



redefining / standards

1. YOUR DETAILS

Form fields for personal details: TITLE, GIVEN NAME(S) (PLEASE PRINT), SURNAME, MEMBER ID, EMPLOYEE NO.

POSTAL ADDRESS

Form fields for postal address: STREET NUMBER AND NAME, SUBURB, TOWN/CITY, POSTCODE, COUNTRY, HOME PHONE, BUSINESS PHONE, MOBILE PHONE.

Form fields for IRD NUMBER and PRESCRIBED INVESTOR RATE (12.5%, 21%, 30%).

Your Prescribed Investor Rate is the rate at which Portfolio Investment Entities, such as your superannuation plan, are taxed. To find the rate that best applies to you, please contact the Inland Revenue or go to www.ird.govt.nz.

If we do not have a record of your IRD number or Prescribed Investor Rate, we are required to use the default rate of 30%. If you do not advise your correct PIR, you may end up paying too much tax on your investment or may have an obligation to pay further tax and file a tax return.

2. WITHDRAWAL REQUEST

We require the following proof that you have permanently emigrated:

- proof of departure (e.g. evidence of confirmed travel arrangements, passport evidence of any necessary visas)
- proof that you have resided at an overseas address for 12 months since departing New Zealand.

3. BANK ACCOUNT DETAILS

Payments will be made in New Zealand dollars to your bank account. For other payment options, please contact us.

Please credit the bank account below:

Form field for NAME OF BANK ACCOUNT.

Form fields for BANK, BRANCH NUMBER, ACCOUNT NUMBER, SUFFIX.

Please attach a deposit slip to confirm the bank account (optional).

For overseas bank accounts, please also complete:

Form fields for NAME OF BANK and FULL ADDRESS OF BANK.

PLEASE NOTE: Telegraphic Transfer bank fees may apply and will be deducted from your withdrawal payment.

4. STATUTORY DECLARATION

I,
FULL NAME

OF
RESIDENTIAL ADDRESS

OCCUPATION

Solemnly and sincerely declare that:

- 1. I am a member of the AXA ASPIRE State Sector Retirement Savings Scheme
- 2. I have permanently emigrated from New Zealand for 12 months or more
- 3. I am applying to the trustee to withdraw the balance from my AXA ASPIRE State Sector Retirement Savings Scheme
- 4. The payment is not being reinvested in New Zealand

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

SIGNATURE OF SAVER

/ /
DATE

DECLARED AT THIS DAY OF

BEFORE (PLEASE PRINT)
JUSTICE OF THE PEACE, OR SOLICITOR OF THE HIGH COURT OF NEW ZEALAND,
OR OTHER PERSON AUTHORISED TO TAKE A STATUTORY DECLARATION

STAMP

SIGNATURE OF WITNESS

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