

## 12. Deferred member partial or total withdrawal

To the trustee of UniSaver New Zealand

Please use **BLOCK LETTERS** and read this form carefully before you start completing it.

### PART A

Mr/Mrs/Miss/Ms/Dr/Assoc

Prof/Prof.....

Circle one

Surname

Given names

Residential address .....Postcode.....

Work phone.....Home Phone.....Mobile.....

Email\*.....Date of birth.....

Membership number.....IRD number (Locked Members only).....

\* By providing your email address you are consenting to receiving information about UniSaver (including the annual report) electronically. Should you no longer wish to receive such information electronically, or should your email address change, you undertake to advise UniSaver's administration manager by updating your personal details on unisaver.co.nz.

Important: You are only eligible to make withdrawals from your Locked Accounts if you have reached the qualifying age for New Zealand Superannuation (currently age 65) **and** have completed five or more years' membership of the Locked section (or another complying superannuation fund or KiwiSaver scheme).

Please select type of withdrawal:

#### Option 1 – Partial withdrawal

I wish to make a **partial** withdrawal of \$ .....

I understand that:

- if this withdrawal reduces the balance in my accounts to less than \$5,000, I must make a total withdrawal, and
- a fee (currently \$39.66) will be charged for the second or any subsequent withdrawal in any 12-month period.

#### Option 2 – Total withdrawal

I wish to make a **total** withdrawal of my Member Standard Account.

#### Option 3 – Withdrawal/transfer of Locked Account balances

I confirm that I am aged 65 or over and have completed five or more years' membership of the Locked section.

I wish to make a partial withdrawal from my Locked Account balances of \$.....

I wish to withdraw the full balances in my Locked Accounts.

**OR**

Any balances in my Locked Accounts which I am not yet entitled to withdraw are to be transferred to the following KiwiSaver scheme or complying superannuation fund:

Scheme Name: ..... Contact Person: .....

Address: .....

**If your withdrawal includes all or part of your Locked Account balances, you must complete the following statutory declaration.**

**Statutory declaration**

I (full name) .....

of (address, occupation) .....

solemnly and sincerely declare that:

- I am entitled to make this claim
- My principal place of residence during the period that I was a Locked member (and/or KiwiSaver scheme member) was in New Zealand. (If you did not reside principally in New Zealand for any period, please specify the period(s)  
.....
- the information I have provided in this UniSaver deferred member withdrawal form is true and correct.

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

Declared at \_\_\_\_\_ this day of \_\_\_\_\_ 20\_\_

Before me: \_\_\_\_\_

Signature of: \_\_\_\_\_

(A Justice of the Peace, or solicitor, or notary public, or other person authorised to take a statutory declaration).

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Your withdrawal will be paid by direct credit to your bank account (attach a deposit slip or bank statement print out).

**All members to sign:**

I acknowledge that **if I make a total withdrawal**, once payment of my account balances and the requested transfer of my Locked Account balances (if applicable) have been made, I will have received full rights in accordance with UniSaver’s trust deed and have no further claims against the trustee.

Signed: ..... Date: .....

<p><b>BEFORE YOU RETURN THIS FORM to UniSaver, please ensure:</b></p> <ul style="list-style-type: none"> <li>• you have fully completed the form (including the statutory declaration if you are withdrawing all or part of your Locked Account balances).</li> <li>• you have completed a pre-printed deposit slip or copy of a bank statement for the account your benefit is to be paid to.</li> </ul>
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Retain a copy of this form for your file.

Send the original to:

UniSaver New Zealand, c/- Mercer (N.Z.) Limited  
P O Box 1849, Wellington 6140