



First Time Applying **Retirement Withdrawal**

KiwiSaver Retirement Benefits

When you reach your KiwiSaver Retirement Age, you can request for all or part of your KiwiSaver balance to be paid to you. You can take your balance 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 day that you reach the New Zealand Superannuation qualification age (currently age 65)

Confirmation of New Zealand residency

When you first ask for a retirement benefit, you are required to give a statutory declaration that for the period of your KiwiSaver membership, your principal place of residence was New Zealand. This is a legislative requirement. If you have gone overseas on holiday, your principal place of residency is still New Zealand.

If during part of your KiwiSaver membership you received a government contribution when New Zealand was not your principal place of residence, the government will take back its contributions for that period.

What if I had a long holiday overseas (e.g. in Australia)?

Going overseas on holiday does not change your principal place of residence. However, if you left New Zealand for a period to work or live overseas, then during that period, no government contributions should have been paid and if they were, they have to be paid back to the government.

How do I get a retirement benefit?

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

Document Checklist:

Please send us all applicable documents listed below for fast handling of your application.

☐

Completed Application Form (pages 2-4), including the Statutory Declaration

☐

Proof of bank account e.g. bank statement

☐

Certified copy of identity following our guidelines

☐

Certified proof of address following our guidelines





KiwiSaver Retirement Benefit Request Form

Use this form: To withdraw all or part of your KiwiSaver account under the retirement benefit provisions of KiwiSaver. You must complete each section and, if this is your first withdrawal from KiwiSaver in retirement, give the statutory declaration on page 4.

Your details

Title _____ First Name _____ Middle Names _____
Last Name _____ Date of Birth _____
Postal Address _____
Town/City _____ Country _____ Postcode _____
Home phone _____ Mobile _____
Email _____ IRD Number

Benefit and payment details

I wish to withdraw: (please tick one)

☐ Amount: \$ _____ OR ☐ my full balance OR ☐ my full balance, but I want to maintain my membership and keep saving.

Lump sum payments

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, the regular withdrawals below.

Amount	Date
\$	
\$	
\$	
\$	
\$	
\$	
\$	





Regular withdrawals

Complete this section if you want to receive a regular withdrawal from your KiwiSaver account.

I want to receive a regular payment of \$ _____ to be processed:

Frequency ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ 6-Monthly ☐ Annually

I want the regular payments to start on _____

Please allow at least 10 business days for funds to be processed and paid to your nominated bank account.

Please pay my benefits to:

Account Name _____ Bank Name _____
Branch Name _____ Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank

Branch

Account Number

Suffix

Please provide a deposit slip or other evidence verifying the above bank account name and number.

I confirm that for the period which I have been a member of KiwiSaver, my principal place of residence was:

- ☐ Always in New Zealand
☐ New Zealand, except for the following periods:

From _____ to _____ From _____ to _____

Signature

I understand that on payment of my full account balance, I will cease to be a member of KiwiSaver unless I have advised above that I wish to maintain my membership.

I understand payment may take up to **ten** business days to be processed.

Signature _____ Date _____

Disclaimer: By typing your name above you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature and confirm the information stated on this form is correct.



Statutory declaration

Please complete this section before an authorised witness¹.

I (enter your full legal name) _____

occupation (enter your occupation - or unemployed/retired) _____

of (enter the full residential address where you live) _____

solemnly and sincerely declare, that the information given in this form is a complete and correct record of the period where New Zealand was my principal place of residence while I have been a member of KiwiSaver, and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Act 1957.

Signature of Declarant _____

Declared at (place, for example, town or city) _____ Date _____

Before me (details of authorised witness¹)

Name _____ Occupation _____

Address _____ Signature _____

¹A Justice of the Peace for New Zealand or other person (e.g. notary public, solicitor, officer of the court) authorised to take and receive Statutory Declarations.





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 10 business days for this application to be processed.

