BCF
Your Workplace Retirement Scheme

KiwiSaver
Poua he Oranga
KiwiSaver Act 2006

Application for Withdrawal – Retirement

Use this form to apply for a withdrawal funds from your account when you have reached the age of entitlement for Australian Superannuation or New Zealand Superannuation (currently 65) or you have been a member of KiwiSaver for five years, whichever is later. We will also require you to complete an AML Identity Verification form which is available by calling 0800 223 4636 or emailing bcfkiwisaver@mjw.co.nz.

Section A Your Personal Details

1. Your IRD Number ☐☐☐ ☐☐☐ ☐☐☐
2. Your Member Number ☐☐☐☐☐☐
3. Your name ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ____________

First Name(s) ____________ Surname ____________

4. Your Postal Address

Street Address/ PO Box ____________

____

Suburb or RD ____________

Town or City ____________

Postcode ☐☐☐☐

5. Email address ____________

6. Date of birth ____________
7. Contact phone no ____________

Section B Withdrawal Request

Please attach a pre-printed bank deposit slip showing the bank account you would like the funds deposited into. This payment can only be made into your personalbank account as we do not make payments to third parties.

☐ Regular withdrawal (minimum $100) *Amount* $ ____________ Weekly / Fortnightly / Monthly*

☐ Partial withdrawal (minimum $500) *Amount* $ ____________

☐ Full withdrawal of all available funds.
Payment will be made within 5 business days of receiving the final member tax credits from Inland Revenue

* Weekly and fortnightly withdrawals will be paid on a Tuesday. Monthly payments will be paid on the 15th of each month, or the prior working day if this falls on a weekend or public holiday

Name of bank account ____________

Bank account no ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

Section C Acknowledgement

I acknowledge that on receipt of the benefit I have requested above:

- My interest in the Scheme will be reduced by the amount I have elected to partially withdraw; or
- I will have no further interest in the Scheme where I have elected to fully withdraw my benefit; and
- I will have no further claims against the Scheme in respect of the benefit paid
- I understand that my account will be closed when my account balance reaches $0

Signature ____________ Date ____ / ____ / ____

I certify that I have read the notes and that all information I have supplied is correct. Please also ensure page 2 of this application is completed.

Section D Your declaration

Please complete the relevant checkboxes and sign the statutory declaration below:

Note: All members please complete question 1. If you have transferred funds from an Australian Superannuation Scheme and are applying to withdraw all or some of these funds please also complete question 2. Please complete this section only if this is the first time you are applying for a retirement withdrawal from the Aon KiwiSaver Scheme.

1. I solemnly and sincerely declare that:

☐ I have had my principal residence in New Zealand for the entire period that I have been a member of KiwiSaver

☐ I was living overseas for the following dates

____ / ____ / ____ to ____ / ____ / ____ *[insert dates]*

and I understand I do not qualify to be paid the member tax credit for this period.

2. I would like to withdraw some or all of my Australian Superannuation Scheme funds and solemnly and sincerely declare that:

☐ I am aged 60 or over; and I have retired from being gainfully employed. I do not intend to be gainfully employed in future, on either a full-time or part-time basis

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

Signature _____
Your signature

Declared at _____ ____ day of _____ 20 ____
Location *Date*

Signature _____
Justice of the Peace, Solicitor, or other person authorised to take a statutory declaration

Declaration taker's details/stamp

Checklist

I have
- ☐ completed Sections A, B, C & D and
- ☐ signed and dated Section D – i.e., the Statutory Declaration
- ☐ had Section D duly authorised

I attach
- ☐ a pre-printed bank deposit slip or bank statement showing the account name and number into which payment is requested to be made.
- ☐ a completed AML form

Please return the completed form and documentation to:
Post Original Documents: BCF KiwiSaver Scheme, C/- Melville Jessup Weaver, PO Box 1096, Wellington 6140
Or Courier: BCF Kiwisaver, C/- Melville Jessup Weaver, Kiwi Wealth House, Level 7, 20 Ballance Street, Wellington 6011

If you have any questions about completing this form, please call 0800 BCF INFO (0800 223 4636).

The information in this form is being collected for the purposes of effectively managing your BCF KiwiSaver Scheme account and it will be held by MJW. It may be disclosed to third parties to the extent that is necessary to administer your application and any withdrawal from the BCF KiwiSaver Scheme. You can ask to see the personal information that MJW holds about you by calling us on 0800 223 4636.