

Subsequent withdrawal

Please mail to Anglican Financial Care, PO Box 12 287, Thorndon, Wellington 6144 or email office@angfincare.nz

1. Member details	
Title First name(s)	Surname
Number / Street / PO Box Postal	
address	
Suburb / City	Postcode
Email address	Daytime phone
	(0)
2. Payment details	
Please pay the withdrawal amount to my bank account as detaile	ed below:
Name of bank account - Please provide proof of your bank account name and r	
Account details	
Bank Branch Account	Suffix
3. Withdrawal amount	
Full withdrawal All funds in my account at the time of withdrawal.	
By choosing full withdrawal, I agree that the Trustee may	close my Retire Fund account.
	* Withdrawal proportions
Partial withdrawal* A partial withdrawal of \$	Unless you advise differently, partial or regular
or all eligible funds at the time of the withdrawal if	withdrawals will be deducted proportionally from each investment fund you are invested in.
this is a lesser amount.	If you want to use a different proportion, please indicate
D	the split below:
Regular withdrawals* A regular withdrawal of \$	
	Balanced Pool \$
Frequency (Select one) Fortnightly Monthly	Conservative Pool \$
4 Signature	
4. Signature	
Signature	Date