

Please return this completed form together with the completed Identity and Address Verification form to superlife@superlife.co.nz or post to: SuperLife Superannuation Master Trust, PO Box 105262, Auckland 1143. For any questions, please call us on 0800 27 87 37 or +64 9 375 9800 if you're calling us from overseas.

SECTION 1: PERSONAL DETAILS

Member number

Scheme name/Employer name

State Sector Retirement Savings Scheme

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First names

Surname

Home phone

Work phone

Mobile

Email

Occupation (must be supplied)

Home address

Street address

Suburb

Town/city

Country

Postcode

SECTION 2: TAX DETAILS

Note: If you have already provided us with your IRD number and PIR, please ignore this section. If your PIR has changed, please tick the correct PIR. If you haven't given us your IRD number and PIR, we will apply a tax rate of 28% to any taxable income applicable to you for the relevant tax year.

IRD number

Prescribed Investor Rate (PIR) (Tick one)

10.5%

17.5%

28%

Refer to ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate to calculate your PIR.

SECTION 3: BENEFIT TYPE

Please select:

2A Aged 50 or over, I have ceased employment with my State Sector Employer and have no intention of being re-employed by a State Sector Employer, either permanently or under a fixed term contract.

2B Attaining NZ Superannuation Age, being at least 65 years of age.

2C Partial Retirement, – I am at least 55 years of age and have reduced my hours of employment with my employer to 30 hours or less per week, with no intention of increasing my hours of paid employment.

2D Total and Permanent Disablement or Serious Illness (the Manager may request further supporting evidence).

2E Other (please specify) (the Manager may request further supporting evidence).

Teaching service – special provision

I am employed as a principal or teacher at a school and I am aged 50 years or over.

SECTION 4: WITHDRAWAL AMOUNT AND PAYMENT DETAILS

Subject to the rules of the SuperLife Superannuation Master Trust Deed, Admission Deed and Specification Agreement that govern my membership, I request that the following amounts are deducted:

Please select \$ **OR** The total value of my Benefit Entitlement

Important note: Your withdrawal benefit will be deducted on a pro rata basis from the Contribution Accounts held on your behalf which you are eligible to withdraw from. We will adjust your withdrawal amount for any tax liability arising as a result of your withdrawal request.

SuperLife SMT Moderate Fund	\$	<input type="text"/>	<input type="text"/>	%
SuperLife SMT Balanced Fund	\$	<input type="text"/>	<input type="text"/>	%
SuperLife SMT Growth Fund	\$	<input type="text"/>	<input type="text"/>	%
SuperLife SMT NZ Cash Fund	\$	<input type="text"/>	<input type="text"/>	%
Total	\$	<input type="text"/>	<input type="text"/>	%

Unless you specify the fund that the money is to be withdrawn from we will pro rata the amount across the funds held on your behalf, where you have an investment in more than one fund.

SECTION 4: WITHDRAWAL AMOUNT AND PAYMENT DETAILS (CONTINUED)

I request that the proceeds of my benefit payment be credited to the following bank account:

Bank name

Account name

Account number

Please attach a pre-printed bank deposit slip or bank statement.

I would like to transfer my full benefit to a KiwiSaver scheme, superannuation scheme, or workplace savings scheme.

Scheme name

Member number

Please attach a member statement or recent correspondence from the scheme named above.

If your application is approved, payment will usually be made within 7–10 business days from the date we receive your application. In order to pay you within this time frame we need:

- all the information required (and we don't have to come back to you for more), and
- the final contributions from your employer (if you are withdrawing your total value).

SECTION 5: EMPLOYER DECLARATION

I confirm that:

(Please tick each statement that is correct)

I declare that the member has met the required conditions as set out in the Trust Deed, Admission Deed, Specification Agreement and Product Disclosure Statement and I consent to this withdrawal.

For a member who has selected Benefit Type 2A:

The member has ceased employment

To the best of my knowledge the member does not intend to be re-employed by any State Sector employer, either permanently or under fixed-term agreement.

For a member who has selected Benefit Type 2C:

The member has reduced the member's hours of employment from full time to less than 30 hours per week.

To the best of my knowledge, the member does not intend to increase his/her hours in paid employment in the future.

SECTION 5: EMPLOYER DECLARATION (CONTINUED)

Final contribution details

Date last contribution remitted to the Manager

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

for period ended

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Contributions deducted since but not yet remitted

Member	Employer	Total now due
\$	\$	\$

Select one option

Evidence of payment attached for contributions that are due.

Delay payment of Benefit until final contributions are received by the Manager.

Enter date the final contribution will be paid to the Manager

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of officer

Signed on behalf of the employer by an authorised officer

Position

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SECTION 6: PRIVACY AUTHORISATION

The personal information you provide in this form, and any information you provide to us in the future, will be collected by Smartshares Limited (Smartshares), as Manager of the SuperLife Superannuation Master Trust, for purposes relating to the administration, operation, management and marketing of the scheme. Your personal information will be collected, used, stored and disclosed in accordance with the Privacy Act 2020 and SuperLife's Privacy Policy, which is available at superlife.co.nz/legal/privacy-policy.

You have the right to access and request correction to any personal information that you have supplied to Smartshares, by contacting superlife@superlife.co.nz.

SECTION 7: DECLARATION

- I declare that the answers given in this form are true and correct.
- I acknowledge that on receipt of the funds, the Supervisor and the Manager of the SuperLife Superannuation Master Trust will be released from all liabilities in respect of those funds.
- I understand that the Manager may require evidence to support or clarify any answer provided in this form, and may be unable to process the withdrawal request, in whole or part, until the requested information is obtained. I understand that acceptance of this application is subject to the approval of the Manager.
- I understand that my withdrawal will be based on the unit price(s) at the date my request is processed.
- I grant express consent for the Manager to disclose my information to its related companies.

Member's signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---