

## Milford KiwiSaver Plan Subsequent Retirement Withdrawal Form

Please complete this form if you have reached your KiwiSaver age of eligibility and have previously withdrawn funds from your Milford KiwiSaver Plan account.

Once complete, please return this form to: Milford KiwiSaver Plan, PO Box 960, Shortland Street, Auckland 1140 or via email to transactions@milfordasset.com.

Member Details				
TITLE FIRST NA	ME(S)	MIDDLE NAME(S)	SURNAME	
INVESTOR NUMBER	IRD NUMBER		DATE OF BI	
ML				/ /
EMAIL			CONTACT F	PHONE NUMBER
PHYSICAL ADDRESS (cannot be a PC	:	SUBURB		
CITY		COUNTRY		POSTCODE
POSTAL ADDRESS (if different from	physical address)		SUBURB	
CITY		COUNTRY		POSTCODE
Withdrawal Inform	mation			
AMOUNT TO WITHDRAW	FREQUENCY			
\$	Single OR	Monthly	Quarterly	
START DATE				
/ /				

## Milford KiwiSaver Plan

## Subsequent Retirement Withdrawal Form (continued)

Or transfer to a M	ilford Invest	tment Fund account:	r
MILFORD INVESTMENT FUNDS ACCOU	JNT NUMBER		
Milford Trans-Tasman Bond Fund	\$	Milford Australian Absolute Growth	Fund \$
Milford Global Corporate Bond Fund	\$	Milford Active Growth Fund	\$
Milford Conservative Fund	\$	Milford Global Equity Fund	\$
Milford Diversified Income Fund	\$	Milford Trans-Tasman Equity Fund	\$
Milford Balanced Fund	\$	Milford Aggressive Fund	\$
Milford Cash Fund	\$		
Payment Details  Please note Milford will only make payn	nents in New Zealand	dollars to a New Zealand domiciled bank ated deposit slip for the account you are	account in your name. <b>Please</b>
NAME OF BANK			
BRANCH			
ACCOUNT NUMBER  BANK BRANCH ACCOUNT ACCOUNT NUMBER	NT NUMBER	SUFFIX	
Authorisation			
SIGNATURE OF MEMBER		DATE	
			/ /