# Retirement Withdrawal Form

#### About this form

This form is for applying for a retirement withdrawal or to set-up a regular withdrawal from your Pie KiwiSaver Scheme account. For help completing this form, phone **0800 586 657**. Once complete, please email an electronic copy to withdrawals@piefunds.co.nz or post the completed form to: Pie KiwiSaver Scheme, PO BOX **33 1079**, Takapuna, Auckland **0622**.

You can withdraw part or all of your retirement savings or set up a regular withdrawal on or after you turn 65.

You do not have to withdraw all or any of your KiwiSaver savings immediately when you retire and there are many options (see Section 2) to help you with your retirement objectives. If you choose to do nothing, your savings will continue to be invested as they are currently. You can also continue to contribute to your account if you wish.

#### Access to Australian Sourced Savings

If you have transferred funds from an Australian complying superannuation scheme, you can withdraw your Australian sourced savings from your Pie KiwiSaver Scheme account when you meet the following criteria:

- You are aged 60 years or over; and
- You have retired from being gainfully employed and you do not intend to be gainfully employed in future, on a full-time or part-time basis.

Please note, it can take up to 15 working days for the application to be reviewed and processed.

Checklist						
Please complete the checklist b	pelow and supply the relevant docu	ments to support your re	equest.			
Sections 1-3: Complete		Section 6: Confirm your New Zealand residency				
Section 4: Provide proof	of bank account	Section 7: Read the privacy statement				
Section 5: Electronic verif	ication or provide proof of identity	·	olete the Statutory Decl of a witness	aration in		
Section 1: Investor det	ails					
Title First name/s		Last name				
Date of birth	RD number	Pie K	iwiSaver Scheme acco	ount number (if known)		
Email address	Phys	ical address				
Postal address		City		Postcode		
Home number	Work number		Mobile number			



### Section 2: Your KiwiSaver withdrawal options Partial withdrawal \$ Yes Regular withdrawal Yes Start date \$ Weekly Fortnightly Monthly Quarterly Annually Note: Please note this is the date your withdrawal will be priced, it will be paid 2-5 working days after this date Full withdrawal Withdraw my full account balance and close my Pie KiwiSaver Scheme account. Note: Your final Government Contribution claim will be processed by Inland Revenue before your withdrawal is actioned. This can take up to 10 working days from the date Inland Revenue receives the request. **Australian Sourced Savings** Partial withdrawal: I want to withdraw some of the funds I transferred from an Australian complying superannuation scheme. \$ Yes Full withdrawal: I want to withdraw all of the funds I transferred from an Australian complying superannuation scheme. Yes Section 3: Payment details We will only make payments in New Zealand dollars to a New Zealand bank account in your name (held individually or jointly). We will adjust your withdrawal amount for any tax liability. Name of bank Account name Account number Branch address City Postcode Section 4: Proof of bank account Please provide proof of your bank account name and number by supplying a copy of any ONE of the following:

· a copy of a bank statement

- · an online bank account statement with the name of the bank in the header/footer
- an over-the-counter printed receipt with a teller's stamp

Note: Please ensure the bank account number matches the number you have supplied in Section 3.



## Section 5: Proof of identity

lden	tification Options – Please	sele	ect one of the following opti	on	s		
	Option 1 – Electronic Identity Verific	atio	n				
SMS must	or email via our third-party partner to l have: a smartphone (with a front came	oiom era th	and address. Once we have received your identity. To comple nat can take a photo/video) and a curre Drivers Licence; Australian Passport; A	te t	this method of veri (not expired) version	fication you on of one of the	
If this method of identification is unsuccessful you will be required to provide certified ID and proof of address.							
	Option 2 – Certified copies of identit	y do	ocuments and proof of residential add	res	s		
	e provide a certified copy of your iden nation on acceptable identity documer		documents and proof of your residentiand who can certify them.	ıl ad	ddress. Refer to the	e below for	
	selected option 2 as your preferred wur identification document:	ay fo	or us to verify your identity, please sele	ct o	one of the following	g to be certified	
	Passport (pages containing name, dat	e of	birth, photograph and signature)				
	New Zealand driver licence (front and	bac	k)		Examples		
	Name change documentation (if appli	cabl	e)		ниятия и	NEW ZEALAND DEVIR LICENCE  MANUEL  MAN	
OR	Full birth certificate, <b>plus</b> one of the f	ollov	wing:		THE PASSOR IN TH		
	Overseas driver licence (front and back)				## WHE TITE  ## EB31  ***********************************	E MORE OF THE STATE OF THE STAT	
	18+ Card						
* If you	have changed your name since opening a Pie Kiwi	Saver	Scheme account, you must supply proof of name ch	hang	re		
(not a		by of	or us to verify your identity, please prov an invoice, statement, letter or contrac				
	Major service providers e.g. Sky TV, in	tern	et provider, newspaper, insurance				
	Utility providers e.g. water, electricity,	gas	, telecommunications				
	Professional service providers e.g. law	yer,	accountant				
Note:	a bank statement is not accepted as p	roof	f of address				
C	ertification						
Yo	ur identity documents must be certifie	d by	one of the following people:				
•	Justice of the peace Registered lawyer Chartered accountant	•	Registered teacher Registered medical doctor Police officer		Notary public Member of parliar	nent	
			nclude their name, occupation, signatur ust have been carried out within three m				

