

Qualifying date withdrawal

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

You can make a withdrawal once you have reached your Qualifying Date, which is the later of:

- » the date you reach the New Zealand Superannuation qualification age (currently age 65);
- » the date on which you have been a member of a KiwiSaver scheme and/or a complying superannuation fund for a total period of five or more years.

1. Member details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Daytime / mobile phone	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> (<input type="text"/>) <input type="text"/>	
IRD number		
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
Postal address	Number / Street / PO Box	
	<input type="text"/>	
	Suburb / City	Postcode
	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	

2. Payment details

Please pay the withdrawal amount to my bank account as detailed below:

Name of bank account - **Please provide proof of your bank account name and number by attaching a deposit slip or bank statement**

Account details

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Bank	Branch	Account	Suffix

3. Withdrawal amount

Full withdrawal

I request the withdrawal of all funds available in my Complying Fund Locked-in Account at the time of withdrawal.

I understand:

- » If I am a Subscriber member, my Locked-in Account remains open as further contributions will be made to my Locked-in Account by myself and my Paying Authority; or
- » If I am a Pensioner or a Retained member, then by choosing to make a full withdrawal my Locked-in Account will be closed and no further contributions may be made to the Fund.

Partial withdrawal of \$

I understand:

- » A partial withdrawal must be a minimum of \$2,000; and
- » If the balance of my Locked-in Account is less than \$2,000 then I must withdraw all available funds at the time of withdrawal and the full withdrawal provisions apply.

4. Statutory declaration

Full name

I

Address

of

Occupation

solemnly and sincerely declare that to the best of my knowledge:

- My principal place of residence has been in New Zealand for the entire period that I have been a member of the Complying Fund section of The New Zealand Anglican Church Pension Fund.

OR

- My principal place of residence has been in New Zealand for the entire period that I have been a member of the Complying Fund section of The New Zealand Anglican Church Pension Fund, with the exception of the following periods, during which I lived overseas. I understand that I do not qualify for the Member Tax Credit during these periods:

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

Signature of applicant

Declared at this place

Date

D	D	M	M	Y	Y	Y	Y
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Your signature must be witnessed by a Justice of the Peace, a Solicitor, a Court Registrar (or Deputy Registrar) or any other person authorised to take statutory declarations.

Before me:

Signature of witness

Printed name of witness

Position

Contact details or stamp

5. Privacy Act statement

The personal information you provide in this form and any further information that you provide will be held securely by Anglican Financial Care. Information held about you will not be disclosed outside The New Zealand Anglican Church Pension Fund without your prior consent, except to the Trustee of the Fund, Inland Revenue, or where required by law. You have the right to access and/or correct any personal information about you held by us.