



1. YOUR DETAILS

Form fields for TITLE, GIVEN NAME(S) (PLEASE PRINT), and SURNAME

POSTAL ADDRESS

Form fields for STREET NUMBER AND NAME and SUBURB

STREET NUMBER AND NAME

SUBURB

Form fields for TOWN/CITY, POSTCODE, and COUNTRY

TOWN/CITY

POSTCODE

COUNTRY

Form fields for HOME PHONE, BUSINESS PHONE, and MOBILE PHONE

HOME PHONE

BUSINESS PHONE

MOBILE PHONE

Form fields for IRD NUMBER

Form fields for PRESCRIBED INVESTOR RATE (10.5%, 17.5%, 28%)

Your Prescribed Investor Rate is the rate at which Portfolio Investment Entities, such as your AXA KiwiSaver Scheme account, 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)
- proof that you have resided at an overseas address for 12 months since departing New Zealand.

3. BANK ACCOUNT 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:

Form field for NAME OF BANK ACCOUNT

NAME OF BANK ACCOUNT

Form fields for BANK, BRANCH NUMBER, ACCOUNT NUMBER, and SUFFIX

BANK

BRANCH NUMBER

ACCOUNT NUMBER

SUFFIX

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

For overseas bank accounts, please also complete:

Form field for NAME OF BANK

NAME OF BANK

Form fields for FULL ADDRESS OF BANK

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)

Form fields for YES and NO checkboxes

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.

Form fields for ADVISER NAME and FSP NUMBER\*

ADVISER NAME

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

**5. STATUTORY DECLARATION**

I,   
FULL NAME

OF   
ADDRESS

OCCUPATION

**Solemnly and sincerely declare that:**

- 1. I am a member of the AXA KiwiSaver Scheme
- 2. I have permanently emigrated from New Zealand for 12 months or more
- 3. I am applying to the trustee to withdraw the balance from my AXA KiwiSaver Scheme
- 4. The payment is not being reinvested in New Zealand
- 5. I confirm that until I permanently emigrated, I lived in New Zealand since opening my KiwiSaver account.

If you have lived overseas since opening your account, please tell us where and when:

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**