

Please mail to Freepost 211044, Christian KiwiSaver Scheme, PO Box 12 287, Thorndon, Wellington 6144

You can make a withdrawal once you have reached your Qualifying Date, which is the later of:

- » the date you reach the New Zealand Superannuation qualification age (currently age 65); and
- » the date on which you have been a member of a KiwiSaver scheme and/or a complying superannuation fund for a total period of over five years.

1. Member details

Title	First name	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Date of birth	IRD Number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Phone	Daytime	Mobile
	<input type="text"/> (0)	<input type="text"/> (0)
Postal address	Number / Street / PO Box	
	<input type="text"/>	
	Suburb / City	Postcode
	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		

2. Withdrawal amount

Full withdrawal

- All eligible funds in my KiwiSaver account at the time of withdrawal.

By choosing full withdrawal, I agree that the Trustee may close my KiwiSaver account.

Partial withdrawal*

- A partial withdrawal of \$ or all eligible funds at the time of the withdrawal if this is a lesser amount.

The minimum partial withdrawal is \$1,000.

Regular withdrawals*

- A regular withdrawal of \$

The minimum regular withdrawal is \$200.

Frequency (Select one) Fortnightly Monthly

* Withdrawal proportions

Unless you advise differently, partial or regular withdrawals will be deducted proportionally from each investment fund you are invested in.

If you want to use a different proportion, please indicate the split below:

Growth Fund	<input type="text"/> \$
Balanced Fund	<input type="text"/> \$
Income Fund	<input type="text"/> \$

3. Payment details

Please pay the withdrawal amount to my bank account as detailed below:

Name of bank account - Please provide proof of your bank account name and number by attaching a deposit slip or bank statement

Account details

Bank

Branch

Account

Suffix

5. Statutory declaration

Full name

I,

Address

of

Occupation

Occupation

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

Please choose one option

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

I have had my principal place of residence in New Zealand for the entire period that I have been a member of KiwiSaver, with the exception of the following periods, during which I lived overseas.

From to

From to

and during my time living overseas I was was not working for a charitable organisation.

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

Signature of applicant

Declared at Place this Date day of Month & year

Signature of Witness

Your signature must be witnessed by a Justice of the Peace, a Solicitor, a Court Registrar (or Deputy Registrar) or any other person authorised to take statutory declarations.

Before me: Signature of witness

Printed name

Position

Official stamp