



1. EMPLOYER & MEMBER DETAILS

[Empty text box]

EMPLOYER

[Empty text boxes for Member Name, Member ID, Employer No.]

MEMBER NAME

MEMBER ID

EMPLOYER NO.

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.

MEMBER'S POSTAL ADDRESS

[Empty text boxes for Street Number and Name, Suburb]

STREET NUMBER AND NAME

SUBURB

[Empty text boxes for Town/City, Postcode, Country]

TOWN/CITY

POSTCODE

COUNTRY

[Empty text boxes for Home Phone, Business Phone, Mobile Phone]

HOME PHONE

BUSINESS PHONE

MOBILE PHONE

2. BENEFIT DETAILS

Date ceasing employment [/ /]

Amount of final contributions deducted (Net) Employer contribution [] Member contribution []

Date final contributions forwarded to AXA New Zealand or date of last direct debit [/ /]

(Direct debits operate on the first of each month for the previous month in arrears)

IMPORTANT: A benefit can't be paid until the final contributions are received.

3. BENEFIT PAYMENT TYPE

Leaving Service
If you wish to increase (See note 1 over) the member's employer account entitlement please indicate the total percent payable. Increase Percentage to [] %

Dismissal See note 2 over.
If you wish to pay a portion of the member's employer account, please specify []

In Service Benefit
Only applicable on those plans with an unlocked status, or for members who have attained their nominated retirement age. See note 3 over. \$ []

Transfer to another registered superannuation scheme
Please attach required information. See note 4 & 5 over.

Retirement
Only applicable for members who leave service on or after attaining their nominated retirement age.

Regular Withdrawal
Only applicable for members who are past their nominated retirement date.

Plan Termination (Termination of all current members).

Total and Permanent Disablement
see note 6 over

Trauma
see note 6 over

Terminal Illness
see note 6 over

4. MEMBER TO COMPLETE

- Transfer the benefit payment to an AXA New Zealand plan. See note 5 below. Existing Plan number
- Transfer benefit to another registered superannuation scheme. See note 4 below.
- Deposit benefit payment into my bank account.

Account Name (Please attach a deposit slip).

<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							

Other instructions

Is an Insurance Continuation Option required? Yes No See note 7 below.

SIGNATURE OF MEMBER / / DATE

5. ADVICE

Have you received financial advice from an adviser in making the decision to make this withdrawal? (please tick) YES NO

If yes, please ensure the adviser section below is completed by your adviser.

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

6. EMPLOYER TO COMPLETE

I understand that if the benefit requested is an In Service Benefit:

- that by signing this form I am authorising AXA New Zealand to pay the In Service Benefit to the member as required by the Trust Deed; and
- that my authorisation cannot be revoked, even in the event of the member's subsequent dismissal.

SIGNATURE OF AUTHORISED OFFICER (AUTHORISED OFFICER MUST NOT BE THE MEMBER RECEIVING THE BENEFIT) / / DATE

7. HELPFUL INFORMATION WHEN COMPLETING THE BENEFIT PAYMENT REQUEST FORM

1. Increasing the Leaving Service Benefit Payment

Vesting is the process by which a member becomes entitled to all or part of the employer's account over a period of time or immediately. The vesting scale is stated on each member's application. Example: 10% of the employer account per year of membership. If the employer's account is not fully vested (ie the member is not entitled to 100% of the employer's account), the employer has the discretion to increase a leaving service benefit by authorising payment of some or all of the unvested portion of the employer's account. If the employer wishes to pay the member some or all of the unvested portion of the employer's account, please indicate the increased percentage in the space provided. Any unpaid funds in the employer's account are credited to the plan's reserve account. Please see the Investment Statement for full details of vesting.

2. Dismissal Benefit (Only applicable to plans established on or after 1st June 2003)

The member is entitled to their member account. The employer has the discretion to decide how much (if any) of the employer's account is to be paid to the member. Please indicate this percentage (if any) in the space provided. Any unpaid funds in the employer's account are credited to the plan's reserve account.

3. In Service Benefit

This benefit requires the agreement of the employer and is only applicable to members of plans that have an unlocked status or for members who have attained their nominated retirement date. Individual members cannot be unlocked when the plan is locked in. If your plan is unlocked and a member wishes to take an In Service Benefit the total payout will be determined as per note 1. If the employer's account is not fully vested (ie the member is not entitled to 100% of the employer's account) then the member's membership will terminate and the amount paid to the member will be determined as per note 1. Employees are eligible to rejoin the plan. Please see the Investment Statement for further details.

4. Transfer to another registered scheme

In order for a member to transfer to another registered superannuation scheme AXA will require the following:

- This completed form
- A letter to the Trustee from the member requesting that their benefit be transferred to another registered superannuation scheme
- Details of the receiving scheme, proof member has joined, and the receiving scheme's bank account details. (Letter from scheme provider to be attached).

5. Transfer to AXA Superannuation

To transfer all or some of your benefit payment to an AXA superannuation plan the member must complete the member application from AXA. An Investment Statement can be obtained from your AXA adviser or by calling AXA on 0800 807 222.

6. A Total and Permanent Disablement Claim, Trauma or Terminal Illness Claim

If your plan provides insurance benefits or a member of the plan is suffering a terminal illness and you believe that a member may qualify for one of these benefits in accordance with the Trust Deed, please complete a benefit payment request form. We will arrange the appropriate medical examinations and seek any relevant information from you in order to consider the claim. We will also keep you informed of the progress of the claim.

7. Insurance Continuation option

If you have insurance benefits under the plan a continuation option may allow you to transfer the cover to a stand alone policy without new health evidence being required. Please consult your AXA adviser to have this arranged. A continuation option is only available if you transfer your benefit to AXA Personal Superannuation.

For further information about this or any other AXA product, please call your financial adviser, or you can call us on 0800 807 222.