

SUPERANNUATION MASTER TRUST

Withdrawal Application

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

\*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're unsure of your PIR, please contact your Adviser or Inland Revenue.

(b) Payment instructions – (Please choose one option)

1. I authorise Lifetime to deposit:

The full balance of my account to the below nominated bank account.

OR

The amount of \$  to the below nominated bank account.

OR

I request a regular amount of \$  (minimum withdrawal amount is \$250) to the below nominated bank account.

Frequency:

Monthly  Quarterly

First payment date

Please provide your proof of bank account in the form of an original pre-encoded bank deposit slip or an original bank statement. The bank account must be a NZ bank account in your name or be a joint account incorporating your name.

Account name

Account number



(c) UK Pension transfers

- 1. Were any of the funds in your superannuation plan transferred either directly or indirectly (including via another New Zealand superannuation scheme) from a UK registered pension scheme?  No  Yes
- 2. Have you been a UK resident for UK tax purposes at any time during the current or previous five complete UK tax years (6 April to 5 April each year)?  No  Yes

If you have answered 'No' to both of the above questions, skip to section (e). Make sure you read the 'Next Steps' and 'Checklist' sections carefully.

If you have answered 'Yes' to one or both of these questions Lifetime may be required to report your withdrawal to Her Majesty's Revenue and Customs (HMRC) and this withdrawal may incur an unauthorised payment charge.

- The rules around withdrawals are complex and each person's circumstances vary.
- Please contact your tax adviser or HMRC for further information prior to withdrawal.
- Please note that if you make an unauthorised withdrawal then you are personally responsible to report the withdrawal to HMRC.

If you answered 'yes' to one or both of the questions above, please ensure you complete section (d).

(d) UK tax withdrawal declaration

Please complete this declaration if you transferred funds (directly or indirectly) from your UK registered pension scheme into your SMT plan.

\*I (full name of member)

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

\*of (Address)

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

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

Occupation

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

Plan number

Solemnly and sincerely declare that:

- 1. I understand that the UK tax year runs from 6 April to 5 April; and
- 2. If I have transferred funds from a UK registered pension scheme and/or have been a UK resident for UK tax purposes any time during the current or previous five complete consecutive UK tax years, I acknowledge that Lifetime may be required to report my withdrawal to Her Majesty's Revenue and Customs (HMRC) and this withdrawal may incur an unauthorised payment charge; and
- 3. I understand that this Declaration will be used to support my application to withdraw funds transferred from my UK registered pension scheme.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

\*Declared at PLACE

\*this (date) D D M M Y Y Y Y

\*Member's signature SIGN HERE

before me (Justice of the Peace, solicitor, notary public, or other person authorised to take statutory declaration, such as the Registrar or Deputy Registrar of the High Court or of any District Court or a member of Parliament):

\*Full name, title/office of person taking declaration

\*of city (where signing)

\*Occupation

\*Signature of person authorised to take declaration SIGN HERE

\*Date D D M M Y Y Y Y

OFFICIAL MARK

Please note: Tax legislation is complex, and may change from time to time. The information provided is based on Lifetime's understanding of current tax legislation As Lifetime is not an expert on tax law (including UK tax law), and as individual circumstances may vary, we strongly recommend that you seek the advice of an independent professional tax adviser.



**\*(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**

<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> Overseas passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity

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

<input type="checkbox"/> Super Gold card	<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government	<input type="checkbox"/> 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)**

<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government	<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government
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**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)
4. I am not related to and do not live at the same address as the person named in section (a) of this form.

- |   |  |  |  |
|---|--|--|--|
| <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 |  |  |

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, Lifetime Asset Management 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.

I agree that this information may be collected, held and disclosed for these purposes.

The information is being collected by the Manager, whose address is Lifetime Asset Management, PO Box 10760, Wellington 6140, 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 updated 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 (including the declaration in section d).

\*Member's signature

\*Date

SIGN HERE
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D	D	M	M	Y	Y	Y	Y
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Please ensure you read the Next Steps and Checklist sections at the bottom of the page.

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							
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Adviser code

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Adviser's business name

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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
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D	D	M	M	Y	Y	Y	Y
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Next steps:

- We may contact you to confirm your withdrawal request.
- If approved, we'll process your withdrawal request within 8 working days. We'll process your withdrawal at the unit prices effective on the day of your withdrawal. Any contributions received after the processing date will not be eligible for any further withdrawal under this application, except in the case where you are requesting a regular withdrawal or a full exit from the plan.
- If your request is approved we'll direct credit your nominated bank account or transfer your funds as specified in section (b). We will notify you to confirm the amount of your withdrawal.
- If your request is not approved we will advise you. Failing to provide all the supporting documentation may result in a delay to your withdrawal request. We will contact you if we require further information.

\*Checklist

Please check you have completed the form correctly

- |   |   |
|---|---|
| <input type="checkbox"/> Have you completed all fields with an * ?            | <input type="checkbox"/> Have you signed this form, section (h)?                                  |
| <input type="checkbox"/> Have you provided proof of bank account section (b)? | <input type="checkbox"/> If applicable, has your Adviser completed section (i)?                   |
| <input type="checkbox"/> If applicable, have you completed section (d)?       | <input type="checkbox"/> Have you included your identification documents in sections (e) and (f)? |

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](mailto:lifetime@linkmarketservices.com)

