

SUPERANNUATION MASTER TRUST

Superannuation Scheme Transfer

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 if you would like to transfer from the Superannuation Master Trust (SMT) to another registered superannuation scheme.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed and signed this form please send it 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

(a) To be completed by member												
*Plan number		*Date of birth D D M M Y Y Y Y										
Title Mr Mrs Ms Miss Dr Oth	ner											
*First names		*Surname										
*Residential address												
			Postcode									
*Postal address (if different from above)												
			Postcode									
*Please provide at least one contact phone nun	nber		,									
Home phone	Work phone	Mol	bile phone									
()	()	()									
*Email		*IRI	D number									
Prescribed Investor Rate (PIR) 10.5%	17.5% 28%	We deduct PIE tax from you we have at the time your to PIR, please contact your A	our withdrawal using the information cransfer is made. If you're unsure of your dviser or Inland Revenue.									
I wish to transfer from SMT to (new scheme nar	me)											

*(b) 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 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.

The information is being collected by the Manager, whose address is Lifetime Asset Management, PO Box 10760, Wellington 6140, and

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

will be held by access to you																		tree	et W	/es	t, Au	uck	ianc	111	.42.`	You	can	req	uest
*(c) To be c	omplet	ed by	the pe	erson	auth	noris	ed b	y th	e Su	ıperv	/isc	or of	the	e tı	ran	sfe	ree	sc	her	ne									
First names											S	urno	ıme																
Occupation																													
I certify that	the (nar	ne of tl	ne sch	eme)																									
is a registered of this schem immediately of Scheme regist	e is prepon paym	oared t	о ассе	pt th	is trar	nsfer e to t	into :his s	the s	scher ne.	me ar																			r
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Signature					<u> </u>	IGN	НЕ	DE									Th	ie (c	late	۰,	D	D		1	м	V		V	

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.

(d) UK Pension tran	sfers																									
1. Were any of the fur (including via anot) 2. Have you been a Ure five complete UK to the carefully. If you have answered and Customs (HMRC) The rules around well are please contact you. Please note that if If you answered 'yes' to the contact you answered 'yes' to the contact you.	her New K resid ax year No' to b Yes' to and thi ithdrav you mo	w Zeconent for some cone cone cone cone cone cone cone con	or UK April of the or bot hdrav are co er or h	sup (tax to 5 e abo th of wal r omp HMR auth	erandary Aprove of the may lex and C for some of the contract	pose il ead ques se qu incu ind e or fur ed wi	es at ch ye tions uesti r an each ther ithdr	any ear)? s, ski ons unau pers info	time p to Lifet uthor on's rmat I the	from sectime risection	n a Uring the tion and pay umst prior prior prior prior prior are the time to	JK rethed	Make requi es vo	sure ired arge ary. rawe	pens r prev e you to re s.	ion s vious read port	d the	· 'Nex	ndrav	wal t	to He	er Mo	eckli	y's R	Revei	
(e) Non-UK tax res	dent v	vith	draw	al d	lecl	arat	ion																			
Please complete this d	eclarat	ion if	you	tran	sfer	red f	unds	dir (dir	ectl	y or	indir	ectly	y) fro	m y	our U	JK re	giste	ered	pens	ion	sche	me i	nto	your	SMT	آ plaı
I (full name of member	·)																									1
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of (Address)		_																								1
B L O C K	L	Е	Т	Т	Е	R	S																			
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Occupation																Plan	Num	nber								1
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 I understand that t If I have transferred the current or previous Her Majesty's Re I understand that t scheme. And I make this solem 	ne UK t I funds ous five venue c nis Dec	from e con and C larat	ear ru a Uk npleto Custo ion w	K reg e co ms (rill be	giste nsec (HMI e use	ered poutive RC) of ed to	e UK and t	on s tax his v	year year witho	me a rs, I a draw appl	ackn ackn val m licati	iowlo nay ir ion t	lge t ncur o wit	hat an u hdro	Lifet naut aw fu	ime r horis nds t	may sed p trans	be re aym sferre	equir ent (ed fr	ed t chai	rge; o	oort and JK re	my w	vithd	lraw pen	al sion
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*Declared at					Р	PLAC	CE									*thi	s (do	ıte)	D	D	М	М	Υ	Υ	Υ	Υ
*Member's signature	*Member's signature SIGN HERE																									
before me (Justice of the Deputy Registrar of the																statı	utory	dec	larat	tion,	, suc	h as	the l	Regi	straı	or
*Full name, title/office declaration *of city (where signing		on to	ıking]										
															$\overline{}$	J										
*Occupation																								Α Δ	/ A DI	
*Signature of person o	uthoris	sed t	o tak	e de	eclar	atio	n				*D	ate							_							
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Please note: Tax legislation	n is comi	olex. o	ınd ma	ay ch	anae	e from	n time	to ti	ime. 1	Γhe ir	nform	nation	n prov	ided	is bas	sed or	n Life	time'	s und	ersto	andin	g of c	urrer	ıt tax		

