

Subsequent Retirement Withdrawal Application

KiwiSaver Retirement Benefits

When you reach your KiwiSaver Retirement Age, you can withdraw all or part of your KiwiSaver Account balance. You can take your benefit as a single lump sum, or as a series of payments. The payments may be regular, or as required.

Until your KiwiSaver account balance is paid out, it continues to be invested and you can still save. When your balance is paid out in full, you cease to be a member of the Pathfinder KiwiSaver Plan.

KiwiSaver retirement age

Your KiwiSaver Retirement Age is the later of:

The day that you reach the New Zealand Superannuation qualification age (currently age 65)

How do I get a retirement benefit?

To receive a retirement benefit, complete the form on the next page.



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\$

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KiwiSaver Subsequent Retirement Benefit Request Form

Use this form: To withdraw all or part of your KiwiSaver account under the retirement benefit provisions of KiwiSaver if you have made a retirement or life-shortening congenital condition withdrawal before.

Your details											
Title	First Name		Middle Names								
Last Name			Date of Birth								
Postal Address _											
Town/City		Country	Postcode								
Home phone			Mobile								
Email			IRD Number								
Renefit and r	payment details										
I wish to withdray											
Amount: \$		OR my fu	Ill balance OR my current account balance, but I want to maintain my membership								
Lump sum payr	ments		and keep saving.								
Complete this section if you want to take out one or more lump sum payments. Show both the amount required and the date to be paid. This can be as well as, or as an alternative to, a regular withdrawal payment.											
Amount		Date									
\$											
\$											
\$											
\$											
\$			6/2/09								
\$											



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Regular withdrawal											
Complete this section if you wa	ant to receive a regular payme	ent from	your Kiw	<i>i</i> Save	racc	ount.					
I want to receive a regular amo	ount of \$	to be p	oaid:								
Frequency Weekly	Fortnightly Mo	onthly	Qı	uarterl	у [6-	Mon	ithly		An	nually
I want the payments to start or	1	_									
Please pay my benefits to:											
Account Name		Bank N	Name								
Branch Name	Account Number										
		Bank	Branch		Acco	unt Nun	nber			Suffix	
Please provide evidence verifying the	above bank account name and num	ber, if not	already pro	vided.							
Signature											
I understand that on payment	of my full account balance, I w	ill cease	e to be a	memb	er of	KiwiSa	aver	unles	sIha	ve a	dvised
above that I wish to maintain m	ny membership.										
I understand payment may tak	e up to ten business days to l	oe proce	essed.								
Signature				_ Date	e						
Disclaimer: By typing your name abo	ve you are signing this application ele	ectronical	ly. You agre	e that y	our ele	ctronic	signat	ture is t	he leg	al equ	uivalent

of your manual signature and confirm the information stated on this form is correct.



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Certification guidelines

- Acceptable Documents
 - current passport (including your photo and signature pages) or Drivers Licence (back and front). If these are foreign documents they need to be translated into English.
 - utility bill, bank statement or letter from Government Department issued within the last 3 months showing your address.
- Certification must be within the last six months.
- The certifier must be: a JP; Chartered Accountant; Lawyer; Police Officer; Registered Teacher; Registered Doctor or any other person who has legal authority to take statutory declarations. The certifier cannot be your spouse, partner, relative or living at the same address as you.
- Upon comparing the copy with the original document, the certifier must write on the copy their name, occupation, their signature, the date and the following, "I certify this to be a true copy of the original document and confirm that it represents the identity of [full name of person being identified]."

Where do I send my application to?

Email return:

Please scan this application and email it to us at apply@pathfinder.kiwi or

Postal return:

Please send this application to: Pathfinder Asset Management, PO Box 2673, Auckland 1140.

If you have any questions, please contact 0800 ETHICAL (384 4225).

Please allow three business days for this application to be processed.

