

## Aurora KiwiSaver Scheme

## Retirement Form

## **Aurora Clients**

Please use this form to apply for a retirement withdrawal from your KiwiSaver account.

Your KiwiSaver retirement age begins when you turn 65 years of age AND after you have been a member of a KiwiSaver Scheme and/or a Complying Superannuation Fund for five years. You do not have to withdraw all or any of your KiwiSaver savings immediately when you retire and there are many options to help you with your retirement objectives. If you choose to do nothing, your savings will continue to be invested as they are currently and you can even continue to add to your account, if you wish.

| to do nothing, your savings will continue to be invested as they are currence account, if you wish.   | rently and you can even continue to add to your |
|---|---|
| Member Number: A U R  |   |
| Personal Details  |   |
| Title (please tick): Mr Mrs Miss Ms Dr  | Other   |
| First and Middle Name(s)  |   |
|   |   |
| Surname   |   |
|   |   |
| Date of Birth Gender: Male / F  | emale / Other                                   |
|   |   |
| Email Address Phone   | Number  |
|   |   |
| Residential Address (not a PO Box):   |   |
| Number Street   | Suburb  |
|   |   |
| City Postcode   | Country   |
|   |   |
| Postal Address (if different from Residential)  |   |
|   |   |
| IRD Number  |   |
|   |   |
| Residency Overseas  |   |
| To ensure that the correct Government Contribution payments have be that applies and, if relevant, provide any periods you have lived outside |   |
| During my KiwiSaver membership, my principal place of residence   |   |

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| Departed from New Zealand  | Returned to New Zealand   |
|--|---|
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|  |   |
| Withdrawal Options   |   |
| Vhere would you like your withdrawal amount to b   | pe paid?  |
| he manager will adjust your withdrawal amount for a  | ny tax liability arising as a result of the withdrawal request.   |
| Bank Account   |   |
|  |   |
|  |   |
| Please attach a bank statement confirming the account to   | o this application)   |
| Partial Withdrawal \$  | Payment Date: / / /   |
|  | ou would like your funds withdrawn from. We will check if you have  |
|  |   |
|  | Percentage (%) (whole number)   |
| _  | Percentage (%) (whole number)   |
| _  | Percentage (%) (whole number)   |
| vill withdraw from the largest fund first.   | Percentage (%) (whole number)   |
| _  | Percentage (%) (whole number)   |
| _  | Percentage (%) (whole number)   |
| we can also organize a transfer to your managed  | d funds account, if any. Please note this will still require the selling of all he same funds that you were invested in within your managed funds   |
| We can also organize a transfer to your managed investments in KiwiSaver, then the buying of all taccount. (Tick the box should you wish to contin   | d funds account, if any. Please note this will still require the selling of all he same funds that you were invested in within your managed funds   |
| We can also organize a transfer to your managed investments in KiwiSaver, then the buying of all t account. ( <i>Tick the box should you wish to contin</i> Full Withdrawal Payment date:  | d funds account, if any. Please note this will still require the selling of all he same funds that you were invested in within your managed funds   |
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| I make this solemn declaration conscientiously, believing the same to be true and by virtue of the Oaths and Declarations Act 1957.  Signature of Member  Date  Declared before me:  Pull Name of Witness  Position  Date  Position  Date  Position  Next Steps  Please email the completed form to: hello@aurora.co.nz or post to: Aurora KiwiSaver Scheme, PO Box 37757, Parnell, Auckland 1151  We will be in touch with you regarding this application once we have received and reviewed the application.   | confirm that the information provided in this form and i | in all supporting documents is true and correct, and              |
|--|--|---|
| Place  Place  Place  Osition  Date  Ustice of the Peace, solicitor of the High Court of New Zealand, Notary Public, or other person authorised to take statutory eclarations)  Insert stamp here  Place  Plac |  | g the same to be true and by virtue of the Oaths and Declarations |
| Place Position  Date  Signature of Witness  Date  Justice of the Peace, solicitor of the High Court of New Zealand, Notary Public, or other person authorised to take statutory declarations)  Insert stamp here  Next Steps  Please email the completed form to: hello@aurora.co.nz or post to:  Aurora KiwiSaver Scheme, PO Box 37757, Parnell, Auckland 1151  We will be in touch with you regarding this application once we have received   | Signature of Member                                      | Date  |
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