

Withdrawal Request Form

If you have transferred any UK sourced pension funds into a QROPS account in SuperLife UK Pension and would like a retirement benefit, use the form titled: **'Withdrawal request – UK Pension Monies Form'** available on the website.

Reason For Withdrawal

Please select one of the following options and complete the relevant pages and declaration on page 10:

Retirement Benefit Payment (age 65+)

Serious Illness (see pages 3-4)

Significant Financial Hardship (see pages 5-8)

Deceased (see page 9)

Member Details

Full Name

SuperLife UK Pension Member Number

Date of Birth (DD/MM/YYYY)

Bank Account Information

You must provide us with New Zealand dollar bank account details which is in the same name as your SuperLife UK Pension Transfer Scheme holding.

Name of Account

Bank Name and Branch

Account Number

Benefit Payments

Complete this section to withdraw a regular income or lump sum payment in accordance with the standard SuperLife UK Pension Transfer Scheme Rules.

Regular Income

Income Amount

\$	Fortnightly	Monthly	Annually
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Start Date (DD/MM/YYYY)

End Date (if applicable)

Lump Sum Payment

A Lump Sum payment of:	\$
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Serious Illness – Member Declaration

Please complete this page if you selected Serious Illness in the first section of this form. Serious illness means an injury, illness or disability that –

- (a) means you are totally and permanently unable to work in a job suited to your experience, education, or training (or a combination of those things); or
- (b) poses a serious and imminent risk of death.

I (Full Name),

of (Address),

solemnly and sincerely declare that all the information provided in or with this application is true and correct and that:

- 1. I understand that acceptance of the application is at the discretion of the Manager and that fees may apply.
- 2. I understand that the SuperLife UK Pension Transfer Scheme and/or the Manager may request additional information from me relating to this application.
- 3. I acknowledge that the Privacy Act 2020 provides me with the right to request access to and/or correction of any of my personal information held by the Manager. I understand that the information supplied by me with this application will be used to process this application and to administer my membership of the SuperLife UK Pension Transfer Scheme (and may be disclosed for these purposes to third parties where relevant, including the Inland Revenue, my Adviser, my employer's Adviser, or another intermediary or distributor). I authorise the Manager to obtain additional information in relation to this application from any third party/entity.
- 4. I understand that if my application is approved and a full withdrawal of SuperLife UK Pension Transfer Scheme account is made, then my membership of the SuperLife UK Pension Transfer Scheme will end.
- 5. I confirm that I am not an undischarged bankrupt or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to this application and that no other person has any claim against it.
- 6. I indemnify the Manager, SuperLife UK Pension Transfer Scheme and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability arising and discharge them from any liability in respect of my membership of the SuperLife UK Pension Transfer Scheme and/or any withdrawal payment made.

Please ensure the next section, Doctor Confirmation, is completed by your Doctor, then proceed to the Declaration section on page 10.

Serious Illness – Doctor Confirmation

Please ask your doctor to complete this page.

I (Full Name),

of (Address),

certify that:

- (i) I am a registered practitioner with the Medical Council;
- (ii) the person named in section (on page 1) is a patient of mine; and
- (iii) in my opinion, the above-named has an (please tick):

Injury

Illness

Disability

that results in them being totally and permanently unable to engage in work for which he or she is suited by reason of experience, education, or training, or any combination of those things

OR _____

the patient has an injury, illness or disability that poses a serious and imminent risk of death.

As the Doctor of the member, please give a brief description of the patient's condition and describe in the space provided below:

- (i) how the injury, illness or disability results in the member being totally and permanently unable to engage in work for which he or she is suited by reason of experience, education, or training, or any combination of those things; or
- (ii) the nature of the injury, illness or disability is that poses a serious and imminent risk of death

Specialist(s) or hospital reports describing the injury, illness and/or disability and providing specific details of condition are enclosed.

Doctor's Signature

Date (DD/MM/YY)

Significant Financial Hardship

Please complete this section if you selected Significant Financial Hardship in the first section of this form.

To make a significant financial hardship withdrawal, you will need to provide evidence that you are suffering or likely to suffer significant financial difficulties because you are:

- unable to meet your minimum living expenses.
- unable to meet the mortgage repayments on your home, resulting in your mortgage provider enforcing the mortgage on your property.
- modifying your home to meet special needs because you or a dependent family member has a disability.
- paying for medical treatment because yourself or a dependent family member is ill or injured.
- paying for palliative care for you or a dependent family member.
- incurring funeral costs because of a dependent family member's death.

You can not use a significant financial hardship withdrawal to cover fines, Inland Revenue, WINZ or debt collection agency payments. Regular payment plans can usually be arranged with those agencies.

