

Lifestages Investment Funds Withdrawal Application Form

Who should complete this form?

Please use this form to withdraw from, or close your Lifestages Investment Funds account.

Any partial or regular withdrawal will be deducted proportionally from each Fund that you are invested in according to your Investment Profile for this account.

If you wish to change your Investment Profile please do this by completing the Investment Profile Change Form which can be found at www.sbswealth.co.nz.

What happens after you submit the form?

- We check your application is complete.
- Payment can normally be expected within 10 business days of receipt of your application to your nominated bank account we hold on record.

If you require assistance completing this form then please contact us **0800 727 2265** or email us at contact@lifestages.co.nz.

Section 1: Account details

Account number **FA** | | | | | | | |

Account name(s) _____

Investor 1 details

Title | Given name(s) | Surname

Current postal address _____
_____ Postcode | | | | |

Contact phone () | Email address

IRD Number | | | | | | | | | |

Investor 2 details

Title | Given name(s) | Surname

Current postal address _____
_____ Postcode | | | | |

Contact phone () | Email address

IRD Number | | | | | | | | | |

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 account open.

Full withdrawal

- The total sum of my account balance and close the account indicated above

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

Make a partial withdrawal from the account outlined below

- A partial withdrawal to pay out from this account \$

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

- Establish a regular withdrawal to pay out from this account \$ OR

- Amend a current regular withdrawal to pay out \$

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

Regular withdrawal start date

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. Alternatively, we have the ability to electronically verify your identity and address using your New Zealand Passport or New Zealand Driver Licence. Please indicate below which method you would prefer if required.

- Option 1 – I would like you to electronically verify my identity.
 Option 2 – I would like to provide certified copies of my identity documents.

Section 3: Payment details

We will pay the withdrawal into your nominated bank account held on file. Please contact us if you have changed your bank account or complete the Change of Bank Account Form and return this to us via email at contact@lifestages.co.nz.

Section 4: Declaration and signatures

Must be signed by the account holder(s) or their authorised signatories.

- I/We request to withdraw the funds as indicated on this form and confirm I/we have the authority to act on behalf of this investment.
- I/We understand that once the Manager 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 Manager from time to time.

Authorised signatories

Authorised signatory

Full Name _____

Signature _____

Date

DD | MM | YYYY

Authorised signatory

Full Name _____

Signature _____

Date

DD | MM | YYYY

Important: Attorneys must provide a copy of the Power of Attorney, if not already sighted, and a certificate of non revocation of Power of Attorney.

Return form

Please return the completed form and requested supporting documents to us via email at: contact@lifestages.co.nz