Lifetime
INVESTMENTS

PERSONAL SUPERANNUATION SCHEME
FUTURE LIFESTYLE PLAN
Scheme Transfer Form

Please send this completed form and supporting documents to:

lifetime@linkmarketservices.com

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

If you have any questions when completing this form, please call Customer Services on 0800 266 268.

Which product do you have an investment? (select one):

Please complete a separate form for each of these if you are invested in both and want to change both.

☐ Future Lifestyle Plan (FLP) ☐ Personal Superannuation Scheme (PSS)

Use this form if you would like to transfer to another registered superannuation scheme or KiwiSaver.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed your details, print, sign and send this form and any supporting documents to the address above.

Important information for you to read:

- The approval of your transfer application is at the Manager's discretion.
- Transfers may be subject to an early withdrawal fee. The level of the fee charged is at the Manager's discretion.

*These fields must be completed ^Complete if joint membership

(a) Your personal details

*Plan number

*Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

*Date of birth D D M M Y Y Y Y

*First names

*Surname

*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. Please note: For joint accounts the PIR used to calculate tax on your withdrawal will be the highest rate of the joint investors. Future Lifestyle Plan is not a Portfolio Tax Entity, Prescribed Investor Rate are not required. If you're unsure of your PIR, please go to **ird.govt.nz/pir** or contact your Adviser or Inland Revenue.

^Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

^Date of birth D D M M Y Y Y Y

^First names

^Surname

^IRD number

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

*Name of Entity (for Trusts, partnerships or companies)

*Residential address

Postcode

*Postal address *(if different from above)*

*Please provide at least one contact phone number

Home phone ( )

Work phone ( )

Mobile phone ( )

*Email

(b) Transfer

I/We wish to transfer from the SCHEME NAME to NEW SCHEME NAME

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 the Adviser section at the end of this form.

(c) Privacy

The personal information you provide in this form (your information) will be collected and held in accordance with the Privacy Act 2020 by Retirement Income Group Limited and its subsidiaries (Retirement Income Group) who may use and disclose your information to any other party (including scheme supervisors, and regulatory or government agencies). Your information may be used and disclosed to administer and manage your investments, comply with any law applying to the Retirement Income Group or the products and services they provide to you, promote to you this or other products within the Retirement Income Group, or otherwise for any other reason in accordance with the Retirement Income Group's privacy statement which can be found at www.lifetimeincome.co.nz/about-us/privacy/.

You can choose not to provide us with your information. However, if you do not provide us with your information, we may not be able to process this request. You can request access to view or correct your information. To do so, please contact the Retirement Income Group's Privacy Officer by emailing retire@lifetimeincome.co.nz.

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

(d) Member's signature

I certify the information given in this form is true and correct. I indemnify Lifetime Asset Management Limited and The New Zealand Guardian Trust Company Limited (as Supervisor of the Scheme) 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

SIGN HERE

*Date

D D M M Y Y Y Y

^Member's signature

SIGN HERE

^Date

D D M M Y Y Y Y

(e) To be completed by the person authorised by the Supervisor of the transferee scheme

First names

Surname

Occupation

I certify that the (name of the scheme)

is a registered superannuation scheme or a KiwiSaver Scheme under the Financial Markets Conduct Act 2013 and that the manager of this scheme is prepared to accept this transfer into the scheme and confirm that the Transfer Value will be given to the member immediately on payment of the Transfer Value to this scheme. I confirm that the requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 will be met in relation to the member named above immediately on payment of the Transfer Value to this scheme.

Scheme registration

Member number

Name of the transferee scheme Bank account and account number

Account name

Account number

- - -

References for payment

Transferee scheme address (for correspondence purposes)

Postcode

Signature SIGN HERE

This *(date)* D D M M Y Y Y Y

Please attach a copy of the transferee scheme's Trust Deed OR a copy of the benefit and early withdrawal provisions of the transferee scheme's Trust Deed.

(f) 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

SIGN HERE

Date

D D M M Y Y Y Y