

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.

If you have agreed to use **Electronic Identity Verification**, then you may scan and email your application to: **transactions@milfordasset.com**

If you are sending certified copies of documents, please post to:

Milford KiwiSaver Plan, PO Box 960, Shortland Street, Auckland 1140

Member Details		
TITLE FIRST NAME(S) MIDDL	E NAME(S)	SURNAME
INVESTOR NUMBER IRD NUMBER		DATE OF BIRTH
M L		/ /
EMAIL		CONTACT PHONE NUMBER
PHYSICAL ADDRESS (cannot be a PO Box)	S	SUBURB
CITY	COUNTRY	POSTCODE
POSTAL ADDRESS (if different from physical address)	S	SUBURB
CITY	COUNTRY	POSTCODE
Investor Identification		
mvester raemineation		
We have two options for clients to confirm their identity. Please select $oldsymbol{o}$	ne of the options	below.
Option 1: Electronic Identity Verification and Proof of Address		
Milford can confirm the identity and/or New Zealand address of many of Please note that we use a third party system not owned by Milford to co		
I confirm that I give Milford authority to check my identity and/or Ne provided. I have included a copy of my current signed NZ Passport or NZ Drivent Signed NZ Pas		
Option 2: Certified copies of Identity Documents		
You can provide certified photocopies of your documents (we need the	physical copy tha	t has been certified).
I will provide certified identification documentation. For further detail on document requirements, including who can certi	fy them and corre	ect certification wording, see pages 6-7.

KiwiSaver Retirement Withdrawal Form (continued)

Withdrawal Payments			
Members can make a full or partial withdrawal with the p	payment going to either:		
Option 1: A nominated bank account Option 2: An existing Milford Investment Funds account	or Private Wealth accou	unt.	
Please fill in the relevant sections below.			
Option 1: Withdrawal Payments to	your Bank Acco	unt	
TYPE OF WITHDRAWAL			
Please select the type of withdrawal you would like to m	ake:		
Initial lump sum withdrawal		INITIAL LUM	P SUM AMOUNT
I wish to make an initial lump sum withdrawal from m	y KiwiSaver account	\$	
You will be able to withdraw future lump sum amounts of subsequent eligibility withdrawal form. A minimum balar			
Set up a regular withdrawal			
I wish to make regular withdrawals:			
AMOUNT TO WITHDRAW FREQUE	ENCY		START DATE
\$ Fort	nightly Monthly	Quarterly	/ /
Close my KiwiSaver account			
I wish to withdraw all funds and close my KiwiSaver a	iccount		
Please note a full KiwiSaver retirement withdrawal can to	ake up to 10 working day	ys to process.	
BANK ACCOUNT DETAILS			
Please note Milford will only make payments to a New copy of the bank statement or bank generated deposit			
ACCOUNT NAME			
BANK ACCOUNT NUMBER	BRANCH		

SUFFIX

Proof of bank account

BRANCH

BANK

Must be a NZ domiciled bank account in the name of the investor.

ACCOUNT NUMBER

Please provide a bank record or document that:

- was issued in the last 12 months
- includes bank account name
- includes bank account number
- includes bank logo

Examples of this include a bank statement, letter from the bank, or mobile banking screen shot.

KiwiSaver Retirement Withdrawal Form (continued)

Option 2: Withdrawal Payment to your other Milford account

Please complete the details for the account you would like the KiwiSaver withdrawal payment to be made to: **INVESTMENT FUNDS ACCOUNT** I wish to withdraw some/all of my KiwiSaver investment and transfer it to a Milford Investment Funds account ACCOUNT NUMBER (of any existing Investment Funds account) Please specify the fund name and allocation: 1. FUND NAME 2. ALLOCATION Please detail the amount you want to transfer or tick the box to transfer the full balance. I want to transfer Transfer full balance and close my KiwiSaver account. If you are opening an Investment Funds account or are wanting to establish a new Fund holding within your existing Investment Funds account, you will need to complete an application form and send it to us along with this withdrawal form. To obtain an Investment Funds account application form please contact Milford on 0800 662 345, or visit our website www.milfordasset.com. **PRIVATE WEALTH ACCOUNT** I wish to withdraw all of my KiwiSaver investment and transfer it to my Milford Private Wealth account Milford Private Wealth Account Number 9 9 Account Name Payment will be made to direct to the Custodians on your behalf, the details of which are: Account Name: Investment Custodial Services Limited Account Number: 12-3113-0001150-02 Please speak directly to your MIlford Private Wealth Financial Adviser if you have any queries relating to the subsequent investment of your funds into your portfolio. Primary Purpose of Continued Investment* (required if account remaining open) Please tell us the primary purpose of continued investment Investment Other (please specify Retirement How do you intend to transact on this account going forward? Deposits (please select at least one) Lump sum (one-off) Regular Now and then Withdrawals (please select at least one)

Lump sum (one-off)

Regular

Now and then

^{*}Please note this information is requested solely in relation to Milford's Anti-Money Laundering and Countering Financing of Terrorism Act 2009 obligations and is not used to assess the suitability of your product selection, or to provide financial advice.

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.

