

SUPERANNUATION MASTER TRUST

Financial Hardship Withdrawal Application

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.

Use this form to apply for a withdrawal from the Superannuation Master Trust (SMT) if financial hardship.	you are experiencing, or likely to experience,
This form can be completed on-screen by typing content directly into the PDF docume this form please send it and any supporting documents to the address above.	nt. Once you have completed and signed
Please note that any financial hardship withdrawal of SMT savings is subject to the Mo	anager's approval.
How do I apply for a financial hardship payment?	
To apply, please:	
Read the definition of financial hardship in section (d) to make sure your circumsto	ances fit the criteria.
Complete this SMT Financial Hardship Withdrawal Form.	
Remember to include supporting documentation for your application. This may be letters from creditors, receipts, quotes, or other supporting documents that show whardship.	
Contact a Justice of the Peace or any other person authorised to take statutory de your application unless you've signed the Statutory Declaration in section (g) and I You can find a list of local Justices of the Peace in the Yellow Pages or online at ww	had it witnessed by an authorised person.
How can I stop further contributions being made?	
If you also wish to stop any further contributions being made into your plan, please send	d in a letter of request.
Where can I get budgeting advice? For free, confidential budget advice you can visit the website www.sorted.org.nz or call Budgeting Services.	the New Zealand Federation of Family
*These fields must be completed	
(a) Your personal details	
*Plan number *Date of birth	
	YYYY
*Title Mrs Ms Miss Dr Other	
*First name(s) (please print) *Surname	
*Residential address	
	Postcode
*Postal address (if different from above)	
	Postcode
*Please provide at least one contact number Home phone Work phone	Mobile phone
()	()
*Email	
*IRD number (if you have an 8 digit IRD number leave the first box blank)	
Wo dodust DIE tay	r from your withdrawal using the information we
have at the time y	rom your withdrawai using the information we our withdrawal is paid. If you're unsure of your
Draggrib and Investor Data (DID) 10 E9/ 17 E9/ 200/	t your Adviser or Inland Revenue.

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 contribution or 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 (including from our parent company Lifetime Asset Management Limited). 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.

the cost of medical treatment for an illness or injury to you or your dependant

the cost of palliative care for you or your dependant

the cost of a funeral for your dependant

other (please specify)

(e) Statement of financial position (please provide recent information, i.e. no older than two weeks prior to the date statement is completed and signed)

Note: You must complete this section. Information must include all of your household, business and personal assets and liabilities including your spouse/partner where sought below. If you require more space please attach a list (including all relevant information as set out above) to this application. The Manager is unable to fully consider your application until there is sufficient supporting documentation. If you have any questions when completing this form, please contact your Adviser or call Customer Services on 0800 266 268. Number of Dependants Age of Dependants Are you employed? Yes No Married/De Facto Relationship If yes, is it: Full time Part time Casual Are you: Single Spouse/partner first name Spouse/partner last name Is your partner employed? Yes No If yes, is it: Full time Part time Casual Assets you own Values Property owned Valuation date Ś \$ Accounts - list all bank accounts (attach certified copies of your bank statements for the last three months) Bank and branch Account number **Balance** \$ \$ Ś Other accounts - list all other accounts, e.g. credit union, building society (attach certified copies of your statements for the last three months) Account type **Balance** \$ \$ Other assets Value Asset type \$ **Shares** \$ **Debentures** \$ Other (e.g. Bonus bonds, loans, money owed to you) \$ Superannuation policies (current value) \$ \$ Vehicles (e.g. car, boat, caravan – list the make, model and year)

Total all assets (add all amounts in the right hand column) and insert total in box (1)

Other - (specify):

\$ \$

\$

(1)\$

Liabilities/debts you owe - complete all details and attach certified copies of accounts for the last three months

Mortgages/loans/bank overdrafts – list bank or institution	Credit limit	Amount owing	Amount overdue
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total balance overdue amounts (add all amounts in the right hand column) and	l insert total in box (i)	\$	(i) \$

Credit/Store cards – list bank or institution	Credit limit	Amount owing	Amount overdue
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total balance overdue amounts (add all amounts in the right hand	d column) and insert total in box (ii)	\$	(ii) \$

Other debts/Hire purchase – e.g any rent arrears	Credit limit	Amount owing	Amount overdue
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total balance overdue amounts (add all amounts in the right hand column) and in	nsert total in box (iii)	\$	(iii) \$

Total all liabilities (add all amounts in the right hand column) and insert total in box (2)	(2) \$
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Income and expenses - information must include the total household income and expenditure

Note: Monthly to weekly = $x 12 \div 52$ Annual to weekly = $\div 52$

Income (weekly, net after tax) enter all sources of income, including details of your spouse or partner's income	Weekly amount
Salary/wages/part-time work (provide last four payslips)	\$
Spouse or partner's income (provide last four payslips)	\$
Self-employed income	\$
Working for Families Tax Credits	\$
WINZ benefit/Superannuation	\$
Child support received	\$
Rent/board received	\$
Other (specify):	\$
	\$
	\$
Total all income (add all amounts in the right hand column and insert total in box (3))	(3)\$

