



If you are applying for a withdrawal due to the death of a member, Total and Permanent Disablement, Serious Illness, or Significant Financial Hardship, please contact AXA for the required forms.

MEMBERS DETAILS

[Empty input box]

EMPLOYER

PLAN ID SZ13T00017

[Empty input box]

MEMBER NAME

[Empty input box]

MEMBER ID

[Empty input box]

EMPLOYEE NO.

IRD NUMBER [][][] - [][][] - [][][]

PRESCRIBED INVESTOR RATE [] 12.5% [] 21% [] 30%

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 30%. 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 input box]

STREET NUMBER AND NAME

[Empty input box]

SUBURB

[Empty input box]

TOWN/CITY

[Empty input box]

POSTCODE

[Empty input box]

COUNTRY

() [Empty input box]

HOME PHONE

() [Empty input box]

BUSINESS PHONE

() [Empty input box]

MOBILE PHONE

WITHDRAWAL DETAILS

Withdrawing from your Voluntary Account

Only funds in a member's Voluntary Account are available for a voluntary withdrawal. A minimum of \$1,000 or the account balance, whichever is the lesser amount, must be withdrawn at any one time. A maximum of two withdrawals can be made in any one Scheme financial year.

\$ [Empty input box] or tick full balance of Voluntary Account

Attaining the New Zealand Superannuation qualifying age

\$ [Empty input box] or tick full balance of account and cease to be a member

Partial Retirement

I certify that:

I am within 10 years of reaching NZ Superannuation Qualifying Age; and

I am employed for fewer than 30 hours per week; and

I have reduced my working hours from full time; and

I do not intend to increase my hours in paid employment in the future.

\$ [Empty input box] or tick full balance of account

Transfer to a registered (non SSRSS) superannuation scheme

[Empty input box]

NAME OF RECEIVING SCHEME

Please attach details of the receiving registered superannuation scheme, proof that you have joined that scheme, and the receiving scheme's account details.

If the receiving scheme is an AXA plan, please let us know the policy number

POLICY NUMBER

Attaining age 50 and leaving the State Sector

\$ or tick full balance of account and cease to be a member

I certify that:

I am no longer employed in the State Sector

I do not intend to be employed in the State Sector in the future.

Attaining age 50 – Special Provision Teaching Service Members Only

If you are a teacher or a principal at a school (whether or not you have left the teaching profession or your current employment) you may withdraw part or all of your member Basic and voluntary accounts.

\$ or tick full balance of Voluntary Account

\$ or tick full balance of member Basic Account

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

BANK ACCOUNT DETAILS

Unless the balance is to be transferred to another registered superannuation scheme, AXA will only make payments to a New Zealand bank account.

NAME OF BANK ACCOUNT

BANK

BRANCH NUMBER

ACCOUNT NUMBER

SUFFIX

EMPLOYER TO COMPLETE

Completion of this box is only required if the Member is claiming a benefit whilst currently employed in the State sector but excluding a Member making a withdrawal from their Voluntary Account.

Please check all details and certifications in the above form, particularly for the Partial Retirement and Attaining Age 50 withdrawal options.

Date Member ceasing employment: / / Date final contributions deducted (Last pay day): / /

Date final contributions forwarded to AXA New Zealand: / /

Important: Please note that before a benefit can be paid to the Member all Member and Employer Contributions to the date of ceasing employment must have been received by AXA New Zealand.

I certify that I have read the form and all information supplied is correct.

SIGNATURE OF AUTHORISED OFFICER

(Authorised Officer must not be the member claiming or receiving the benefit)

DATE

MEMBER SIGNATURE

I certify that I have read the form and all information supplied is correct.

SIGNATURE OF MEMBER

DATE