

Withdrawal Request Form

If you have transferred any UK sourced pension funds into a QROPS account in Garrison Bridge and would like a retirement benefit, you are unable to use this form.

Please use the **'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+)

Deceased (see page 9)

Serious Illness (see pages 3-4)

Member Details

Full Name

Garrison Bridge Member Number

Date of Birth (DD/MM/YYYY)

Bank Account Information

You must provide us with bank account details which is in the same name as your Garrison Bridge Superannuation Scheme holding.

Name of Account

Bank Name and Branch

Account Number

International SWIFT Details (if applicable)

Account Currency

Benefit Payments

Complete this section to withdraw a regular income or lump sum payment in accordance with the standard Garrison Bridge Superannuation Scheme rules.

Regular Income

Income Amount

Fortnightly Monthly Annually

GBP AUD NZD

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

Lump Sum Payment

A Lump Sum payment of:

GBP AUD NZD



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 –

(a) that 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) that 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. The information in this application (and any attachments) is true and correct.
2. I understand that acceptance of the application is at the discretion of the Manager and that fees may apply.
3. I understand that Garrison Bridge and/or the Manager may request additional information from me relating to this application.
4. I acknowledge that the Privacy Act 1993 provides me with the right to request access to and/or correction of any of my personal information held by Garrison Bridge Superannuation Scheme. 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 Garrison Bridge Superannuation 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 Garrison Bridge and/or the Manager to obtain additional information in relation to this application from any third party/entity.
5. I understand that if this application is approved and a full withdrawal of Garrison Bridge Superannuation Scheme account is made, then my membership of the Garrison Bridge Superannuation Scheme will end. I solemnly and sincerely declare that all the information provided in or with this application is true and correct and that: I (name), of (address), Please ensure the next section, Doctor confirmation, is completed by your Doctor then proceed to the Declaration section on page 10.
6. 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.
7. I indemnify the Manager, Garrison Bridge Superannuation 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 Garrison Bridge Superannuation 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

which 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 _____

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) what the injury, illness or disability is that poses a serious and imminent 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)



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

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 which the funds should be deposited. 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 what 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

