

# SBS Wealth KiwiSaver Scheme Subsequent Retirement Withdrawal Application Form



**Complete the First Retirement Withdrawal Request Application Form or, if applicable, the Life-shortening Congenital Conditions First Withdrawal Request Application Form if this is your first withdrawal.**

Use this form **if you have previously made a retirement or life-shortening congenital conditions withdrawal** and you wish to make a subsequent withdrawal, or you wish to amend your regular withdrawal.

## Before you get started

We can only accept this form if you have previously made a retirement or life-shortening congenital conditions withdrawal and provided a statutory declaration.

## What happens after you submit the form?

- We check your application form is complete.
- We check to see we have received your identity documents previously. If we have not, or they were received two or more years ago, we may ask you for new identity documents. We will contact you in that event.
- Payment can normally be expected within 3 working days of receipt of your application.

If you require assistance completing this form then please contact us **0800 727 935** or email us at [contact@sbswealth.co.nz](mailto:contact@sbswealth.co.nz).

## IMPORTANT CHECKLIST (RETURN WITH FORM)

### Before sending us the form please check you:

*(Please tick)*

- Have completed all sections of this form;
- Attach proof of your bank account such as a pre-printed bank deposit slip;
- If the bank account for payment is an overseas account you have completed the Swift and/or IBAN number.

### Return form

Please return the completed form and requested supporting documents to us by post or email:

Post/courier: SBS Wealth KiwiSaver Scheme, PO Box 10445, Wellington 6143

Email: [contact@sbswealth.co.nz](mailto:contact@sbswealth.co.nz)

## Section 1: Member's details

Member **K S** | DoB **DD** | **MM** | **YYYY** | IRD number \_\_\_\_\_

Title \_\_\_\_\_ | Given name(s) \_\_\_\_\_ | Surname \_\_\_\_\_

Current postal address \_\_\_\_\_

\_\_\_\_\_ | Postcode \_\_\_\_\_

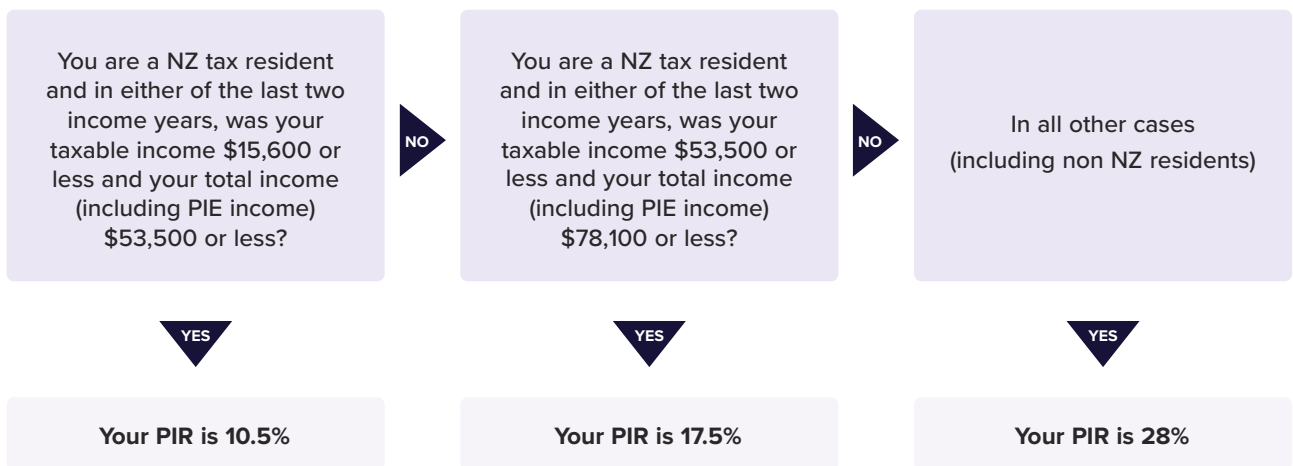
Home phone \_\_\_\_\_ | Work phone \_\_\_\_\_ | Mobile \_\_\_\_\_

Email address\* \_\_\_\_\_

\*Supply email address if you wish to receive all communications regarding the SBS Wealth KiwiSaver Scheme via email.

## Guide to calculate your PIR

Start



Prescribed Investor Rate ("PIR") (please tick one)  10.5%  17.5%  28%

Refer to Inland Revenue ([www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate](http://www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate)) for more information.

