



redefining / standards

1. YOUR DETAILS

Form fields for personal details: TITLE, GIVEN NAME(S) (PLEASE PRINT), SURNAME, MEMBER ID, EMPLOYEE NO.

POSTAL ADDRESS

Form fields for postal address: STREET NUMBER AND NAME, SUBURB, TOWN/CITY, POSTCODE, COUNTRY, HOME PHONE, BUSINESS PHONE, MOBILE PHONE.

Form fields for IRD NUMBER and 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)
- 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.

Form fields for 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 fields for NAME OF BANK and 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)

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 ASPIRE State Sector Retirement Savings 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 ASPIRE State Sector Retirement Savings Scheme
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**