Statement of Financial Position

Please provide recent information that is no older than two weeks prior to the date this form is completed.

Detail your family situation i.e. spouse/partner, dependent children (the children that live at home and that you still support financially), other dependent family members, etc. Please give details of ages, employment status and the level of dependency.

Please describe below what efforts you have made to obtain finance elsewhere including details of lenders you have approached.

Please outline your financial position, how it arose and the reason you are applying for a Significant Financial Hardship withdrawal.

Are you currently seeking any budgetary advice or help? If yes, please provide confirmation from a Budget Adviser. Detail your normal monthly costs and your normal income. This should relate to the family and reflecting your personal situation. You will need to provide supporting information.

Assets – What You Own

Property – Own Home

£ / \$

Property – Investment/holiday

£ / \$

Vehicles

£ / \$

Bank Accounts¹

£ / \$

KiwiSaver – You

£ / \$

KiwiSaver – Partner

£ / \$

Other Investments, e.g. Share Portfolios, Savings Schemes

£ / \$

TOTAL ASSETS

£ / \$

Liabilities – What You Owe

Mortgages²

£ / \$

Personal Loans²

£ / \$

Bank Overdrafts¹

£ / \$

Credit Cards³

£ / \$

Hire Purchase

£ / \$

Finance Company

£ / \$

Other

£ / \$

TOTAL LIABILITIES

£ / \$

- 1. You must attach a copy of the recent statements of each of your bank accounts and your credit card accounts.
- 2. You must attach supporting evidence.
- 3. You must attach a list of debts with supporting evidence (e.g. phone bill together with outstanding payment advice).

List details of all bank accounts and their balances ¹	Balance
	£ / \$
	£ / \$
	£ / \$
	£ / \$

List details of your mortgage and personal loans and the amount outstanding ²	Balance
	£ / \$
	£ / \$
	£ / \$
	£ / \$

List details of your credit cards and their balances ³	Balance
	£ / \$
	£ / \$
	£ / \$
	£ / \$
	TOTAL
	£ / \$

Detail your normal monthly costs and your normal income. This should relate to the family and reflecting your personal situation. You will need to provide supporting information.

Income (Monthly, After Tax)

Salary/Wages/Part-time Work – You

£ / \$

Salary/Wages

£ / \$

Self-employed Income

£ / \$

WINZ

£ / \$

Working for Families

£ / \$

Child Support Received

£ / \$

Rental Income

£ / \$

Interest/Dividends

£ / \$

Other

£ / \$

TOTAL INCOME (MONTHLY, AFTER TAX)

£ / \$

Expenditure (Monthly)

Mortgage/Rent/Board

£ / \$

Transport, e.g. Petrol, Bus, Train

£ / \$

Rates/Water

£ / \$

Electricity

£ / \$

Insurances

£ / \$

Phone/internet

£ / \$

Finance/debt, e.g. Credit Payments

£ / \$

Groceries

£ / \$

Other

£ / \$

TOTAL EXPENDITURE (MONTHLY)

£ / \$

Please ensure the above sections are completed in their entirety and proceed to the Declaration section on page 10.

Deceased

Please complete this page if you selected Deceased in the first section of this form.

Member Details

Full Name

Date of Birth (DD/MM/YYYY)

Phone Number

Last Residential Address

City

Country

Postcode

Postal Address (if different from above)

City

Country

Postcode

Email Address

Please enclose the following information with this form:

Preprinted bank deposit slip or certified bank statement showing the account name and number the funds should be deposited into. Please note, payments are not normally paid to third parties.

Certified copy of the death certificate

Certified copy of probate or letters of administration

Please ensure the above sections are completed in their entirety and proceed to the Declaration section on page 10.

Declaration

Please complete this page after completing the sections associated with the reason you selected in Section One: 'Reason for Withdrawal'.

I (Full Name),

of (Address),

Solemnly and sincerely declare, that the information given in this form and the attached documents are true and correct.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Declared at (Location)

Date of Declaration (DD/MM/YYYY)

Applicant Signature

Before me (Justice of the Peace, solicitor, notary public, or other person authorised to take statutory declaration, such as the Registrar or Deputy Registrar of the High Court or of any District Court or a member of Parliament):

Full Name, Title/Office Or Person Taking Declaration

Of City (Where Signing)

Occupation

Signature Of Person Authorised To Take Declaration

Date (DD/MM/YYYY)

Company Stamp or Seal

Sending Your Application

Please post or courier all original completed forms and supporting documents to our service centre:

Post: PO Box 10760, Wellington 6140, New Zealand

Courier: Level 5, 139 The Terrace,
Wellington 6011, New Zealand

Contact Details

Website: www.garrisonbridge.co.nz

Email: super@garrisonbridge.co.nz

Phone: 0800 254 338