

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

Plan name/Employer name

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: PAYMENT DETAILS



MEMBER TO COMPLETE

I wish to apply for an undue hardship withdrawal benefit from the SuperLife Superannuation Master Trust. I request that the proceeds of the 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.

Note: A withdrawal is only to be made if you are suffering undue hardship as approved by your Employer, and as agreed with the manager, Smartshares Limited (**we, our** or **us**). You may only be able to make an undue hardship withdrawal from some of your accounts. If your application is approved, payment will usually be made within 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 4: 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 5: ACCOUNT DETAILS



MEMBER TO COMPLETE

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.

A hardship withdrawal can only be granted where you are suffering undue hardship. This is where there are no other assets which can reasonably be used to cover the gap between your personal income and expenses associated with the basic necessities of everyday living, other than making use of your SuperLife Superannuation Master Trust savings. Please refer to the attached Hardship Guidelines.

If we are satisfied that reasonable grounds exist such that the continued availability of hardship benefits may result in the SuperLife Superannuation Master Trust ceasing to be a Registered Scheme as defined in the Financial Markets Conduct Act 2013, we may at any time suspend the availability of such benefit for such period as we, in our absolute discretion, consider to be appropriate in the circumstances.

| | | | |
|---|----|--|---|
| SuperLife SMT Moderate Fund | \$ | | % |
| SuperLife SMT Balanced Fund | \$ | | % |
| SuperLife SMT Growth Fund | \$ | | % |
| SuperLife SMT NZ Cash Fund | \$ | | % |
| SuperLife SMT NZ Fixed Interest Fund | \$ | | % |
| SuperLife SMT World Fixed Interest Fund | \$ | | % |
| SuperLife SMT Australasian Shares Fund | \$ | | % |
| SuperLife SMT World Shares Fund | \$ | | % |
| SuperLife SMT Global Property Shares Fund | \$ | | % |
| Total | \$ | | % |

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 6: AUTHORISATION AND SIGNATURE

- I authorise the release at any time to the Manager and/or Supervisor of all personal information held by my employer in support of this application.
- I declare that the answers given on this form are true and correct.
- I acknowledge that on receipt of the funds, the Manager and Supervisor will be released from all liability in respect of those funds.
- I understand that this application is subject to the Manager's approval.
- I understand that the Manager will adjust my withdrawal amount for any tax liability arising as a result of my withdrawal request.
- I understand that my withdrawal will be based on the unit price(s) at the date my request is processed.

Member's signature

Date

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

SECTION 7: DECLARATION

EMPLOYER TO COMPLETE

The Employer declares that the Employer has seen reasonable evidence to approve this withdrawal for reasons of undue hardship.

Name of officer

Signed on behalf of the employer by an authorised officer

Position

Date

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

SECTION 8: GUIDELINES FOR THE EMPLOYER WHEN ASSESSING A HARDSHIP CLAIM

In determining undue hardship you need to be sure that the employee is unable to meet his or her financial commitments and that the hardship does not simply arise through budgetary issues. Early withdrawal must be the employee's last resort, and there must be no prospect of improvement in his or her financial situation in the medium term, as all other sources of finance have been exhausted. The employee's inability to meet his or her financial commitments may be evidenced by creditor recovery action being taken in relation to primary assets (for example the employee's family home) or by bankruptcy proceedings being commenced, or by the employee requiring government assistance.

The following are indicative of an employee's inability to meet his or her financial commitments:

- inability to carry out the employee's usual occupation because of major illness, injury or disability; or
- inability to meet minimum living expenses; or
- inability to meet mortgage repayments on the employee's principal family residence to such an extent that the mortgagee is seeking to enforce the mortgage on the residence; or
- inability to meet the cost of modifying a residence to meet special needs arising from the employee's disability or the disability of a dependant of the employee; or
- inability to meet the cost of medical treatment for a major illness or injury directly affecting the employee or a dependant of the employee; or
- inability to meet funeral costs for a dependant.

Please ensure that you specify whether a full or partial withdrawal is required and the amount involved. If at any time you are unsure how to proceed, please call us on 0800 27 87 37. Once approved or declined, you will need to forward the application 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.

To meet the requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we must verify your identity and residential address. **If you have already provided us with this information, then you do not need to complete this section. If you are unsure, please call us to confirm. We have 2 options available, please select one of the options below:**

OPTION 1: ELECTRONIC IDENTITY AND ADDRESS VERIFICATION

Please tick the box below to give us your consent to electronically verify your details. You will receive a link from noreply@cloudcheck.co.nz on the device you are using to do this. Please follow the prompts to have your photo taken. The photo helps us verify the identity of the person presenting the documents.

I would like to verify my identity and address electronically. I authorise SuperLife to undertake this.

You must have a valid NZ or Australian passport or driver's licence to complete electronic verification.

If we are unable to successfully identify you through electronic verification, you will need to provide us with the documents as per Option 2 (on the following page).

OPTION 2: CERTIFIED IDENTITY AND ADDRESS DOCUMENTS

If you select this option, you will need to provide SuperLife with certified copies of your ID documents and address proof as listed below. These documents must be posted to Freepost SuperLife, PO Box 105262, Auckland City, 1143.

A certified copy is a photocopy of an original document, on which an authorised person has written: *"I certify this to be a true copy of the original document"* or words to that effect (adding in the case of an identification document the words *"and that it represents the identity of [full name]"*); and – added their name and occupation, the date, their signature, their registration number (or equivalent) and their contact phone number.

The certifier cannot be someone who is related to you, is your spouse or partner, or lives at the same address. Certification must have been completed no more than 3 months prior to this application.

Your identity documents must be certified by one of the following (only if in NZ):

- Justice of the peace
- Registrar/Deputy Registrar
- Member of Parliament
- Registered teacher
- Notary Public
- Registrar
- Registered lawyer
- Police officer
- Registered doctor
- Kaumatua
- Chartered accountant
- Minister of Religion

Please contact us if you are having documents certified overseas so we can advise who can certify your documents. This list will differ from above.

Identification (please tick one option)

Option 1
One document from this section

NZ Passport (identity page)

Overseas Passport (identity page)

NZ firearms licence

NZ certificate of identity

Option 2
NZ driver's licence PLUS one of the documents from this section

SuperGold card

NZ full birth certificate OR Birth certificate issued by foreign government

NZ citizenship certificate OR Citizenship certificate issues by foreign government

Bank statement or IRD letter issued in your name in the last 6 months

Option 3
Kiwi Access (formally 18+) Card PLUS one of the documents from this section

NZ full birth certificate OR Birth certificate issued by foreign government

NZ citizenship certificate OR Citizenship certificate issued by foreign government

Address

Please supply a certified copy of one of the following as proof of address. The document you provide must be addressed to you showing the residential address you have declared in this application and be dated within the last 12 months:

Letter of invoice from utility company

Bank statement

Letter from government agency e.g., Inland Revenue, Waka Kotahi, rates bill, etc.