Withdrawal Request UK Pension Monies Form

Please complete this form to request a payment from your SuperLife UK Pension Transfer Scheme which includes UK sourced pension funds. UK tax provisions may apply if you are UK resident, or have been within the last ten tax years.

Meniber Details	
Full Name	
SuperLife UK Pension Member Number	Date of Birth (DD/MM/YYYY)
Bank Account Information You must provide us with New Zealand bank accour	nt details which is in the same name as your
SuperLife UK Pension Transfer Scheme holding. Name of Account	it details which is in the same name as your
Bank Name and Branch	Account Number

Current Investment Strategy

Select which fund you are currently invested in and the New Zealand dollar amout you would like to withdraw.

Please note a withdrawal fee may apply.

NZD Conservative Fund No. 2	\$
NZD Balanced Fund	\$
NZD Balanced Fund No. 2	\$
NZD Growth Fund No. 2	\$
NZD Australasian Equities Fund	\$
NZD Bond Fund	\$
NZD Cash Fund	\$
NZD International Equities Fund	\$
NZD Real Assets Fund	\$
NZD UK Cash Fund	\$

Benefit Payments

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

Regular Income

Income Amount

\$ Fortnightly Monthly Annually

Start Date (DD/MM/YYYY) End Date (if applicable)

Declaration

I confirm that I wish for the Manager of the scheme to proceed with the above withdrawal request. I understand that in making this withdrawal, in some circumstances a withdrawal of funds may be liable for tax. The Manager is required to report to HMRC all withdrawals within ten years of the original transfer date.

I confirm this withdrawal is under flexible access rules.

I understand the Manager will process withdrawal applications as they are received, but during non-trading periods it may take up to 14 business days to process the withdrawal.

Applicant Signature

Date of Declaration (DD/MM/YYYY)

The below outlines the personal identification documents we require in order to process the withdrawal request. These documents must either be certified by a trusted referee or verified by the adviser.

Applicant Signature Identification Proof of bank account

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