

SUPERANNUATION MASTER TRUST

Application for Withdrawal - Serious Illness

Use this form to apply for a withdrawal from the Superannuation Master Trust (SMT) if you have a serious illness. Once you have completed and signed this form please send it and any supporting documents to the address above.

Please note: approval of the withdrawal is at the discretion of the Manager, Lifetime Asset Management. In order for the Manager to approve the withdrawal, it must be reasonably satisfied that the Member has a **serious illness**:

- the Member is wholly prevented by injury or illness for six consecutive months from following the business, occupation or regular duties in which the Member engaged immediately prior to the onset of the injury or illness; and
- in the opinion of the Manager, the Member is unlikely to ever engage in or work for reward in any occupation or work for which the Member is reasonably qualified by education, training or experience; or
- The Member has an illness that poses a serious and imminent risk of death.

The Privacy Act 1993 applies to the information supplied by you in this form. You have the right to request access to and / or correction of any personal information held by the Manager. The information supplied with this form will be used to process this application. The Manager may request further medical evidence, documents or information from you.

The Manager may approve a partial or a complete withdrawal.

*These fields must be completed

(a) Member personal details

*Plan number

*Date of birth

*Title

 Mr Mrs Ms Miss Dr Other

*First names

*Surname

*Residential address

Postcode:

*Postal address (if different from above)

Postcode:

*Please provide at least one contact number

Home phone

Mobile phone

*Email

*IRD Number

Prescribed Investor Rate (PIR) 10.5% 17.5% 28%

We deduct PIE tax from your withdrawal using the information we have at the time your withdrawal is paid. If you are unsure of your PIR, please contact your Adviser or Inland Revenue.



(b) Amount requested

How much money do you need?

an amount of \$NZD all available funds (after deduction of any fees, expenses and taxes).

Have you transferred money from a UK Pension Scheme after 5 April 2006?

No Yes – please contact us for information. An additional withdrawal form is required.

If your application is approved, which bank account would you like payment to be made into?

Bank account name

Bank account number

Please attach a copy of a bank statement or signed letter from your bank, showing the bank account you would like the money deposited into.

(c) Statement of your condition

Name of GP:

Years of attendance:

Exact nature of illness:

When did your illness commence? / /

Doctor or specialist treating you

Doctor or specialist's address

Other comments that may assist the Manager

(d) Your health practitioner's certification

Patient's name

I, of
(Town or City)

Phone number (daytime) Mobile number

Email

I certify that:

- I am a health practitioner registered with either the Medical or the Nursing Council of New Zealand and the assessment covered by this certification is within my scope of practice.
- The above-named is a patient of mine and I gave him/her a full medical examination on / /
- In my opinion, the above-named has an injury, illness or disability (please tick appropriate box(es)):
 - that has wholly prevented them for six consecutive months from following the business, occupation or regular duties in which they engaged immediately prior to the onset of the injury or illness; and
 - they are unlikely to ever engage in or work for reward in any occupation or work for which they are reasonably qualified by education, training or experience; or
 - they have an illness that poses a serious and imminent risk of death.

I form this opinion based on (give a brief description of the patient's condition):

Signature

Date

 / /

records/reports attached

Registered health practitioner
practice stamp

***(e) Provide your identification to verify your identity**

Please complete Option 1 in the table below and attach copies of the requested document (please tick which document you are providing).

If you cannot provide a document from Option 1, then complete Option 2 or 3.

Option 1: ONE document from this section

NZ passport (Identity page)

NZ firearms licence

Overseas passport (Identity page)

NZ certificate of Identity

Option 2: NZ Driver's Licence PLUS (ONE of the of the documents from this section)

Super Gold card

NZ full birth certificate/birth certificate issued by foreign government

NZ citizenship certificate/citizenship certificate issued by foreign government

Bank statement or IRD statement issued in your name in the last 6 months

Option 3: 18+ Identity card PLUS (ONE of the documents from this section)

NZ full birth certificate/birth certificate issued by foreign government

NZ citizenship certificate/citizenship certificate issued by foreign government

IMPORTANT: If you are providing previously certified identity documents, please ensure the documents have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this form.

Proof of address

As well as providing your identity documents you must also supply proof of your address. Tick one document option from this section. The document you supply needs to show the residential address detailed in section (a) and be dated within the last 6 months.