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.

(f) 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 (including the declaration in section e).

*Member's signature	*Date
SIGN HERE	D D M M Y Y Y
Have you received financial advice from an Adviser in making the de Yes No	ecision to make this withdrawal?
*(g) Provide your identification to verify your identity Please complete Option 1 in the table below and attach copies of th providing). If you cannot provide a document from Option 1, then complete Option 1	
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	e 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 docum	ents 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 docum 3 months prior. Please attach only the certified photocopies of the c	ents, please ensure the documents have been certified not more than original documents to this form.
Proof of address	
As well as providing your identity documents you must also supply p The document you supply needs to show the residential address det	
Letter or invoice from utility company Bank statemer	Letter from government agency (e.g. Inland Revenue, rates bill)
Verification of identity electronically	
In order to verify your identity and address electronically, please proverification documents must be New Zealand documents and current	•
I authorise Lifetime Asset Management Limited to electroncial	y verify my identity and address.
If you do not wish Lifetime to verify your identity and address electr	onically, please select an alternative in section (h).

(h) 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 ZEAL	AND)								
I, FULL NAME OF TRUSTED REFEREE cor	nfirm that								
 I have sighted today the original of each document identified with a tick in section (g) 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	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)	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 F	Registered Teacher Kaumãtua								
Member of Parliament Minister of Religion	Commonwealth Representative NZ Honorary Consul								
	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 pe	erson named in section (a) of this form.								
Signature of trusted referee	Dated								
SIGN HERE	D D M M Y Y Y Y								
OR	1								
DECLARATION BY TRUSTED REFEREE (CERTIFYING OUTSIDE NEW 2	ZEALAND)								
I, FULL NAME OF TRUSTED REFEREE co	FULL NAME OF TRUSTED REFEREE confirm that								
1. I have sighted today the original of each document identified with a tick in section (g) 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 o	2. The documents that have been provided represent the identity of the person named in section (a) of this form.								
3. I am a ROLE/D	ESIGNATION								
4. In this capacity, I am authorised to take statutory declarations u									
5. I am not related to and do not live at the same address as the pe	erson namea in section (a) of this form.								
Signature of trusted referee	Dated								
SIGN HERE									
OF									
DECLARATION BY ADVISER OR LIFETIME EMPLOYEE (AS AGENT O									
I, FULL NAME OF ADVISER/Lifetime EMPLOYEE	ADVISER CODE confirm that								
1. I have sighted today the original of each document identified with a tick in section (g) 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.									
 The documents that have been provided represent the identity of the person named in section (a) of this form. 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 pe									
Circulation of Advisor History	Bull								
Signature of Adviser/Lifetime Employee	Dated								
SIGN HERE									

(e) Adviser use only	
Adviser name B L O O K L E T T E R S Adviser's business name I certify that I have completed the most recent training provided by L requirements of the Financial Markets Conduct Act 2019, and all other	·
Signature of Adviser SIGN HERE	Date D D M M Y Y Y
*Checklist:	
Please check you have completed the form correctly Have you completed all sections with an *? If applicable, have you completed section (d)? Have you included your identification documents in sections (g)	and (h)?

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

Have you signed this form, section (f)?

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

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