



Milford KiwiSaver Plan Permanent Emigration (Excluding Australia) Application Form

Use this form to apply for a withdrawal from the Milford KiwiSaver Plan on the grounds of permanent emigration from New Zealand, to a country outside of Australia. Please note that the acceptance of your permanent emigration withdrawal request is at the discretion of the Plan's Manager and will be the value of your accumulation less the amount of any Government Contributions.

Please return the completed form and any supplementary documentation to:
Milford KiwiSaver Plan, PO Box 960, Shortland Street, Auckland 1140.

Member Details

TITLE	FIRST NAME(S)	MIDDLE NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INVESTOR NUMBER	IRD NUMBER	DATE OF BIRTH
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

EMAIL	CONTACT PHONE NUMBER
<input type="text"/>	<input type="text"/>

PHYSICAL ADDRESS (cannot be a PO Box)	SUBURB
<input type="text"/>	<input type="text"/>

CITY	COUNTRY	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS (if different from physical address)	SUBURB
<input type="text"/>	<input type="text"/>

CITY	COUNTRY	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Withdrawal request

Under the KiwiSaver Act 2006, an application for withdrawal may be made where a member permanently emigrates from New Zealand, to a country outside of Australia.

You are required to complete the statutory declaration on the following page of this form.

- You may apply after a period of one year from the date of permanent emigration from New Zealand. Milford KiwiSaver Plan savings will be released to you directly.

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Permanent Emigration

I confirm that I have permanently emigrated from New Zealand, to a country outside of Australia, and have been:

A RESIDENT IN COUNTRY

SINCE DATE

Payment Details

I request that you release my Milford KiwiSaver Plan savings. **Please note this must be a NZ domiciled bank account in your own name. Please provide us with a copy of the bank statement or bank generated deposit slip for the account you are nominating for payment.** Please pay by depositing into the following account:

ACCOUNT NAME

BANK

BRANCH

ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

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Investor Identification

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires Milford to verify the identity of new clients and, periodically, reconfirm information about existing clients.

Certified copies of Identity Documents

You will need to provide Milford with original certified copies of the following identification and address documentation as per the checklist below.

Please note we need certified photocopies of your documents (we need the copy that has been physically certified). These documents cannot be scanned to us. Please do not send original versions of your identity documents.

The certifier must:

- Make the statement “**I certify this to be a true copy of the original which I have sighted and represents a true and correct likeness of [name of the person presenting the documentation for certification].**”
- Include their **name, occupation and capacity to be a certifier** e.g. registration number (if applicable), **signature and date** of certification.
- Not be living at the same address, a relative or spouse of the individual presenting the documents.
- Certifier must be at least 16 years of age and authorised by law in that country to undertake a statutory declaration.

Identity Documentation Checklist

In addition to the completed withdrawal request form, please send copies of the following:

- Evidence of emigration from New Zealand (plane ticket, copy of passport showing departure)
- Evidence of address at arrival (utility bill, bank statement, rental agreement and must include your name and address and has been received by post.)
- Evidence of address after 12 month period (e.g a copy of a utility bill, bank statement, rental agreement that includes your name and address and has been received by post.)
- Proof of bank account e.g. bank statement or deposit slip. This must be a NZ domiciled account in your own name
- A certified copy of your passport or drivers licence (certification must be no older than 3 months. Please see below for further details on these requirements.)

If any of the documents supplied (original or certified copy) are not in English, these must be accompanied by an independent and certified English translation.

ACCEPTED TRUSTED REFEREES

Originals certified by a Trusted Referee in accordance with the instructions outlined below.

Certified copies of identification must be presented to Milford within three months of certification.

Identification must be certified by one of the following:

- Lawyer with a current practising certificate
- Chartered Accountant
- Member of the Police
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- New Zealand Honorary Consul
- Notary Public
- A person who has the legal authority to take statutory declarations or the equivalent in New Zealand

POSTAL DETAILS

Please send your application and all supplementary documentation in hard copy to the address details below:

Milford KiwiSaver Plan
PO Box 960
Shortland Street
Auckland 1140

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Privacy Statement

I understand that by completing this application form I will be providing personal information about me which will be held securely by the Supervisor and/or the Manager of the Milford KiwiSaver Plan. I also understand that Milford Funds Limited will also use the information to verify my identity, where the correct documentation has not been supplied, in accordance with the requirements of the Anti-Money Laundering and Counter Financing of Terrorism Act 2009, and may disclose the information to such carefully selected external and independent agencies and entities as it considers appropriate for this purpose. I have the right to access and correct this Information subject to the provisions of the Privacy Act.

Statutory Declaration

A Statutory Declaration is a written statement that allows a person to declare something to be true. You'll need to complete the following in front of a person authorised to take a statutory declaration. **You will need to find out who is authorised to take a statutory declaration in your country.**

I, FULL NAME

of, ADDRESS

and, OCCUPATION

solemnly and sincerely declare that:

- I have permanently emigrated from New Zealand and have been residing outside of New Zealand for 12 months or more.
- I have read and understood the Privacy Statement section of this form.
- I wish to withdraw the value of my Milford KiwiSaver Plan savings and understand that any Government Contributions will be deducted and returned to the New Zealand Government.
- I understand that my withdrawal value will be based upon the unit price(s) at the date my request is processed and that fees, taxes and expenses may be deducted from my Milford KiwiSaver Plan account before my balance is paid to me.
- I agree that by withdrawing from the Milford KiwiSaver Plan I am ending my membership and release all claims that have been made or may be made on Milford Funds Limited, the Manager and/or the Supervisor in relation to the Plan.
- I solemnly and sincerely declare that the information I have provided in this KiwiSaver Permanent Emigration Application Form is true and correct.

AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

SIGNATURE OF MEMBER

DECLARED AT (place)

ON (date)

BEFORE (full name and occupation of person authorised to take declaration)

SIGNATURE (of person authorised to take declaration)