



## 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.

#### Document Checklist: (please tick as appropriate)

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

☐

Completed Application Form





## 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

### Benefit and payment details

I wish to withdraw: (please tick one)

☐ Amount: \$ \_\_\_\_\_ OR ☐ my full balance OR ☐ my current account 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, a regular withdrawal payment.

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





## Regular withdrawal

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

I want to receive a regular amount of \$ \_\_\_\_\_ to be paid:

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

I want the 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 

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Bank Branch Account Number Suffix

Please provide evidence verifying the above bank account name and number, if not already provided.

## 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.



## 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](mailto: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.

