellington 6140