The trusted referee must sight the original documentary identification and make a statement to the effect that the

documents provided are a true copy and represent the identity of the named individual.

PieKiwiSaver

### Section 6: Confirmation of New Zealand residency

The first time you request a KiwiSaver retirement withdrawal, you must complete a statutory declaration confirming your principal place of residence was New Zealand for the period of your KiwiSaver membership. Going overseas on a holiday, even for several months is not considered a change of principal residence. However if you lived or worked overseas and received KiwiSaver Government Contributions, we must refund that portion of the credits back to Inland Revenue.

I confirm that for the period that I have been a member of KiwiSaver, my principal place of residence was New Zealand except for the following periods:

From (dd/mm/yy)	To (dd/mm/yy)	
From (dd/mm/yy)	To (dd/mm/yy)	
From (dd/mm/yy)	To (dd/mm/yy)	
My place of residence was New Zealan	d for the entire period I have been a member of KiwiSaver.	

### Section 7: Privacy statement

Any information that you provide may be used by Pie Funds Management Limited (as manager of the Pie KiwiSaver Scheme) and the Supervisor (Trustees Executors Limited) and any of their respective related entities, and by other service providers to the Scheme to provide services in relation to your request. You have the right to access the information held by us and you may also request that it be corrected. If you do not provide your information, we may not be able to process your request.

Our privacy policy is available at www.piefunds.co.nz



### Section 8: Statutory declaration

Name of witness

A Statutory Declaration is a written statement that allows a person to declare something to be true. This page will need to be completed in front of an authorised person who will witness the declaration.

Who can witness me making the declaration?					
The following people can witness you making the declaration:					
Notary Public					
Justice of the Peace					
New Zealand lawyer					
A person who has legal authority to take stat	utory declarations in New Zealand.				
Please note that the certifier must be at least 16 years of age and	eannot be related to you, your spouse or partner or a person who lives at the same address as you.				
Name	Place of abode and occupation				
I,	, of				
solemnly and sincerely declare that:					
• The completed Statutory Declaration has been Statutory Declarations.	witnessed within the last three months by a person who is authorised to take				
• I am a member of the Pie KiwiSaver Scheme.					
understand that on full payment of my full ac	all of my KiwiSaver savings from my Pie KiwiSaver Scheme account. I count balance, I will no longer be a member of KiwiSaver and my KiwiSaver e all claims that have been made by me on the Manager and/or Supervisor				
	might fluctuate based on the unit price(s) which applies when the and expenses may be deducted from my Pie KiwiSaver Scheme account.				
the Manager (Pie Funds Management Limited Scheme will rely on information provided in (c against and claims, liability, losses, damages,	ny attached documents is complete, true and correct. I acknowledge that and the Supervisor (Trustees Executors Limited) of the Pie KiwiSaver in connection with) this form and accordingly agree to indemnify them costs and expenses whatsoever which may arise directly or indirectly as a nection with) this form being untrue or misleading (including omission).				
_	nagement Limited) and/or Supervisor (Trustees Executors Limited) of the olete its assessment of this application if the information given in this form				
	with this application can be used to electronically verify my identity sclosed for these purposes to third parties where relevant including a ource.				
I have read the privacy statement in this form.					
<del>-</del>	e funds, and between the ages of 60 and 65, I confirm I have retired from to be gainfully employed in future, on either a full-time or part-time basis.				
And I make this solemn declaration conscientiously Act 1957.	believing the same to be true and by virtue of the Oaths and Declarations				
Signature of applicant					
Declared at the following address	Date				



this day of

Signature of witness