

Milford KiwiSaver Plan KiwiSaver Retirement Withdrawal Form

To be eligible for your first retirement withdrawal, you must be aged 65 years or over. Please do not complete this form in advance.

Once complete please return this form to:

Email: transactions@milfordasset.com Post: Milford KiwiSaver Plan, PO Box 960, Shortland Street, Auckland 1140

Member Details								
TITLE FIRST NAME	MIDDLE NAME(S)	SURNAME						
ACCOUNT NUMBER	DATE OF BIRTH	CONTACT PHONE NUMBER						
M L	/ /							
EMAIL ADDRESS								
Investor Identification	3							

investor identification

Please be aware Milford requires identity and proof of address documents to process a withdrawal.

If Milford does not have this documentation on file for your account, we will contact you to provide these. A list of acceptable identification documents can be found at milfordasset.com/investing/id-requirements.

Privacy Statement

By completing this form, you acknowledge and accept that Milford Asset Management Limited and any of its related or controlled entities may (i) collect, hold, use, and disclose the personal information you provide (now and in the future) for the purposes outlined in our Privacy Policy available at milfordasset.com/privacy-policy, and (ii) contact you (via any method) about this form or to offer our financial opportunities, products or services (with the option to unsubscribe from marketing communications at any time).

For any queries related to this Privacy Statement or to access or update your information, please email: info@milfordasset.com or call 0800 662 346.

KiwiSaver Retirement Withdrawal Form (continued)

Withdrawal Details

Members can make a full or partial withdrawal with the following options:

Option 1: Paid to your bank account

Option 2: Paid to an existing Milford Investment Funds account or Milford Wealth Management account

Please fill in the relevant sections below.

Includes bank account number

	tion 1: Withdrawal Payment to	your Bank Account							
Sele	ect the type of withdrawal you would like t	o make from the three options and c	omplete your bank account details below:						
	PARTIAL WITHDRAWAL		AMOUNT \$						
	I wish to make an initial lump sum withd	rawal from my KiwiSaver account of							
	You will be able to withdraw future amounts online via the Client Portal or Mobile App, or you can complete our Subsequent Withd Form. A minimum balance of \$1,000 is required for your KiwiSaver account to remain open.								
	Fund to withdraw from:								
	If you have multiple KiwiSaver Funds, your withdrawal will be deducted proportionately from each fund. To withdraw from a specific fund(s), please detail the fund name(s) and dollar amount(s) below:								
	To withdraw from a specific rund(s), plea	ase detail the fulld flame(s) and dolla	r amount(s) below.						
	REGULAR WITHDRAWAL	AMOUNT	START DATE*						
	I wish to set up a regular withdrawal of	\$	/ /						
	FREQUENCY								
	Weekly Fortnightly Monthly Quarterly 6-Monthly Annually								
	* Allow five business days from our receipt of this form for set up. Note this date is when we will start the withdrawal process, payment of take up to three business days to reach your bank account. Payments are only processed on business days. Withdrawals falling on non-business days will be processed on the next business day.								
	Fund to withdraw from:								
	i diid to withdraw ironi.	If you have multiple KiwiSaver Funds, your regular withdrawal will be deducted proportionately from each fund. To withdraw from a specific fund(s), please detail the fund name(s) and dollar amount(s) below:							
	If you have multiple KiwiSaver Funds, yo								
	If you have multiple KiwiSaver Funds, yo								
	If you have multiple KiwiSaver Funds, yo								
	If you have multiple KiwiSaver Funds, yo								
	If you have multiple KiwiSaver Funds, yo To withdraw from a specific fund(s), plea	ase detail the fund name(s) and dolla							
	If you have multiple KiwiSaver Funds, yo To withdraw from a specific fund(s), plea	ase detail the fund name(s) and dolla	r amount(s) below:						
	If you have multiple KiwiSaver Funds, yo To withdraw from a specific fund(s), pleater full withdrawal and clostake up to 10 working days to process.	ase detail the fund name(s) and dolla	r amount(s) below:						
	If you have multiple KiwiSaver Funds, yo To withdraw from a specific fund(s), pleater full withdrawal and closs take up to 10 working days to process.	ese detail the fund name(s) and dolla	r amount(s) below: a full KiwiSaver retirement withdrawal can						
	If you have multiple KiwiSaver Funds, yo To withdraw from a specific fund(s), pleater full withdrawal and clostake up to 10 working days to process.	ese detail the fund name(s) and dolla	r amount(s) below: a full KiwiSaver retirement withdrawal can						
Plea	If you have multiple KiwiSaver Funds, yo To withdraw from a specific fund(s), pleater full withdrawal and closs take up to 10 working days to process.	ese detail the fund name(s) and dolla	r amount(s) below: a full KiwiSaver retirement withdrawal can						
Plea	If you have multiple KiwiSaver Funds, yo To withdraw from a specific fund(s), pleater Full WITHDRAWAL I wish to make a full withdrawal and clostake up to 10 working days to process. WIK ACCOUNT DETAILS: ase note withdrawals will only be paid into	e my KiwiSaver account. Please note	r amount(s) below: a full KiwiSaver retirement withdrawal can						

