

# SBS Wealth Investment Funds Withdrawal Form



## Who should complete this form?

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

**All lump sums and regular withdrawals will be withdrawn from your account based on your investment profile.**

**Your investment profile is your Strategy or self-selected allocation to each Fund(s) at the point of application for units, unless we are instructed otherwise.**

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](http://www.sbswealth.co.nz).

Please return the completed form and requested supporting documents to us at: [contact@sbswealth.co.nz](mailto:contact@sbswealth.co.nz).

If you require assistance completing this form then please contact us on **0800 727 935**

## 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.

## Section 1: Account details

Account number

Account name(s) \_\_\_\_\_

### Investor 1 details

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

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

Postcode

Contact phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

IRD Number           DoB

### Investor 2 details *(Joint accounts only)*

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

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

Postcode

Contact phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

IRD Number           DoB

## 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 the account open.

### Full withdrawal

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

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

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

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

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

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

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

Regular withdrawal start date

## Section 3: Identification details

Before processing your request we may electronically verify your identity and address using your New Zealand Passport or New Zealand Driver Licence. Alternatively, we may request verified/certified copies of your identification documents and proof of address. We will contact you in that event.

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 or verified copies of my identity documents.

## Section 4: 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 at [contact@sbswealth.co.nz](mailto:contact@sbswealth.co.nz).

Please confirm your nominated bank account details:

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

Account number  –  –  –   
Bank Branch Account number Suffix

## Section 5: Declaration and signatures

Must be signed by the account holder(s) or 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/our Withdrawal Request, that request is irrevocable, whether it be by 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

#### Authorised signatory

Full Name

Signature

Date

**Important:** Attorneys must provide a copy of the Power of Attorney, and a certificate of non revocation of Power of Attorney. Please contact us at [contact@sbswealth.co.nz](mailto:contact@sbswealth.co.nz) for further information regarding the certificate of non revocation.