

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

You can make a lump sum withdrawal once you have reached age 65.

### 1. Member details

Title	First name(s)	Surname								
<input type="text"/>	<input type="text"/>	<input type="text"/>								
Date of birth										
<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Email address	Daytime / mobile phone									
<input type="text"/>	<input type="text" value="(0 )"/>									
Postal address	Number / Street / PO Box									
	<input type="text"/>									
	Suburb / City	Postcode								
	<input type="text"/>	<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" value="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"/>	<input type="text"/>	
Bank	Branch	Account							Suffix			

### 3. Withdrawal amount

#### Full withdrawal

I request to withdraw all of the funds available at the time of withdrawal.

#### Partial withdrawal

I request a partial withdrawal of \$  from the funds available.

### 4. Declaration

I understand that if I am a subscriber my lump sum entitlement will continue to accrue as further contributions are made.

I understand my final lump sum payment (payable at the time my pension commences) will be adjusted for previous withdrawals paid to me.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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