

SUPERANNUATION MASTER TRUST

Permanent Emigration Withdrawal Form

Use this form to apply for a withdrawal of your Superannuation Master Trust (SMT) savings for the reason of permanent emigration.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed and signed this form please send it and any supporting documents to the address above.

*These fields must be completed

(a) Your personal details

*Plan number

*Date of birth

*Title

 Mr Mrs Ms Miss Dr Other

*First names

*Surname

*Residential address

 Postcode

*Postal address (if different from above)

 Postcode

*Please provide at least one contact number

Home phone

Work phone

Mobile phone

*Email

*IRD number

Prescribed Investor Rate (PIR)

 10.5% 17.5% 28%

We deduct PIE tax from your withdrawal using the information we have at the time your withdrawal is paid. If you're unsure of your PIR, please contact your Adviser or Inland Revenue. If you are a non-resident for NZ tax purposes the highest PIR should be used.

*(b) Privacy

The personal information you are providing in this form, (or in connection with this form) is being collected for the main purpose of effectively administering and managing your Superannuation Master Trust account in compliance with all relevant law. If you do not provide us with your personal information, we may not be able to process or may refuse your contribution or withdrawal. The information may also be used for the purpose of verifying your identity electronically or providing you with information about products and services we think might be of interest to you (including from our parent company Lifetime Asset Management Limited). The information may be used by, and disclosed to the Manager, Lifetime Asset Management Limited, the Administration Manager, or other entity involved in the administration and management of the Superannuation Master Trust (including Inland Revenue and any regulatory body) or your financial adviser. The information you provide may also be used by external agencies appointed by us for the purposes of verifying your identity.

I agree that this information may be collected, held and disclosed for these purposes.

The information is being collected by the Manager, whose address is Lifetime Asset Management, PO Box 10760, Wellington 6140, and will be held by Link Market Services Limited who you can contact at PO Box 91976, Victoria Street West, Auckland 1142. You can request access to your personal information and can ask that it is updated by calling 0800 266 268.

***(f) Statutory declaration**

I (full name of member)

B	L	O	C	K	L	E	T	T	E	R	S													
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of (Address)

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Occupation

B	L	O	C	K	L	E	T	T	E	R	S													
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I solemnly and sincerely declare that all the information provided in or with this application is true and correct and that:

1. 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 Lifetime (Lifetime in this context includes all members of Lifetime Asset Management and their subsidiaries, associated companies and agents) or the Supervisor of the SMT. I understand that the information supplied by me with this application shall be used to process this application and to administer my membership of the SMT (and may be disclosed for these purposes to third parties where relevant, including the Inland Revenue, my Adviser or other intermediary or distributor). The information may also be used by Lifetime or third parties to offer me other products or services made available within Lifetime Asset Management.
2. I have permanently emigrated/ am permanently emigrating from New Zealand and am applying to withdraw my savings from the SMT.
3. I am currently living in/ will live in
4. I confirm that any payment relating to my membership in the SMT, will not be reinvested in New Zealand.
5. I certify that all the information I have supplied in this application (and any attachments to this application) is true and correct.
6. I understand that acceptance of this application is at the discretion of Lifetime and/or the Supervisor and that fees may apply.
7. I understand that Lifetime and/or the Supervisor may request additional information from me relating to this application.
8. I understand that if this application is approved by the Supervisor and a full payment of the total value of my savings is made to me, my membership of the SMT will end.
9. 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.
10. I indemnify the Supervisor, Lifetime 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 SMT and/or any withdrawal payment made.

In regards to UK Pension Transfers (if applicable):

11. I understand that the UK tax year runs from 6 April to 5 April; and
 12. I have not been a UK resident for UK tax purposes at any time during the current or previous five consecutive UK tax years; and
 13. I understand that this Declaration will be used to support my application to withdraw funds transferred from my UK registered pension scheme.
- I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

*Declared at

*this (date)

D	D	M	M	Y	Y	Y	Y
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*Member's

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 of person taking declaration

*of city (where signing)

*Occupation

*Signature of person authorised to take declaration

*Date

D	D	M	M	Y	Y	Y	Y
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OFFICIAL MARK

*(g) Provide your identification to verify your identity

Please complete Option 1 in the table below and attach copies of the requested document (please tick which document you are providing).

