New Zealand Retirement Trust (NZRT) Withdrawing Funds Form

Member Details – Please ensure all boxes are fully completed to assist processing.

Member Number

Date of Birth D D M M Y Y Y Y

Member's Name

B L O C K L E T T E R S

Member's Address

Member's Contact Phone No (home)

Member's Contact Phone No (work/mobile)

Email Address

Employer's Name

Plan Name

Amount Required $

OR Entire Member Account ☐ (tick box)

Note. The minimum amount that you can withdraw is $1,000

Payment Details

Bank Details

Bank Name and Branch

Account Number *(attached encoded lodgement slip)*

Account Holder

Note: Please allow five working days from receipt of **all** relevant forms for your application to be reviewed and, if accepted, to be processed.

Fund Withdrawal Tax

The information relating to the following questions is used by the Trustee to determine whether your withdrawal may be liable for Fund Withdrawal Tax (FWT). FWT applies to employer contributions (including salary sacrifice contributions).

Please tick appropriate box

1. Did you earn over $60,000 in any of the last 4 years? ☐ **Yes** ☐ **No**
2. Has any employer made contributions (including salary sacrifice contributions) to your fund since 1 April 2000? ☐ **Yes** ☐ **No**

Please note. You may need to complete a questionnaire if it is considered you may be liable for Fund Withdrawal Tax on your withdrawal. The questionnaire, if required, will be sent to you shortly.

Please Read Before Signing

- Are you leaving your employer? ☐ **Yes** ☐ **No**

  If yes, your funds will not be paid until your employer has completed a leaving employment form and any outstanding contributions have been received.

Application to Trustee and Certification

I apply to the Trustee of the NZRT to withdraw the amount referred to above.

I certify the information above is true and correct.

Member's Signature

SIGN

Date D D M M Y Y Y Y

I certify the information above is true and correct.

Employer's Signature

SIGN

Date D D M M Y Y Y Y

Full Name

Designation

Note. Portability members do not need their employer to sign the certification.

Please return this form to: NZRT Customer Service, AMP, Freepost 170, PO Box 1290, Wellington.
If you have any questions please contact our Customer Service Team on 0800 808 267.

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