



NOTE: The following information is requested under Section 32B of the Tax Administration Act 1994 and will be relied on by the Scheme Trustee in deciding whether the withdrawal is subject to Fund Withdrawal Tax. If you are unsure how to complete this form, please contact AXA New Zealand, or seek professional advice.

**PART A – QUESTIONS TO BE ANSWERED BY MEMBER**

- 1 Has any Employer made contributions into your plan since 1 April 2000, i.e. other than your own salary deductions?
2 Does the amount of your withdrawal include any of those employer contributions?
3 Have you elected to have employer contributions since 1 April 2000 taxed at either 39% or at your personal PAYE rate?
4 If you have earned more than \$70,000 (\$60,000 for withdrawals prior to 1 October 2008) in total taxable income from all sources in any of the last 4 completed income years, please tick below as appropriate:
5 Is this withdrawal a result of: (tick one)
6 Is this withdrawal as a result of ceasing employment due to: (tick one)
7 Is the withdrawal to be:

**PART B – QUESTIONS TO BE ANSWERED BY EMPLOYER**

- 8 Have employer contributions from which ESCT (previously SSCWT) has been deducted been made to the plan for membership since 1 April 2000?
9 Was the rate of those contributions in accordance with a Trust Deed or employment contract in place before 1 April 2000?
10 Has the member been employed for more than two years?
11 During the past 3 years, has the annualised value of employer contributions made for this member increased by more than 50% over the previous year?
12 Total employer contributions (excluding contributions paid as a result of contractual obligations existing as at 31 March 2000) for this member for each income year of the four previous years to date of plan termination were:

Please note: If the member is receiving a termination benefit (i.e. is not transferring to another superannuation plan), record those employer contributions paid in this year and the last 2 income years only.

**PART C – AUTHORISATION BY MEMBER AND EMPLOYER**

Signature and date fields for Member and Authorised Officer.

Send this completed form to AXA New Zealand, PO Box 1692, Wellington.