**Note: We will update your account with the contact details and PIR you provide above if they differ from our existing records.**

## Section 2: Withdrawal details

### Type of withdrawal *(Please tick one)*

There may be delays in payment of regular withdrawals falling due in the first week of April to allow for tax calculations. Units will be redeemed sufficient to pay out the amount indicated below and any tax liability. A minimum balance of \$500 must be maintained to keep your KiwiSaver account open. Any partial or regular withdrawal will be deducted proportionally from each investment portfolio or fund that you are invested in according to your investment profile.

#### Full withdrawal

The total sum of my account balance and close account

#### Partial withdrawal *(minimum of \$100 per withdrawal)*

A partial withdrawal to pay out \$ \_\_\_\_\_

#### Regular withdrawal *(minimum of \$100 per withdrawal)*

Establish a regular withdrawal to pay out \$ \_\_\_\_\_ OR

Amend a current regular withdrawal to pay out \$ \_\_\_\_\_

Regular withdrawal frequency *(please tick one)*  Weekly  Fortnightly  Monthly

Regular withdrawal start date

## Section 3: Bank account details

We will make payments to a New Zealand bank account held in your name or jointly in your name. If you no longer have a New Zealand bank account we will only pay into your overseas bank account by telegraphic transfer remitted in the currency of the country in which the account resides (less any associated costs for the transfer including foreign exchange conversion). We will adjust your withdrawal amount for any tax liability.

Please pay *(please tick one)*  To a New Zealand bank account  To an overseas bank account by Telegraphic Transfer

Bank account name \_\_\_\_\_

Account number  -  -  -   
Bank Branch Account number Suffix

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_

Please provide evidence of your bank account details *(please tick)*

*(attach a pre-printed deposit slip, copy of bank statement, over-the-counter printed receipt with a teller's stamp or on-line bank statement containing the name of the bank in the header or footer)*

**Overseas bank details** *(in addition to the above details please complete the following swift and/or IBAN details if the payment is to an overseas account)*

Swift number \_\_\_\_\_ IBAN number \_\_\_\_\_

## Section 4: Bankruptcy

Have you ever been adjudicated bankrupt or admitted to a No Asset procedure? *(please tick one)*

No  Yes *(please provide details)* Date

Official Assignee Reference/Case Number: \_\_\_\_\_

## Section 5: Identification details

If you have not made a withdrawal application within the last 2 years, we may request verified/certified copies of your identification documents and proof of address. We will contact you in that event

## Section 6: Privacy policy

For the latest version of our Privacy Policy please see [www.sbswealth.co.nz/privacy-policy/](http://www.sbswealth.co.nz/privacy-policy/).

I confirm that I have read and understood the Privacy Policy and consent to the collection, use, disclosure and retention of my personal information for the purposes of processing this application, managing my membership of the Scheme and as otherwise in accordance with the terms of the Privacy Policy.

## Section 7: Declaration

- 1 I am applying to withdraw some or all of my KiwiSaver savings from my SBS Wealth KiwiSaver Scheme account. I understand that on full payment of my account balance I will no longer be a member of the SBS Wealth KiwiSaver Scheme.
- 2 I agree to release all claims that have been made by me on the Manager and/or Supervisor in relation to the SBS Wealth KiwiSaver Scheme.

I understand that my withdrawal value will or might fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my SBS Wealth KiwiSaver Scheme account including where applicable any associated costs for the telegraphic transfer of the withdrawal to be remitted in the currency of the country in which the account resides and is subject to the requirements of the trust deed and KiwiSaver Act.

The information provided by me in this form is true and correct. I acknowledge that the Manager and the Supervisor of the SBS Wealth KiwiSaver Scheme will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against and claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including by omission).

I understand that the Manager and/or Supervisor of the SBS Wealth KiwiSaver Scheme will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.

I understand that the Manager and/or Supervisor of the SBS Wealth KiwiSaver Scheme may request additional information from me relating to this application.

I understand the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant including a government agency or reliable, independent source.

I have read the privacy statement in this form.

I understand that once the Manager and/or Supervisor has received my withdrawal request, that request is irrevocable, whether it be by this form, a facsimile of this form, or any other means that may be acceptable to the Supervisor from time to time.

Your signature \_\_\_\_\_

Date 

DD	MM	YYYY
----	----	------