Expenses (weekly) enter all weekly expenses, including details of your spouse or partner's expe (attach certified copies of payment demands for accounts that are in arrears)		Weekly amount
Food/groceries		\$
Rent/board/mortgage		\$
Bus/train/petrol		\$
Childcare/school expenses		\$
Child maintenance payments		\$
Gas/electricity		\$
Telephone/mobile		\$
Clothing		\$
Hire purchase payments		\$
Credit/Store card(s) payments		\$
Loan repayments		\$
Insurance (car, house, contents, boat etc)		\$
Vehicle registration(s)		\$
Council rates		\$
Water rates (if applicable)		\$
Medical insurance		\$
Life insurance/superannuation		\$
Other (specify)		\$
-1 - 7		\$
		\$
Total all expenses (add all amounts in the right hand column and insert to	tal in box (4))	(4) \$
Surplus/Deficit	(3) - (4) =	\$
Please attach copies of all relevant supporting documentation. 1. Give a full and complete explanation of the reason you are seeking a fin direct that the amount withdrawn be limited to a specified amount that financial hardship.	ancial hardship v in the Manager's	vithdrawal. Please note that the Manager may sopinion, is required to remedy the particular
2. How will the withdrawal remedy your financial hardship?		
3. What are the implications for you should this application not be approve	d?	
4. Please describe plans you have put into place to prevent these financial	difficulties from	happening again
E. Have you considered alternative courses of funding refinancing or tenni		
situation? If you have, what was the outcome? Please note that the Mar sources of funding have been explored and have been exhausted.		orrowings to resolve the financial hardship to be satisfied that reasonable alternative

Please note: In granting this application the Manager may consider the withdrawal of all or part of the amount. We may also request further financial information from you.

6. How much money do you need to alleviate your financial hardship?

Amount \$

(f) UK Pension trans	fers																			
 Were any of the fur (including via anoth) Have you been a Uk five complete UK to If you have answered 'Y and Customs (HMRC) of the rules around with the rules around with the rules contact your please note that if you 	ner New Zeo (resident f ix years (6 'es' to one o ind this wit thdrawals o r tax advise	aland sup or UK ta April to 5 or both o hdrawal are comp er or HMF	perannua x purpose 5 April ea f these q may incu plex and e RC for fur	tion schos at arch year uestion ir an uneach pe	neme) - ny time ny tim	from during dime r dised direction p	a UK r ng the may be payme mstan rior to	egiste curre requ ent ch ces vo witho	ered p nt or p ired to arge. ary. Irawal	ensio previ o rep l.	on sch ous ort yo	our wit	thdro				n njesty		Yevenu	es es ue
*(g) Statutory declar	ration																			
*I (full name of member B	L E	T T	E R	S																
Occupation																				
B L O C K solemnly and sincerely a	L E	T T	E R	S																
borrowing money; 3. The information procorrect. 4. I understand that according to the its opinion is require 7. I acknowledge that information held by subsidiaries, associa application will be used to third parties when the Supervisor to obcommendation to the Supervisor to obcommendate the Supervisor to obcom	eceptance of e Manager de Manager de Manager de Manager de House the Privacy Lifetime (Li ted compa sed to proce e relevant, i tain additio tot an undis uant to this ervisor, Lifet or liability of a Transfers (e UK tax ye de resident for is Declarati	of the approximate requirements and accepts the my fine and rest this Act 1993 fetime in cluding and information and arising arising arising and arising and arising a	polication is usest addit my application and the any of the dischargable) rom 6 Application and the any of the dischargable) rom 6 Application and the any of the any of the dischargable and th	s at the ional interaction, to dship; and to define the Sun and the Sun	discretormathe March the riudes al appervise admirate, my a to this pable control from a from a from a time domy ap	ition of the control	of the Nom mey live or requirements the SM my meser, or elication naging has a less aga ability the cuttion to	Manager relations and the set access of IT. I ure the set access of IT. I ure the set another the set another the set and the	ger and ing to the amount cess to the Li dersto ship cer inte n any to nancio im ago Il clain pect o or pre raw fu	d that this a count of the coun	t fees application d/or come Ass hat the SMT diary comparty/ fairs and it. ections, members s five contains	may of ation; am absorbed Mane info (and ror district) and the coership	apply ole to ion o ion o inage rmat may l ributo t ands, p of t	of any fany fany fany fany fany fany fany	y of m the Lim suppli sclos author operly ceedin MT a	y to comy people of the company of t	an am ersona and t yy me or thee Lifeti itled costs or any	ount their with se pu ime o or with	this this and/o	e in ses
*Declared at			PLA	CE						*T	his (a	late)	D	D	М	М	Υ	Υ	Υ .	Υ
*Member's signature		1		BN HE				•									5			
before me (Justice of t Deputy Registrar of the											tatuto	ory de	ciarc	noite	, sucl	n as	tne R	egis	trar (or
*Full name, title/office of	of person to	aking dec	claration																	
*of city (where signing)							*Occ	upati	on											
*Signature of person a	uthorised to	o take de	claration	1			*Dat	е												
	SIGN	HERE					D	D	M	1 Y	Y	Υ	Υ							

