



redefining / standards

1. YOUR DETAILS

EMPLOYER PLAN ID SZ13T00017

MEMBER NAME MEMBER ID EMPLOYEE NO.

MEMBER'S POSTAL ADDRESS

STREET NUMBER AND NAME SUBURB

TOWN/CITY POSTCODE COUNTRY

HOME PHONE BUSINESS PHONE MOBILE PHONE

2. WITHDRAWAL DETAILS

TYPE OF WITHDRAWAL (tick one)

- First Home Withdrawal (this option is for you if you have not held an estate in land before...)
Second Chance Home Withdrawal (this option is for you if you have held an estate in land before...)

AMOUNT OF WITHDRAWAL

Subject to the requirements of the trust deed for the AXA ASPIRE State Sector Retirement Savings Scheme (SSRSS), I request:

\$ or tick full balance of Account (excluding employer account)

Note that your Voluntary Account balance will be withdrawn in full before any withdrawals will be made from your member Basic Account balance.

Any partial withdrawal will be deducted proportionally from each investment portfolio that you have invested in. If you make a full withdrawal from your SSRSS, you will remain a member in the SSRSS and you may continue contributing to the SSRSS, subject to the requirements of the trust deed.

The first home or second chance home withdrawal request will be processed by AXA New Zealand. Any enquiries regarding payments in progress can be made by calling 0800 277 473.

3. SOLICITOR DETAILS

SOLICITOR'S NAME (PLEASE PRINT) SOLICITOR'S COMPANY NAME

POSTAL ADDRESS

STREET NUMBER AND NAME OR PO BOX SUBURB

TOWN/CITY POSTCODE BUSINESS PHONE

INSERT YOUR SOLICITOR'S BANK ACCOUNT DETAILS HERE:

BANK NAME BANK ACCOUNT NAME

BANK BRANCH NUMBER ACCOUNT NUMBER SUFFIX

Please attach a pre-printed bank deposit slip.

4. PRIVACY

By completing this document you will be providing personal information about you which will be held securely by the Trustee and/or the manager of the SSRSS to be used in relation to your SSRSS plan and for the assessment

of your first home or second chance home withdrawal application. You have the right to access and correct this information subject to the provisions of the Privacy Act 1993.

5. DECLARATION

I, the below named SSRSS member, declare and agree that:

- I have read the privacy information above.
- I have been a member of one or more State Sector Retirement Savings Schemes and/or KiwiSaver Schemes for three years or more from 1 July 2007;
- I have never made a withdrawal from a SSRSS and/or KiwiSaver scheme (whether this scheme or any scheme to which I have previously belonged) for a first home withdrawal or second chance home withdrawal before.
- I confirm the property I am purchasing is intended to be my (or me and my family's) principal place of residence.
- Except where this application relates to a second chance home withdrawal, I have either not held an estate in land before, or any previous estate was or is held on the basis described in Rule 8 (5) of the KiwiSaver Scheme Rules.
- I understand that should the information be incomplete or incorrect, the Trustee of the SSRSS will not be able to complete its assessment of the application for the first home withdrawal or second chance home withdrawal without receiving the complete and correct information.
- I understand that my application for a first home withdrawal or second chance home withdrawal is subject to the Trustee of the SSRSS receiving (in a form acceptable to the Trustee):
 - (i) a Solicitor's pre printed deposit slip; and
 - (ii) a Solicitor's Letter of Undertaking enclosing a copy of the sale and purchase agreement, which clearly shows me as the purchaser and contains:
 - a. an undertaking relating to the unconditional nature of the agreement; and
 - b. an undertaking that the funds will be paid to the vendor as part of the purchase price or, if the settlement is not completed by the due date or any extended date, the funds will be returned to the Trustee of the SSRSS with no disbursements.
- I understand that my first home withdrawal or my second chance home withdrawal application is subject to the approval of the Trustee.
- I understand that my withdrawal payment will be based upon the unit price(s) at the date my request is processed.
- I understand that if the settlement is not completed by the due date or any extended date, the funds will be returned to the Trustee of the SSRSS with no disbursements and reinvested in accordance with my current investment portfolio instructions in the SSRSS.
- I agree that any Solicitor who has or will provide information about my first home withdrawal or second chance home withdrawal may be approached by the manager of the SSRSS, and I hereby authorise such Solicitor to give such further information in relation to this purchase as requested by the manager. A photocopy of this authorisation shall be read as the original.

6. 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

7. STATUTORY DECLARATION

I, FULL NAME
OF RESIDENTIAL ADDRESS
 OCCUPATION

Solemnly and sincerely declare that I:

1. request a withdrawal of my contributions from my SSRSS plan for the purpose of a first home or second chance home withdrawal
2. make the declarations above in section 5 and certify that the completed application form and supporting documents attached are true and correct to the best of my knowledge 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

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

BEFORE RETURNING THIS APPLICATION, PLEASE ENSURE THAT YOU:

1. Have answered all questions in the First Home Withdrawal and Second Chance Home Withdrawal Application Form and completed the statutory declaration in the required manner;
2. Are fully aware of the requirements you must meet in order to qualify for this withdrawal and that any pre-approval we process is subject to:

For first home buyers:

1. A Solicitor's pre printed deposit slip; and
2. A Solicitor's Letter of Undertaking enclosing a copy of the sale and purchase agreement, which clearly shows you as the purchaser and contains:
 - an undertaking relating to the unconditional nature of the agreement; and
 - an undertaking that the funds will be paid to the vendor as part of the purchase price or, if the settlement is not completed by the due date or any extended date, the funds will be returned to the Trustee of the SSRSS with no disbursements.

For second chance home buyers:

1. A Solicitor's pre printed deposit slip; and
2. A Solicitor's Letter of Undertaking enclosing a copy of the sale and purchase agreement, which clearly shows you as the purchaser and contains:
 - an undertaking relating to the unconditional nature of the agreement; and
 - an undertaking that the funds will be paid to the vendor as part of the purchase price or, if the settlement is not completed by the due date or any extended date, the funds will be returned to the Trustee of the SSRSS with no disbursements;
 - a copy of Housing New Zealand's confirmation that your income, assets and liabilities represent a financial position that would be expected of a person that has never held an estate in land (whether alone or as a joint tenant or tenant in common).