A Statutory Declaration is a written statement the following page in front of an authorised person. T						mplete the
a Justice of the Peace;					rt or of any Dis	strict Court;
a Barrister and Solicitor of the High Court;		ember of Parliament; or				
a Notary Public;	any other	person autho	orised to take	e a statutory	declaration	
FULL NAME						
of, ADDRESS						
and, OCCUPATION						
Solemnly and sincerely declare that:						
 During the period I have been a member of Kiw New Zealand was not my principal place of res 				as New Zeala	nd. Where the	ere were period
lived in	from	/	/	to	/	/
lived in	from	/	/	to	/	/
lived in	from	/	/	to	/	/
I understand that any government contribution					my principal p	olace of resider
as set out above, will be deducted from my wit	ndrawai amount	and returned				
 as set out above, will be deducted from my wit The information supplied in (or in connection w Milford, the Manager and the Supervisor agains whatsoever which may arise directly or indirect untrue or misleading (including by omission). 	rith) this applica st any claims, lial	tion is true ar pility, losses a	and costs (inc	cluding legal	costs on a sol	licitor/client ba
• The information supplied in (or in connection w Milford, the Manager and the Supervisor agains whatsoever which may arise directly or indirect untrue or misleading (including by omission).	rith) this applicated any claims, lial trip as a result of passed upon the r	tion is true ar pility, losses a any informat	and costs (inc ion provided	cluding legal in (or in con	costs on a sol nection with)	licitor/client ba this form being
The information supplied in (or in connection we Milford, the Manager and the Supervisor against whatsoever which may arise directly or indirect untrue or misleading (including by omission). I understand that the withdrawal value will be be and that fees, taxes and expenses may be deduced.	rith) this applicated any claims, liability as a result of based upon the ructed.	tion is true ar bility, losses a any informat next available	and costs (ind ion provided unit price(s)	cluding legal in (or in con after my rec	costs on a sol nection with) Juest is appro	licitor/client ba this form being ved or accepte
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SIGNATURE (of person authorised to take declaration)

KiwiSaver Retirement Withdrawal Form (continued)

Your Agreement

I understand that:

- If I am subject to the five-year membership period (i.e. I joined KiwiSaver prior to 1 July 2019 aged between 60 and 64), by making a retirement withdrawal I agree to opt out of the five-year membership period. This means I will no longer be eligible to receive any Government contributions and my employer can stop their contributions. Once the correct documentation is received, the withdrawal is usually processed and paid to my bank account within 10-15 business days of receiving my request.
- If I choose a partial or a regular withdrawal, and have multiple funds, the withdrawal will be deducted proportionately from each fund I invest in.
- It is not possible to time my withdrawal request for a specific unit price. The unit price received for my withdrawal request will be the unit price that is available on the business day that my withdrawal request is processed.

SIGNATURE OF MEN	MBER		
DATE			
DAIL			
	/	/	

KiwiSaver Retirement Withdrawal Form (continued)

Identification Requirements

If you have opted not to use Electronic Identity Verification or did not pass this system check then you will need to provide the following documentation: Please provide a certified photocopy of each document:

- The documents can be verified by a Milford employee or certified by a Trusted Referee as described below.
- · Any certified documents cannot be scanned to us (we need the copy that has been physically certified)
- Please do not send in original versions of your identity documents.

I. CERTIFIED COPY OF IDENTIFICATION

Option	11	Option	2	
One of	the following:			
	Current signed New Zealand Passport (preferred		New Zealand Drivers Licence (front and back)	
	New Zealand Firearms Licence	In co	embination with one of the following:	
	Overseas Passport with proof of NZ residency		Bank statement dated within the last 12 months	
OR			Valid credit or debit card with name embossed and signature	
			Birth certificate	
			Citizenship certificate	
			Government agency letter (IRD, Work & Income, Electoral Commission) dated within the last 12 months	
			SuperGold card with photo, name and signature	
2. P	ROOF OF ADDRESS			
Must sta	ate name and physical address, canno	t be a Po	O Box address.	
One	of the following documents that has k	peen issu	led in the last 12 months:	
	Bank statement (we accept downlo	aded ba	nk statements)	
	Current house or contents insurance policy or renewal statement			
	Current vehicle registration			
	Government agency letter (IRD, Work & Income, Electoral Commission)			
	Utility bill (power, water, internet, fixed home phone, SKY)			
	Rates bill			
	Tenancy agreement			
	Letter issued by local Health Board			

ACCEPTED TRUSTED REFEREES

Originals can be verified by a Milford employee OR certified by a Trusted Referee in accordance with the instructions outlined below. Certified copies of documentation 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 equivalent in New Zealand
- If outside New Zealand, a person authorised by law to take a statutory declaration (or equivalent) in that country

The certifier must:

- For photographci ID, 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 the [name of the person presenting the documentation for certification]."
- For certification of other documents, make the statement "I certify this to be a true copy of the original which I have sighted."
- Include their name, occupation and capacity to be a certifier e.g. registration number (if applicable), signature and date of certification.
- Not be be living at the same address, a relative or spouse of the individual presenting the documents or, be involved in the transaction or business requiring the certification.

KiwiSaver Retirement Withdrawal Form (continued)

W	ithdrawal Form Checklist
	Completed & signed withdrawal form
	Signed and witnessed statutory declaration
	Electronic Identity Verification consent (on page 1) or Certified identification and Proof of Address (refer to page 6)
	Proof of bank account in your individual name

RETURNING YOUR COMPLETED FORM

If you are including certified copies, please post your application form and all supplementary documentation to:

Milford Funds Limited PO Box 960 Shortland Street Auckland 1140

 $Otherwise, please\ email\ your\ scanned\ application\ form\ and\ copies\ of\ identity\ documents\ to\ \textbf{transactions}\\ @\textbf{milfordasset.com}$

If you require assistance with this form, please contact Investor Services on 0800 662 345.