Includes bank logo

KiwiSaver Retirement Withdrawal Form (continued)

Withdrawal Details (continued)

Op	tion 2: Withdrawal Payment to your	other	Milford Ac	coun	t						
Plea	se complete the details for the account you would I	ike the	KiwiSaver with	drawal	payme	ent to be	e mad	e to:			
	INVESTMENT FUNDS ACCOUNT										
	I wish to withdraw some/all of my KiwiSaver investment and transfer it to my existing Milford Investment Funds accou								ount*		
	Amount to transfer from your KiwiSaver account:	\$		or 🗌	Full k	KiwiSave	er bala	ince an	d clos	se acc	ount
	For partial transfers, if you have multiple KiwiSaver To withdraw from a specific fund(s), please detail t										
	Pay to my Investment Funds account and existing	Fund(s	s) as detailed be	elow:							
	MILFORD ACCOUNT NAME (e.g. A B Smith) ACCOUNT NUMBER										
						ML					
	Investment Funds Allocation:										
	INVESTMENT FUND NAME		AMOUNT						ALL	OCATI	ION
			\$			OR					%
			\$			OR					%
			\$			OR					%
			\$			OR					%
		En	sure you complet	e only o	ne of th	ne above	colum	ns (\$ or	%) as	applica	able.
	* If you are opening an Investment Funds account or are vaccount, you will need to complete an application form be or Mobile App. Alternatively to obtain an Investment Fund website www.milfordasset.com.	efore co	mpleting this with	ndrawal	form. T	he easies	st way t	o apply	is via	the Poi	rtal
	WEALTH MANAGEMENT ACCOUNT										
	I wish to withdraw some/all of my KiwiSaver invest	ment a	and transfer it to	o my Mi	ilford \	Wealth 1	Manag	ement	accou	unt	
	Amount to transfer from your KiwiSaver account:	\$		or _	Full k	KiwiSave	er bala	ince an	d clos	se acc	ount
	For partial transfers, if you have multiple KiwiSaver funds, this will be deducted proportionately from each fund. To withdraw from a specific fund(s), please detail the KiwiSaver fund name(s) and dollar amount(s) below:										
	Pay to my Wealth Management account as detailed below: ACCOUNT NAME ACCOUNT NUMBER										
	ACCOUNT NAME										
					9	9					
	Payment will be made direct to the Custodians on	your b	ehalf, the detail	s of wh	ich are	e:					
	Account Name: Investment Custodial Services Lim Account Number: 12-3113-0001150-02	ited									
	Please speak directly to your Milford Wealth Managubsequent investment of funds into your portfolio		t Financial Advi	ser if yo	ou hav	e any q	ueries	relating	g to tl	ne	

KiwiSaver Retirement Withdrawal Form (continued)

Please note if you joined KiwiSaver after 1 July 2019, and were 65 years old or over at the time of joining, you do not need to complete the statutory declaration below.