Next steps:

- If the Manager approves your request we'll direct credit your account with the amount approved and send you confirmation of the payment made.
- If your request is not approved, we will advise you.
- It's important that ALL supporting documentation is provided with this application. Failing to do so will delay the application process or result in your application being declined.

The Manager may also request further financial information from

(h) Provide Your Identification to Verify Your Identity and Address

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

f you cannot provide a document from Option 1, then complete Op	tion 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	ne 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 docur	nents from this section)
NZ full birth certificate/birth certificate issued by foreign government	NZ citizenship certificate/citizenship certificate issued by foreign government
MPORTANT: If you are providing previously certified identity docum 3 months prior. Please attach only the certified photocopies of the c	nents, please ensure the documents have been certified not more that original documents to this form.
Proof of address	
As well as providing your identity documents you must also supply parties. The document you supply needs to show the residential address det	·
Letter or invoice from utility company Bank statement	Letter from government agency (e.g. Inland Revenue, rates bill)
Verification of identity electronically	
n order to verify your identity and address electronically, please pro verification documents must be New Zealand documents and curre	vide us with copies of the documents listed in above. Note: identity nt (i.e. not expired).
I authorise Lifetime Asset Management Limited to electroncial	ly verify my identity and address.

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

(i) 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 ZE	ALAND)	
I, FULL NAME OF TRUSTED REFEREE	confirm that	
 I have sighted today the original of each document identified of the person named in section (a) of this form, and attached and dated by me. 		
2. The documents that have been provided represent the identif	ry of the person named in section (a)	of this form.
3. I am a (tick one of the following)		
New Zealand Lawyer Justice of the Peace	Notary Public	Registered Medical Doctor
Chartered Accountant Police Constable	Registered Teacher	Kaumãtua
Member of Parliament Minister of Religion	Commonwealth Representative	NZ Honorary Consul
Fellow of the New Zealand Institute of Legal Executives acting in the employment of a lawyer	Registrar or Deputy Registrar of that District Court	e High Court or
4. I am not related to and do not live at the same address as the	e person named in section (a) of this	form.
Signature of trusted referee	Dated	
SIGN HERE	D D M M Y Y Y	Y
	OR	
DECLARATION BY TRUSTED REFEREE (CERTIFYING OUTSIDE NE	W ZEALAND)	
I, FULL NAME OF TRUSTED REFEREE	confirm that	
 I have sighted today the original of each document identified of the person named in section (a) of this form, and attached and dated by me. The documents that have been provided represent the identified to the identification. 	to this statement are true copies of	those documents initialled
3. I am a ROLE	/DESIGNATION	
4. In this capacity, I am authorised to take statutory declaration	s under the laws of RELEVANT C	VERSEAS JURISDICTION
5. I am not related to and do not live at the same address as the	e person named in section (a) of this	form.
Signature of trusted referee	Dated	
SIGN HERE		Y
	OR	
DECLARATION BY ADVISER OR LIFETIME EMPLOYEE (AS AGEN		
I, FULL NAME OF ADVISER/Lifetime EMPLOYEE	ADVISER CODE	confirm that
 I have sighted today the original of each document identified of the person named in section (a) of this form, and attached and dated by me. 		,
2. The documents that have been provided represent the identit	y of the person named in section (a)	of this form.
 Lifetime has authorised me to be its agent to conduct custor required for customer due diligence under the Anti-Money La acknowledge that Lifetime is relying on me to perform those 	undering and Countering Financing o	,
4. I am not related to and do not live at the same address as the	e person named in section (a) of this	form.
		form.
4. I am not related to and do not live at the same address as the Signature of Adviser/Lifetime Employee SIGN HERE	person named in section (a) of this Dated	form.

(e) Adviser use only	
Adviser name	Adviser code
B L O C K L E T T E R S	
Adviser's business name	
I certify that I have completed the most recent training provided by requirements of the Financial Markets Conduct Act 2019, and all o	ther applicable laws.
Signature of Adviser	Date
SIGN HERE	
	-
*Checklist	
Please check you have completed the form correctly Have you completed all fields with an *? Have you provided proof of bank account section (c)?	Have you signed this form, section (g)? If applicable, has your Adviser completed section (j)? Have you included your identification documents?

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**

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