- Letter or invoice from utility company Bank statement Letter from government agency (e.g. Inland Revenue, rates bill)

Verification of identity electronically

In order to verify your identity and address electronically, please provide us with copies of the documents listed in above. Note: identity verification documents must be New Zealand documents and current (i.e. not expired).

I authorise Lifetime Asset Management Limited to electronically verify my identity and address.

If you do not wish Lifetime to verify your identity and address electronically, please select an alternative in section (f).



(f) Certify or verify your identity

Your identity can be certified by a trusted referee (use the first box below), or verified by an Adviser or Lifetime employee acting as agent of Lifetime (use the second box below).

If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country, state or territory where the documents are being certified. For more guidance on who can act as a trusted referee overseas, please contact your Adviser or Lifetime.

DECLARATION BY TRUSTED REFEREE (CERTIFYING IN NEW ZEALAND)

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (e) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents initialled and dated by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.

3. I am a (tick one of the following)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> New Zealand Lawyer | <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Notary Public | <input type="checkbox"/> Registered Medical Doctor |
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Police Constable | <input type="checkbox"/> Registered Teacher | <input type="checkbox"/> Kaumātua |
| <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Minister of Religion | <input type="checkbox"/> Commonwealth Representative | <input type="checkbox"/> NZ Honorary Consul |
| <input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives acting in the employment of a lawyer | <input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court | | |

4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

DECLARATION BY TRUSTED REFEREE (CERTIFYING OUTSIDE NEW ZEALAND)

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (e) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents initialled and dated by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.

3. I am a

4. In this capacity, I am authorised to take statutory declarations under the laws of

5. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

DECLARATION BY ADVISER OR LIFETIME EMPLOYEE (AS AGENT OF LIFETIME)

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (e) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement, are true copies of those documents initialled and dated by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.
3. Lifetime has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that Lifetime is relying on me to perform those functions for it.
4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of Adviser/Lifetime Employee

Dated



(g) Privacy

The personal information you are providing in this form, (or in connection with this form) is being collected for the main purpose of effectively administering and managing your Superannuation Master Trust account in compliance with all relevant law. If you do not provide us with your personal information, we may not be able to process or may refuse your withdrawal. The information may also be used for the purpose of verifying your identity electronically or providing you with information about products and services we think might be of interest to you. The information may be used by, and disclosed to the Manager and Supervisor (The New Zealand Guardian Trust Company Limited), the Administration Manager, or other entity involved in the administration and management of the Superannuation Master Trust (including Inland Revenue and any regulatory body) or your financial adviser. The information you provide may also be used by external agencies appointed by us for the purposes of verifying your identity.

You agree that this information may be collected, held and disclosed for these purposes. The information is being collected by the Manager (Lifetime Asset Management), whose address is Lifetime Master Trust, PO Box 91976, Victoria Street West, Auckland 1142, and will be held by Link Market Services Limited who you can contact at PO Box 91976, Victoria Street West, Auckland 1142.

You can request access to your personal information and can ask that it is corrected by calling 0800 266 268.

(h) Member's signature

I apply to the Manager of the Superannuation Master Trust to withdraw the amount referred to above.

I certify the information given in this form is true and correct. I indemnify Lifetime Asset Management Limited as Manager of the SMT and The New Zealand Guardian Trust Company Limited as the Supervisor, for any loss incurred or damage suffered by it or any other party resulting from any false or incomplete information given in this form.

*Member's signature

*Date

SIGN HERE

D D M M Y Y Y Y

Have you received financial advice from an Adviser in making the decision to make this withdrawal?

Yes No

If yes, please ensure your Adviser completes section (i).

(i) Adviser use only

Adviser name

B L O C K L E T T E R S

Adviser code

Adviser's business name

I certify that I have completed the most recent training provided by Lifetime for this product, and have complied with the requirements of the Financial Markets Conduct Act 2019, and all other applicable laws.

Signature of Adviser

Date

SIGN HERE

D D M M Y Y Y Y

*Checklist

Please check you have completed the form correctly

- Have you completed all fields with an * ?
Have you included your identification documents in sections (e) and (f)?
Have you provided proof of bank account section (b)?
Have you signed this form, section (h)?

Once you have completed all items on the checklist please post your documents to:

Lifetime Asset Management, PO Box 91976, Victoria Street West, Auckland 1142.

For more information call free 0800 266 268 or email lifetime@linkmarketservices.com