Statutory Declaration (Only required for your first KiwiSaver retirement withdrawal)

A Statutory Declaration is a written statement that allows a person to declare something to be true. You'll need to complete the following page in front of an authorised person. The following people can witness you making the declaration:

- a Justice of the Peace;
- a Barrister and Solicitor of the High Court;
- a Notary Public;

- the Registrar or Deputy Registrar of the High Court or of any District Court;
- a member of Parliament; or
- any other person authorised to take a statutory declaration

I, FULL NAME						
of, ADDRESS						
and, OCCUPATION						
Solemnly and sincerely declare that:						
• I acknowledge and agree to the terms	of the Privacy Statement on	page 1.				
 During the period I have been a memb periods New Zealand was not my prince 		•		New Zealan	d. Where t	nere were
I lived in	from	/	/	to	/	/
I lived in	from	/	/	to	/	/
I lived in	from	/	/	to	/	/
 I understand that any Government Corresidence, as set out above, will be deceived. The information supplied in (or in confidence) Milford, the Manager and the Supervise basis) whatsoever which may arise direction being untrue or misleading (inclusion). I understand that the withdrawal value 	ducted from my withdrawal an nection with) this application or against any claims, liability, nectly or indirectly as a result of ding by omission).	mount and re is true and c , losses and c of any inform	eturned to I omplete an costs (includation provi	nland Rever d according ding legal co ded in (or in	nue.* gly, I agree to osts on a so n connectic	to indemnify olicitor/client on with) this
accepted and that fees, taxes and experience And I make this solemn declaration conscie	•	be true and	by virtue of	f the Oaths a	and Declara	ation Act 1957.
SIGNATURE OF MEMBER		ECLARED A				
	0	N (date)				
			/		/	
BEFORE (full name and occupation of pers	son authorised to take declara	ation)				
SIGNATURE (of person authorised to take	declaration)					

^{*} If you were working overseas as an employee of the New Zealand Government or as a volunteer for certain charitable organisations, you are eligible to retain the Government Contributions. If this applies please provide evidence with your application, such as a letter on your employer's letterhead confirming the period you were employed.

KiwiSaver Retirement Withdrawal Form (continued)

Ongoing Inv	vestment Details (required if KiwiSaver acco	ount remaining open)
INVESTMENT PURPOSE			
Please tell us what you plan	n to use your KiwiSaver account fo	r (please select at least one)	
Draw an income	Grow my investment	Other, please specify:	
HOW DO YOU INTEND TO	TRANSACT ON YOUR KIWISAVER	R ACCOUNT?	
Contributions into your Ki	wiSaver account		
How frequently do you inte	end to add to your KiwiSaver accou	unt? (please select at least one)	
Regularly	Now and then (ad hoc)	No further deposits	
If you intend to make contr	ibutions, approximately how much	do you expect to contribute ea	ch year?
Less than \$5,000	\$5,000 - \$25,000	More than \$25,000	
Withdrawals from your Kiv	viSaver account		
How frequently do you inte	end to make withdrawals? (please s	select at least one)	
Regularly/ongoing	Now and then (ad hoc)	One-off lump sum	
Approximately how much o	do you expect to withdraw each ye	ar?	
Less than \$5,000	\$5,000 - \$25,000	More than \$25,000	
	equested solely in relation to Milford's An itability of your product selection, or to p		Financing of Terrorism Act 2009 obligations
Your Agreer	ment		
I understand that:			
Once the correct docu	count, within 10-15 business days of	• • • • • • • • • • • • • • • • • • • •	aid to my bank account, or transferred rithdrawals can take up to three
 In certain circumstance be processed. 	es, such as a large withdrawal, Milfo	ord may need to contact me to v	verbally verify my request before it can
	e my withdrawal request for a spec s available on the business day that		ceived for my withdrawal request will essed.
SIGNATURE OF MEMBER			DATE
			/ /

RETURNING YOUR COMPLETED FORM

Once complete please return this form and any supplementary documentation to:

Email: transactions@milfordasset.com Post: Milford KiwiSaver Plan, PO Box 960, Shortland Street, Auckland 1140

If you require assistance with this form, please contact Investor Services on 0800 662 346.