



**YOUR DETAILS**

Title  Given name(s) (please print)  Surname

**Postal address**

Street number and name  Suburb   
 Town/City  Postcode

IRD number  -  -

Home phone  ( ) Business phone  ( ) Mobile phone

**WITHDRAWAL REQUEST**

You can only make this withdrawal when you have reached the age of entitlement for New Zealand Superannuation (currently 65) or you have been a member of KiwiSaver for five years, whichever is later.

**Full withdrawal**

Please put my withdrawal into the following AXA product

Please put my withdrawal into the bank account detailed below

Please pay my withdrawal by cheque  
*(We recommend all payments are paid directly to your bank account rather than paid by cheque)*

**Partial withdrawal**

Please withdraw the following amount \$

NOTE: A minimum of \$1000 or the amount in your account may be withdrawn

**PLEASE ATTACH A COPY OF YOUR BIRTH CERTIFICATE**

**BANK ACCOUNT DETAILS** Insert your New Zealand bank account details here

NOTE: AXA will only make payments in New Zealand dollars to a New Zealand bank account or we can provide a cheque in New Zealand dollars made out to you.

Name of bank account

Bank  - Branch number  - Account number  - Suffix

Signature of saver

Date  /  /

I certify that I have read the notes and that all information I have supplied is correct.

Send your completed form to AXA New Zealand, Freepost AXA, PO Box 1692, Wellington 6140