If you **cannot provide a document from Option 1, then complete Option 2 or 3.**

Option 1: ONE document from this section	
<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> Overseas passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity

Option 2: <input type="checkbox"/> NZ Driver's Licence PLUS (ONE of the of the documents from this section)	
<input type="checkbox"/> Super Gold card	<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government	<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 6 months

Option 3: <input type="checkbox"/> 18+ Identity card PLUS (ONE of the documents from this section)	
<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government	<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government

IMPORTANT: If you are providing previously certified identity documents, please ensure the documents have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this form.

Proof of address

As well as providing your identity documents you must also supply proof of your address. Tick one document option from this section. The document you supply needs to show the **residential address** detailed in section (a) and be dated within the last 6 months.

Letter or invoice from utility company Bank statement Letter from government agency (e.g. Inland Revenue, rates bill)

Verification of identity electronically

In order to verify your identity and address electronically, please provide us with copies of the documents listed in above. Note: identity verification documents must be New Zealand documents and current (i.e. not expired). We cannot electronically verify your bank account.

I authorise Lifetime Asset Management Limited to electronically verify my identity and address.

If you do not wish Lifetime to verify your identity and address electronically, please select an alternative in section (h).

(h) Certify or verify your identity

Your identity can be certified by a trusted referee (use the first box below), or verified by an Adviser or Lifetime employee acting as agent of Lifetime (use the second box below).

If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country, state or territory where the documents are being certified. For more guidance on who can act as a trusted referee overseas, please contact your Adviser or Lifetime.

DECLARATION BY TRUSTED REFEREE (CERTIFYING IN NEW ZEALAND)

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (g) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.

2. The documents that have been provided represent the identity of the person named in section (a) of this form.

3. I am a **(tick one of the following)**

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> New Zealand Lawyer | <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Notary Public | <input type="checkbox"/> Registered Medical Doctor |
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Police Constable | <input type="checkbox"/> Registered Teacher | <input type="checkbox"/> Kaumātua |
| <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Minister of Religion | <input type="checkbox"/> Commonwealth Representative | <input type="checkbox"/> NZ Honorary Consul |
| <input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives acting in the employment of a lawyer | <input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court | | |

4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

DECLARATION BY TRUSTED REFEREE (CERTIFYING OUTSIDE NEW ZEALAND)

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (g) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.

2. The documents that have been provided represent the identity of the person named in section (a) of this form.

3. I am a

4. In this capacity, I am authorised to take statutory declarations under the laws of

5. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

DECLARATION BY ADVISER OR LIFETIME EMPLOYEE (AS AGENT OF LIFETIME)

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (g) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement, are true copies of those documents **initialled and dated** by me.

2. The documents that have been provided represent the identity of the person named in section (a) of this form.

3. Lifetime has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that Lifetime is relying on me to perform those functions for it.

4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of Adviser/Lifetime Employee

Dated

(e) Adviser use only

Adviser name

B L O C K L E T T E R S

Adviser code

[Empty grid for Adviser code]

Adviser's business name

[Empty grid for Adviser's business name]

I certify that I have completed the most recent training provided by Lifetime for this product, and have complied with the requirements of the Financial Markets Conduct Act 2019, and all other applicable laws.

Signature of Adviser

SIGN HERE

Date

D D M M Y Y Y Y

***(j) Checklist and next steps**

***Checklist**

Please check you have completed the form correctly

- Have you completed all fields with an *?
- Have you attached proof of your bank account in the form of an original pre-encoded bank deposit slip or a certified true copy of a bank statement in Section (c)?
- Have you attached copies of the supporting evidence as detailed in Section (d)?

- Have you completed the statutory declaration in section (f)?
- Have you attached any necessary verification of identity and proof of address documents in Sections (g) and (h)?

Next steps

- If the request is approved we will process your withdrawal within 8 working days. We'll process your withdrawal at the unit prices effective on the day of your withdrawal. We'll direct credit your account and send you confirmation of the payment made.
- If your request is not approved we will advise you.
- Please make sure you provide ALL supporting documentation with this application. Failing to do so will delay the application process or result in your application being declined. We will contact you if we require further information.

Once you have completed all items on the checklist please post your documents to:

Lifetime Asset Management, PO Box 91976, Victoria Street West, Auckland 1142.

For more information call free **0800 266 268** or email lifetime@linkmarketservices.com